



2024  
2025

# STUDENT

H A N D B O O K

 **VCOM** | **BLUEFIELD**  
MASTER OF HEALTH SCIENCE IN ANESTHESIA PROGRAM

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This *Handbook* is provided for the applicants and students of the Master of Health Science (MHSA) Program offered by Edward Via College of Osteopathic Medicine (VCOM) and Bluefield University as an outline of policies and procedures applicable to the Program. Applicants and students are required to comply with policies and procedures listed in this *Handbook*. As a jointly sponsored educational program, students of the MHSA Program are bound by the policies of both VCOM and Bluefield University – where there exists non-coherence or conflict of institutional policies, those of Bluefield University prevail.

This *Handbook* does not include every detail of every Program or institutional policy but rather seeks to cover the essential provisions of the policies and procedures of the MHSA Program. The Program reserves the right to effect changes in the curriculum, tuition/fees, policies, program administration, or any other phase of school activity from time to time. The Program may invoke additional policies and procedures affecting students, and in such cases, students will receive additional and appropriate notification of such policies.

In addition to this *Handbook* students of the MHSA Program shall abide be held to account for the policies and procedures of the Bluefield University Graduate Academic Catalog ([link](#)).

**The information contained within reflects the status of the Program as of February 1, 2024.**

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**2024-2025 VCOM-Bluefield MHSA Program Academic Calendar (Class of 2025)**

| June 2024 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| Su        | Mo | Tu | We | Th | Fr | Sa |
|           |    |    |    |    |    | 1  |
| 2         | 3  | 4  | 5  | 6  | 7  | 8  |
| 9         | 10 | 11 | 12 | 13 | 14 | 15 |
| 16        | 17 | 18 | 19 | 20 | 21 | 22 |
| 23        | 24 | 25 | 26 | 27 | 28 | 29 |
| 30        |    |    |    |    |    |    |

| July 2024 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| Su        | Mo | Tu | We | Th | Fr | Sa |
|           | 1  | 2  | 3  | 4  | 5  | 6  |
| 7         | 8  | 9  | 10 | 11 | 12 | 13 |
| 14        | 15 | 16 | 17 | 18 | 19 | 20 |
| 21        | 22 | 23 | 24 | 25 | 26 | 27 |
| 28        | 29 | 30 | 31 |    |    |    |
|           |    |    |    |    |    |    |

| August 2024 |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|
| Su          | Mo | Tu | We | Th | Fr | Sa |
|             |    |    |    | 1  | 2  | 3  |
| 4           | 5  | 6  | 7  | 8  | 9  | 10 |
| 11          | 12 | 13 | 14 | 15 | 16 | 17 |
| 18          | 19 | 20 | 21 | 22 | 23 | 24 |
| 25          | 26 | 27 | 28 | 29 | 30 | 31 |
|             |    |    |    |    |    |    |

| September 2024 |    |    |    |    |    |    |
|----------------|----|----|----|----|----|----|
| Su             | Mo | Tu | We | Th | Fr | Sa |
| 1              | 2  | 3  | 4  | 5  | 6  | 7  |
| 8              | 9  | 10 | 11 | 12 | 13 | 14 |
| 15             | 16 | 17 | 18 | 19 | 20 | 21 |
| 22             | 23 | 24 | 25 | 26 | 27 | 28 |
| 29             | 30 |    |    |    |    |    |
|                |    |    |    |    |    |    |

| October 2024 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | Mo | Tu | We | Th | Fr | Sa |
|              |    | 1  | 2  | 3  | 4  | 5  |
| 6            | 7  | 8  | 9  | 10 | 11 | 12 |
| 13           | 14 | 15 | 16 | 17 | 18 | 19 |
| 20           | 21 | 22 | 23 | 24 | 25 | 26 |
| 27           | 28 | 29 | 30 | 31 |    |    |
|              |    |    |    |    |    |    |

| November 2024 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               |    |    |    |    | 1  | 2  |
| 3             | 4  | 5  | 6  | 7  | 8  | 9  |
| 10            | 11 | 12 | 13 | 14 | 15 | 16 |
| 17            | 18 | 19 | 20 | 21 | 22 | 23 |
| 24            | 25 | 26 | 27 | 28 | 29 | 30 |
|               |    |    |    |    |    |    |

| December 2024 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
| 1             | 2  | 3  | 4  | 5  | 6  | 7  |
| 8             | 9  | 10 | 11 | 12 | 13 | 14 |
| 15            | 16 | 17 | 18 | 19 | 20 | 21 |
| 22            | 23 | 24 | 25 | 26 | 27 | 28 |
| 29            | 30 | 31 |    |    |    |    |
|               |    |    |    |    |    |    |

| January 2025 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | Mo | Tu | We | Th | Fr | Sa |
|              |    |    | 1  | 2  | 3  | 4  |
| 5            | 6  | 7  | 8  | 9  | 10 | 11 |
| 12           | 13 | 14 | 15 | 16 | 17 | 18 |
| 19           | 20 | 21 | 22 | 23 | 24 | 25 |
| 26           | 27 | 28 | 29 | 30 | 31 |    |
|              |    |    |    |    |    |    |

| February 2025 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               |    |    |    |    |    | 1  |
| 2             | 3  | 4  | 5  | 6  | 7  | 8  |
| 9             | 10 | 11 | 12 | 13 | 14 | 15 |
| 16            | 17 | 18 | 19 | 20 | 21 | 22 |
| 23            | 24 | 25 | 26 | 27 | 28 |    |
|               |    |    |    |    |    |    |

| March 2025 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| Su         | Mo | Tu | We | Th | Fr | Sa |
|            |    |    |    |    |    | 1  |
| 2          | 3  | 4  | 5  | 6  | 7  | 8  |
| 9          | 10 | 11 | 12 | 13 | 14 | 15 |
| 16         | 17 | 18 | 19 | 20 | 21 | 22 |
| 23         | 24 | 25 | 26 | 27 | 28 | 29 |
| 30         | 31 |    |    |    |    |    |
|            |    |    |    |    |    |    |

| April 2025 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| Su         | Mo | Tu | We | Th | Fr | Sa |
|            |    | 1  | 2  | 3  | 4  | 5  |
| 6          | 7  | 8  | 9  | 10 | 11 | 12 |
| 13         | 14 | 15 | 16 | 17 | 18 | 19 |
| 20         | 21 | 22 | 23 | 24 | 25 | 26 |
| 27         | 28 | 29 | 30 |    |    |    |
|            |    |    |    |    |    |    |

| May 2025 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| Su       | Mo | Tu | We | Th | Fr | Sa |
|          |    |    |    | 1  | 2  | 3  |
| 4        | 5  | 6  | 7  | 8  | 9  | 10 |
| 11       | 12 | 13 | 14 | 15 | 16 | 17 |
| 18       | 19 | 20 | 21 | 22 | 23 | 24 |
| 25       | 26 | 27 | 28 | 29 | 30 | 31 |
|          |    |    |    |    |    |    |

**Legend**

Block 4

Block 5

Block 6

Holidays & Off



**2024-2025 VCOM-Bluefield MHA Program Academic Calendar (Class of 2026)**

| June 2024 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| Su        | Mo | Tu | We | Th | Fr | Sa |
|           |    |    |    |    |    | 1  |
| 2         | 3  | 4  | 5  | 6  | 7  | 8  |
| 9         | 10 | 11 | 12 | 13 | 14 | 15 |
| 16        | 17 | 18 | 19 | 20 | 21 | 22 |
| 23        | 24 | 25 | 26 | 27 | 28 | 29 |
| 30        |    |    |    |    |    |    |

| July 2024 |    |    |    |               |    |    |
|-----------|----|----|----|---------------|----|----|
| Su        | Mo | Tu | We | Th            | Fr | Sa |
|           | 1  | 2  | 3  | 4<br>July 4th | 5  | 6  |
| 7         | 8  | 9  | 10 | 11            | 12 | 13 |
| 14        | 15 | 16 | 17 | 18            | 19 | 20 |
| 21        | 22 | 23 | 24 | 25            | 26 | 27 |
| 28        | 29 | 30 | 31 |               |    |    |

| August 2024 |    |    |    |    |            |    |
|-------------|----|----|----|----|------------|----|
| Su          | Mo | Tu | We | Th | Fr         | Sa |
|             |    |    |    | 1  | CCE 1<br>2 | 3  |
| 4           | 5  | 6  | 7  | 8  | 9          | 10 |
| 11          | 12 | 13 | 14 | 15 | 16         | 17 |
| 18          | 19 | 20 | 21 | 22 | 23         | 24 |
| 25          | 26 | 27 | 28 | 29 | 30         | 31 |

| September 2024 |            |    |    |    |    |    |
|----------------|------------|----|----|----|----|----|
| Su             | Mo         | Tu | We | Th | Fr | Sa |
| 1              | Labor<br>2 | 3  | 4  | 5  | 6  | 7  |
| 8              | 9          | 10 | 11 | 12 | 13 | 14 |
| 15             | 16         | 17 | 18 | 19 | 20 | 21 |
| 22             | 23         | 24 | 25 | 26 | 27 | 28 |
| 29             | 30         |    |    |    |    |    |

| October 2024 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | Mo | Tu | We | Th | Fr | Sa |
|              |    | 1  | 2  | 3  | 4  | 5  |
| 6            | 7  | 8  | 9  | 10 | 11 | 12 |
| 13           | 14 | 15 | 16 | 17 | 18 | 19 |
| 20           | 21 | 22 | 23 | 24 | 25 | 26 |
| 27           | 28 | 29 | 30 | 31 |    |    |

| November 2024 |    |    |    |    |            |    |
|---------------|----|----|----|----|------------|----|
| Su            | Mo | Tu | We | Th | Fr         | Sa |
|               |    |    |    |    | CCE 2<br>1 | 2  |
| 3             | 4  | 5  | 6  | 7  | 8          | 9  |
| 10            | 11 | 12 | 13 | 14 | 15         | 16 |
| 17            | 18 | 19 | 20 | 21 | 22         | 23 |
| 24            | 25 | 26 | 27 | 28 | 29         | 30 |

| December 2024 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
| 1             | 2  | 3  | 4  | 5  | 6  | 7  |
| 8             | 9  | 10 | 11 | 12 | 13 | 14 |
| 15            | 16 | 17 | 18 | 19 | 20 | 21 |
| 22            | 23 | 24 | 25 | 26 | 27 | 28 |
| 29            | 30 | 31 |    |    |    |    |

| January 2025 |    |    |    |    |             |    |
|--------------|----|----|----|----|-------------|----|
| Su           | Mo | Tu | We | Th | Fr          | Sa |
|              |    |    | 1  | 2  | 3           | 4  |
| 5            | 6  | 7  | 8  | 9  | 10          | 11 |
| 12           | 13 | 14 | 15 | 16 | 17          | 18 |
| 19           | 20 | 21 | 22 | 23 | 24          | 25 |
| 26           | 27 | 28 | 29 | 30 | CCE 3<br>31 |    |

| February 2025 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               |    |    |    |    |    | 1  |
| 2             | 3  | 4  | 5  | 6  | 7  | 8  |
| 9             | 10 | 11 | 12 | 13 | 14 | 15 |
| 16            | 17 | 18 | 19 | 20 | 21 | 22 |
| 23            | 24 | 25 | 26 | 27 | 28 |    |

| March 2025 |             |    |    |    |    |    |
|------------|-------------|----|----|----|----|----|
| Su         | Mo          | Tu | We | Th | Fr | Sa |
|            |             |    |    |    |    | 1  |
| 2          | 3           | 4  | 5  | 6  | 7  | 8  |
| 9          | 10          | 11 | 12 | 13 | 14 | 15 |
| 16         | 17          | 18 | 19 | 20 | 21 | 22 |
| 23         | 24          | 25 | 26 | 27 | 28 | 29 |
| 30         | CCE 4<br>31 |    |    |    |    |    |

| April 2025 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| Su         | Mo | Tu | We | Th | Fr | Sa |
|            |    | 1  | 2  | 3  | 4  | 5  |
| 6          | 7  | 8  | 9  | 10 | 11 | 12 |
| 13         | 14 | 15 | 16 | 17 | 18 | 19 |
| 20         | 21 | 22 | 23 | 24 | 25 | 26 |
| 27         | 28 | 29 | 30 |    |    |    |

| May 2025 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| Su       | Mo | Tu | We | Th | Fr | Sa |
|          |    |    |    | 1  | 2  | 3  |
| 4        | 5  | 6  | 7  | 8  | 9  | 10 |
| 11       | 12 | 13 | 14 | 15 | 16 | 17 |
| 18       | 19 | 20 | 21 | 22 | 23 | 24 |
| 25       | 26 | 27 | 28 | 29 | 30 | 31 |

**Legend**

- Block 1
- Block 2
- Block 3
- Holidays & Off

# Mission and Objectives of the Master of Health Science in Anesthesia Program

*The mission of the Master of Health Science in Anesthesia is to educate Anesthesiologist Assistants to provide comprehensive quality anesthesia care to all, to be respectful of patient values, to be committed to ethical principles and to be grounded in evidence-based practice, servant leadership and clinical reasoning. Graduates will contribute to the profession and their communities and be prepared to provide anesthesia care in a variety of perioperative settings under the supervision of physician anesthesiologists. Graduates will be encouraged to serve diverse patient populations and medically underserved communities.*

**Goal 1:** *To provide education in the art and science of perioperative anesthesia and prepare competent entry-level Anesthesiologist Assistants in the cognitive, psychomotor, and affective learning domains*

## Priorities

- To provide education in the anesthesia sciences focused on evidence-based medicine, patient centered care, quality improvement in patient care and servant leadership to the global community.
- To prepare students and measure their performance in the competencies of the Anesthesiologist Assistant profession.
- To prepare students to successfully pass all stages of the National Commission for Certification of Anesthesiologist Assistants (NCCAA) examination
- To prepare graduates to be successfully integrated into anesthesiology groups and departments.
- To foster a culture of faculty growth and institutional excellence through:
  - CME and faculty development;
  - Continuous examination, review and update of curriculum and recognition for excellence in teaching;
  - Annual review and research on new developments in medical education, new delivery models and technology; and
  - Support for faculty research, innovation, and scholarly work in the areas of biomedical, clinical, educational, public health and health policy research.
- To support the Anesthesiologist Assistant education continuum, including on campus preclinical education and high quality, structured community based clinical graduate medical education.

**Goal 2:** *To recruit and graduate students who will be equipped to address health care disparities including those related to rural locations, historically marginalized populations, and medically underserved communities within the Southeastern United States.*

## Priorities

- Recruit students from, and educate students in the socioeconomically depressed regions of the southern states including southern Appalachia, the former tobacco and cotton regions, and the Mississippi Delta.
- Recruit students with a strong desire to care for medically underserved populations.
- To foster students with a desire and demonstrated commitment to an enhanced understanding of global healthcare and population health.
- To foster high quality care, and healthcare for medically underserved populations.

**Goal 3:** *To understand and promote disease prevention, chronic disease management, community health, and public health practices while directly addressing realized and projected anesthesia workforce shortages in the Southeastern sectors of the United States.*

**Goal 4:** *To develop anesthesia providers with a compelling sense of responsibility and servant leadership for all aspects of professional life while pursuing and achieving the standard of excellence.*

**Priorities**

- To teach students to effectively use interpersonal skills to establish and maintain ongoing collegial relationships with faculty, peers, and other professionals
- To foster sensitive ethical attitudes toward patients and their care that consider the biological, social, and psychological needs of individual patients, their families and society at large.

**Goal 5:** *To serve as an advocate of the Anesthesiologist Assistant profession, rural health, mission medicine and affordable, accessible healthcare for the global community.*

**Priorities**

- To actively promote Anesthesiologist Assistant practice and the Anesthesia Care Team methodology
- To promote the distinctive practices and qualities of the Anesthesiologist Assistant profession
- To develop a diverse workforce of anesthetists who will serve and/or practice in the Southeastern United States.
- To provide medical outreach to rural communities and the uninsured
- To promote global health through mission medicine

## MHSA PROGRAM VISION

*To provide Anesthesiologist Assistant education that is accessible, affordable, and academically rich*

## MHSA PROGRAM VALUES

The MHSA's faculty, staff, and students have embraced certain values that are woven into the institution and are included in how team members are evaluated, recognizing that we hold these values as critical to the integrity of the Program.

- **Collaboration:** Embrace productive teamwork
- **Integrity:** Always do the right thing
- **Compassion:** Empathize with others and reduce their burden
- **Excellence:** Define the best...and BE the best
- **Intellectual Curiosity:** Never relent in the pursuit of knowledge
- **Servant Leadership:** Always put others before yourself



## About VCOM: A Message from the Provost and President Dixie Tooke-Rawlins, D.O.

It is my pleasure to provide you with an introduction to the Edward Via College of Osteopathic Medicine (VCOM)! VCOM has four campuses with one common Mission: to graduate community focused, globally minded osteopathic physicians to meet the needs of the rural and medically underserved populations and to improve human health. This Mission is the heart and soul of VCOM, and is shared by our students, faculty, and staff. With four campuses, VCOM is now one of the largest medical schools in the country, yet each VCOM campus maintains the feeling of a small private college for the student. VCOM boasts great outcomes and has been recognized as a leading medical school in the U.S.

VCOM was ranked by US News and World Report as **#2 in the nation** for students receiving first choice of residency among all medical schools (M.D. and D.O.), which attests to the quality of our students and graduates. VCOM was also ranked **#6 in the nation** among all medical schools for students entering primary care residencies. As a testament to our focus on diversity, VCOM was also ranked **#3 in the nation** among all medical schools for African American student enrollment **and #4 in the nation** among all medical schools for Hispanic student enrollment. VCOM also ranked **6<sup>th</sup> lowest in tuition** among all private medical schools while also providing health and disability insurance for each student, demonstrating VCOM's focus on student well-being.

The Carolinas campus is located in Spartanburg, South Carolina. Supported and embraced by the community, VCOM is Spartanburg's newest pride. VCOM Carolinas has been a leading partner in the revitalization of the Northside community. In a small city of many colleges, VCOM has partnered with several local colleges for community-wide higher education events, research, and education. These relationships include Wofford College, Converse College, and USC upstate. The "College Town Events" throughout the year include everything from community engagement to entertainment. The VCOM Carolinas campus includes a 19-acre campus with walking trails and a beautiful new facility, and was named eighth most beautiful medical school campus among all osteopathic and allopathic campuses.

The Auburn Campus is in Auburn, Alabama operates as a private/public collaborative venture with Auburn University. Through this agreement, VCOM-Auburn students have access to the events of a major university and yet the VCOM campus itself offers the nurturing feel of the small private college. The Auburn campus is located on 17 acres and includes walking paths and a lake with areas to relax and be outdoors.

Embracing the mission, VCOM believes students benefit from service-based educational programs. VCOM faculty and students provide preventive health programs and medical care to medically underserved and rural populations in the southern Appalachian and Delta region states through free clinics, community health clinics, shelters, and remote community centers, and through mini-medical schools to rural high schools. VCOM also provides students with the opportunity to learn and serve in international developing countries. The VCOM international outreach program includes opportunities to participate in sustainable healthcare in one of three year-round clinical programs in El Salvador and the Dominican Republic. VCOM also shares medical education programs with the medical schools in each of those countries, leading to improved medical care and improved cultural understanding between the medical communities. Collectively, the VCOM international clinics and the Appalachian programs provide care to thousands of patients each year who would otherwise be without access to care. VCOM has won multiple awards as a leader in rural health, global health, and in providing healthcare for underserved populations.

All VCOM campuses are fully accredited by the Commission on Osteopathic College Accreditation (COCA), the only U.S. Department of Education recognized accrediting body for osteopathic colleges. VCOM is committed to the Mission, to the well-being of our students and to producing high-quality physicians. We are proud of our accomplishments and hope you will review the website to see what has been accomplished by our faculty and students. I encourage you to read more about VCOM and the amazing opportunities it provides.



## About Bluefield: A Message from the Provost Michael Salmeier, Ph.D.

Hopefully, you will not have to look too far to discover that Bluefield University is a unique place – a community of passionate people who seek to broaden their intellectual capacities and deepen their spiritual foundations. We believe a holistic education involves an integrated approach of faith and **learning**, an education not just preparing someone for a job, but preparing that individual for a meaningful life – a life given to service and one’s calling.

The vision of Bluefield University is to graduate servant leaders who understand their life calling and transform the world. The University was founded in 1922 as a two-year college in Bluefield, Virginia, and today has grown to a Master’s level, liberal arts-oriented college. Located in a region full of history, activity and stunning natural beauty, the main campus sits on 80 acres in the Appalachian Mountains with vistas of East River Mountain as a backdrop for the college community. The University also offers associate and bachelor level programs that are fully online.

The University offers a challenging and invigorating learning environment with 25 undergraduate major fields of study, along with 24 minors, associate degrees, and six Master’s programs. This community of dedicated scholars seeks to provide a strong liberal arts education in a nurturing, diverse Christian environment with opportunities for growth of mind, body, and spirit.

We desire that every graduate leave Bluefield University as a servant leader. We seek to equip our students to think critically and communicate effectively. As our students’ hearts and minds are transformed, we desire our students to transform the world in which they live in a positive and meaningful way. It is this mission and our vision that propel us in our educational endeavors and, in my opinion, make us unique in how we approach the transformation of students’ lives.

With 70+ academic areas of study, Bluefield University is recognized for its classroom technology, affordability, personalized instruction, and learning settings internationally. In fact, we’re one of just 23 universities in America with an A-rated core curriculum by the American Council of Trustees and Alumni.

We also have a robust and competitive intercollegiate athletic program with 18 men’s and women’s sports. New residence facilities have been constructed in recent years to accommodate our growth, and the creation of Mountain Trail Outfitters provides a starting point for getting off campus and into the great outdoors for canoeing, kayaking, fishing, snow skiing/boarding, rappelling, white-water rafting, rock climbing, and hiking.

Bluefield University helps students find, nurture, and live their passion. Come visit and see for yourself the exciting environment that makes this a unique place where we are passionate about learning and your discovery of your life calling.

# MHSA Program Statement of Commitment to the Students, the Medically Underserved Regions, and the International Community

## Commitment to the Students

The administration, faculty, and staff are committed:

- To maintain a high-quality Anesthesiologist Assistant program providing education in both the art and the science of anesthesia care;
- To maintain the principles of the Certified Anesthesiologist Assistant profession and the Anesthesia Care Team through a student-centered educational environment that values the “whole individual” in mind, body and spirit;
- To provide an environment that fosters each student with opportunities to excel.

## Commitment to the Medically Underserved Regions

There is a growing demand for anesthesia providers in the United States, especially in southern Appalachia, and in the southeast United States. Throughout the next decade, the evolving physician shortage and increasing urban demand will draw even more providers away from rural locations and into urban environments where patient numbers are greater and the economy is best. As the current anesthesia provider population ages, the MHSA Program that focuses on educating young anesthetists committed to a common mission of serving the rural and medically underserved southeast region of the United States, including Appalachia and the Delta, is a great resource. Just as the majority of VCOM’s alumni have returned to the southern Appalachian states and the Delta to practice, the MHSA Program focuses on recruiting and training anesthesia providers committed to serving the Southeastern United States. Students will have the opportunity to learn in many teaching hospitals located in the medically underserved areas in the Southern states further completing the mission. The MHSA participates in many pipeline programs and career camps to provide students with an understanding of the Anesthesiologist Assistant profession and becoming an anesthetist. The Program also participates in a pipeline program for rural students in junior high and high schools, encouraging them to pursue careers in health fields as well as improve academic performance to enhance their success in college.

## Commitment to the International Community

The global health program at VCOM in which the MHSA Program will participate, provides care to underserved and disadvantaged populations throughout the rural and medically underserved portions of our Mission areas and developing countries. The development of a community or a country is dependent upon the health of the citizens within. Without good health, the economy of a region will not improve. Essential to the practice of osteopathic medicine is the belief that one is only healthy when they are healthy in mind, body, and spirit. As travel and immigration have progressed, we are now one world health. Providing an understanding of medically underserved populations, of the socioeconomic factors in health, and of cultural sensitivity improves the spiritual and social well-being of the patients served.

VCOM provides an approach to international care that leads to sustainable improvement in developing healthy communities. VCOM partners with medical schools for the free exchange of education and ideas, leading to improvements in quality of care in the country by both schools. To assure ongoing care for a population, VCOM works with the Ministry of Health to offer year-round primary care clinics in areas of extreme need. VCOM also provides preventive medicine and population health programs to the communities we serve. The VCOM clinics are in the Dominican Republic and El Salvador. Please visit our [International and Appalachian Medical Mission web page](#) to explore the many projects of VCOM’s global health programs.

## History of the Institutions, the MHA Program & the Anesthesiologist Assistant Profession

### Edward Via College of Osteopathic Medicine (VCOM)

#### *Shortage of Rural Physicians*

The decision to establish the College was made after the leaders of the Harvey W. Peters Research Foundation and Virginia Polytechnic Institute and State University (Virginia Tech) studied the health care needs of Virginia. That study revealed that the Southside and Southwest geographical areas of Virginia had an extreme health care shortage, with 30 counties considered to have critical shortages (HPSA) designations and greater than 70 having medically underserved areas (MUAs). The three existing medical schools in Virginia, being in the eastern half of the state, were producing a relatively small number of primary care physicians or physicians for Southwest Virginia.

Moreover, few graduates chose primary care. It was evident from the study that the health care shortage in Virginia would continue to grow. In addition, a 2002 national study, reported initially in Health Affairs, estimated a shortage of 50,000 physicians by 2010 and shortage of more than 100,000 physicians by 2020. The need was evident and plans to establish the first College moved forward. John Rocovich, J.D., LL.M. was at this time the Rector for Virginia Tech and the President of the Harvey Peter's Research Center. He and Sue Ellen Rocovich, DO, Ph.D. are considered the founders of the College.

#### *The Founding of the College*

VCOM is a non-profit, private 501 c-3 charitable organization initially funded by several foundations that were established by the late Marion Bradley Via to benefit Virginia Tech and Southwest Virginia. Marion Bradley's son, Edward Via, was the person instrumental in approving the dedication of funds to this initiative. John Rocovich J.D., LL.M. and Sue Ellen Rocovich, DO, Ph.D. were the individuals instrumental in founding the Edward Via College of Osteopathic Medicine, laying all the groundwork to establish the College. At the time of initial development, VCOM's vision was to provide healthcare for Southwest Virginia, Western North Carolina, and the Appalachian Region, and to promote biomedical research with Virginia Tech. In 2001, VCOM hired the founding President, James Wolfe, Ph.D. and the founding Dean, now Provost and President, Dixie Tooke-Rawlins, DO. This team of individuals developed the Edward Via College of Osteopathic Medicine in the Corporate Research Center of Virginia Tech including facility plans and building, academic program planning, accreditation approvals, and the hiring of the initial faculty and staff. The College opened its doors to the first students in fall of 2003 and graduated the first class in 2007.

VCOM's founding Board of Directors included the following individuals: William Anderson, D.O.; Neal Castagnoli, Jr, Ph.D.; Roy E. Heaton, D.O.; Mark G. McNamee, Ph.D.; John G. Rocovich, Jr, J.D., LL.M., Chairman of the Board; Sue Ellen B. Rocovich, D.O., Ph.D.; Minnis Ridenhour, Ph.D.; James F. Wolfe, Ph.D. and the late, Eugene T. Zachary, D.O. and John Cifala, D.O.

"The credit for the success of the founding of the first Edward Via College of Osteopathic Medicine belongs to more than the initial founders listed above. It also belongs to the first faculty and staff, the Board of Directors, the many supporters for their contributions, and most of all the first class of students (Class of 2007)."



### *Adding a Branch Campus for the Carolinas*

In 2010, in response to the enrollment of a significant number of students from western North Carolina and South Carolina, VCOM founded the Carolinas Campus of the Edward Via College of Osteopathic Medicine in Spartanburg, South Carolina. North and South Carolina had each performed workforce studies that demonstrated a tremendous need for primary care and for physicians who would practice in the western Appalachian region of NC and the upstate region of SC. Leadership from the city of Spartanburg and Spartanburg Regional Hospital began recruiting VCOM in 2008 to open the campus in Spartanburg and after much planning and preparation, the campus opened in 2011. Instrumental in founding the VCOM Carolina Campus was Chairman of the Board, John Rocovich, J.D., LL.M.; President James Wolfe, Ph.D.; Dean Dixie Tooke-Rawlins, DO; and Tim Kowalski DO.

Also instrumental in recruiting VCOM to open the campus was the Spartanburg Regional Medical Center administration and Ron Januchowski, DO who now serves as the Associate Dean for Curriculum, Assessment and Education. Also contributing positively to this success were multiple community leaders including the mayor, local legislators, and community leaders who went on to serve as an Advisory Board for the Carolinas Campus. In 2010 the COCA (the accrediting agency for pre-doctoral osteopathic medical education) extended the accreditation status of the main campus to the Carolinas Campus. VCOM is also appropriately licensed by the South Carolina Commission on Higher Education and received initial licensure in 2010. The first class began in the fall of 2011. Again, attesting to VCOM's commitment to excellence, the branch campus has met each accreditation requirement along the way and has received many commendations throughout the accreditation process. The branch campus graduated the first class in May of 2015.

### *Adding a Branch Campus for Auburn, Alabama*

In 2011, Auburn University (AU) representatives were exploring a medical school. AU had recognized the abysmal health outcomes in the state and the extreme shortage of physicians (then 46th in the country for number of physicians per 100,000 population). Jay Gouge, Ph.D., President of AU at the time, had visited each Alabama county and saw the extreme need for rural physicians and for primary care. Dr. Gouge and AU administration determined an osteopathic college would be best to fill this need. Recognizing the success of VCOM and Virginia Tech collaboration, representatives visited both the VCOM Virginia and the VCOM Carolinas campuses. A due diligence study was performed from January to March 2012 to explore the need and resources for a branch campus and an announcement to establish the campus of made in August 2012. VCOM then began the initial steps in founding the Auburn branch campus. Instrumental in this founding were VCOM's Chairman of the Board John Rocovich, J.D., LL.M.; President James Wolfe, Ph.D.; Senior Dean and Provost Dixie Tooke-Rawlins D.O.; Dean for the Auburn Campus, Elizabeth Palmarozzi D.O; Kenny Brock Ph.D., Associate Dean for Biomedical Affairs; Gary Hill D.O., Associate Dean, and Michael Goodlett M.D., the official AU medical school liaison. Also essential to the founding and success were AU President Jay Gogue Ph.D., AU Provost Tim Boosinger Ph.D., and Jimmy Sanford, President of the Auburn Research and Technology Foundation Board and member of the Board of Auburn University. The new campus is in the Auburn University Research Park. Licensure and accreditation approvals were obtained from the State and the COCA accreditation process began in early 2013. The Auburn campus opened as a fully accredited branch campus in 2015.

## *Adding a Branch Campus for Monroe, Louisiana*

In 2017 VCOM began meetings in Louisiana with the University of Louisiana, Monroe (ULM). ULM administration had been actively seeking options to establish a medical school in Monroe for several years. The state was not able to fund a medical school at the time due to economic downturns and there was a growing physician shortage throughout the state, particularly in the rural and medically underserved areas that included most of the Northern parishes. The President of the University had heard of the relationship between VCOM and Virginia Tech, and with Auburn University, and the success of those campuses, and reached out to VCOM to explore the new campus. In 2018 VCOM received approval from the Board of Regents of Louisiana to open a branch campus and approval by the VCOM Board of Supervisors to enter into a collaborative agreement with ULM for certain student services (as with VT and Auburn) and to lease property on the ULM campus to build. The building began in fall of 2018. The campus matriculated its first class in the fall of 2020.

## **Bluefield University**

In 1919, the Baptist General Association of Virginia appointed a committee to study the need for a junior college in southwestern Virginia. The committee met in Bristol in August of that year, at which time a large group of citizens from Bluefield and vicinity came before the committee and generously offered \$75,000 and 65 acres of land if the BGAV would locate the proposed college in Bluefield. The BGAV accepted, and Bluefield College opened its doors to students seeking Christian higher education in 1922. Bluefield University was founded as “Bluefield College” in 1922 as a two-year junior college in Bluefield, Virginia to students seeking Christian higher education and in 1975 began to offer baccalaureate degrees and operates today as a four-year liberal arts college and Master-level graduate degree offerings in Education, Biomedical Sciences and Nursing. Located in a rural region full of history, activity, and stunning natural beauty, the main campus sits on 75 acres in the Appalachian Mountains with vistas of East River Mountain as a backdrop for the University community. The physical facilities include the following: main administration building, Harman Chapel and performing arts center, gymnasium, science center, visual arts center, library, dining hall, and five residential dormitories, one of which is new, state-of-the-art residential townhouse.

From its inception, Bluefield University has served an on-campus and commuter traditional student body of young adults who enrolled in its two-year and later four-year liberal arts degree programs and courses. By the mid-1980s and early 1990s, more working adults were returning to the campus to continue their education. These students possessed extensive life experiences, inquiring minds, and high motivation to learn and achieve. By the spring of 1990, Bluefield University determined that the educational needs of the region’s working adults were not being adequately served. To meet this need, Bluefield University has offered a degree-completion curriculum to serve the community by way of an accelerated, intensive delivery system since the early 1990s. In the fall semester 2010, the University was approved to offer accelerated programs completely in an online format. In the summer of 2011, the University converted all its adult accelerated degree completion programs to a completely online format with synchronous and asynchronous delivery formats. Currently, it offers majors in Management and Leadership (MGT), Behavioral Science (BHS), Criminal Justice (CRJ), Human Services (HS), Nursing (RN-BSN, MSN), e-Business & Entrepreneurship (EBE), Master of Arts in Counseling, Biomedical Sciences (MABS, O-MABS), Health Science (MHSA), Master of Business Administration (MBA), and Master of Arts in Education and a certificate in Business & Entrepreneurship.

## The Need for an Anesthesiologist Assistant Program

Due to the aging population, the United States faces a shortage of more than 130,600 physicians by 2025, according to the AAMC. A critical shortage of anesthesiologists also exists and is expected to persist well into the next decade. In the Southeastern states alone, 80% of facilities report the need for additional anesthesiologists and certified nurse anesthetists (CRNAs). A regional maldistribution of anesthesia providers also exists, with a large proportion of anesthesiologists employed in urban locations. Entry of sufficient numbers of physicians to address this need is unlikely due to the 1997 Congressional Balanced Budget Act that placed caps on federal funding for residency positions<sup>1</sup>. In addition, a recent study in 2010 by the Rand Health Corporation found that there is currently a shortage of approximately 3,800 anesthesiologists across the United States. Assuming demand for services grows at the rate of 1.6 percent annually for anesthesia providers, the RAND study projects a shortage of close to 4,500 anesthesiologists by 2030. However, if the growth in demand is assumed to be 3 percent to account for the aging population, the RAND study projects a shortage of physician anesthesiologists as high as 12,500 by the end of the decade. Therefore, there will be an increasing need to employ physician extenders to meet the needs of our population for anesthetic care.

Anesthesia services in the operating room can be provided directly by a physician-anesthesiologist or can be provided by a physician-anesthesiologist directing anesthesiology residents or non-physician extenders. The non-physician extenders can be either nurse anesthetists or anesthesiologist assistants. Traditionally, anesthetic care within the State of Alabama had been delivered by a team model of care using physician anesthesiologists and nurse anesthetist or, to a lesser extent, in a 'physician-only' model. Though CAA practice has been authorized in Alabama since the passage of SB45 in 1998, at the time there were only about 25 practitioners statewide, as opposed to approximately 1,400 nurse anesthetists. Two sentinel reports highlighted the regional need for efforts to increase CAA practitioner integration in the state: (1) one was a 2018-member survey by the Alabama Society of Anesthesiologists (ASSA) of its members finding over 73% of those responding report a shortage of staffing for anesthetists at their facility; and (2) the other a commissioned market viability study from the University of Alabama-Birmingham revealing statewide need for anesthesia services.

In summary, the increased demand for anesthesia services for both surgical operations and diagnostic and non-surgical procedures due to the aging population, the limitations in growth of the number of anesthesiologists and nurse anesthetists, the increasing medical practice of anesthesiology in areas other than operative/procedural anesthesia, and the educational and academic duties of current faculty at existing training programs supports an increase use of physician anesthesiologist directed advanced practice anesthetists to provide operative and procedural anesthetic care. The expressed interest of anesthesiologists in the Southeast United States for anesthesiologist assistants and their current enabling licensure created a demand for these professionals.

The creation of an AA training program in Auburn at allowed training of these individuals in a way that maximizes their ability to practice in our specific environment, and will allows recruiting of the best and brightest, based on observation made during their time in the program. Expansion of our network into the Carolinas region is a natural extension for the pedigree of excellence established at our first program location in Alabama. Combined, this growing network of programs will help to address the looming shortage of anesthesia providers in a cost-effective way. At the time of its opening, the MHSA Auburn training program was the 17<sup>th</sup> accredited program in the US, with the closest programs being at Emory University (Atlanta, Georgia) and South University (Savannah, Georgia) at over 120 and 285 miles away respectively, thus filling a regional need. MHSA Carolinas is set to be the 23<sup>rd</sup> Anesthesiologist Assistant program in the country and the first in either of the Carolinas.

## History and Description of Relationship Between Bluefield University & Edward Via College of Osteopathic Medicine (VCOM)

The decision to establish the Edward Via College of Osteopathic Medicine (VCOM) was made after the leaders of the Harvey W. Peters Research Foundation and Virginia Polytechnic Institute and State University (“Virginia Tech”) studied the healthcare needs of Virginia. That study revealed that the southside of Virginia had an extreme healthcare shortage, with 30 counties considered to have critical shortage designation and greater than 70 having medically underserved areas.

As a 501(c)3 non-profit organization, VCOM was initially funded by several foundations that were established by the late Marion Bradley Via to benefit Virginia Tech and southwest Virginia. Marion Bradley’s son, Edward Via, was the person instrumental in approving the dedication of funds to this initiative, and John Rocovich, JD was entrusted with the leadership to establish the College of Medicine. At the time of initial development, VCOM’s vision was to provide healthcare for southwest Virginia, Western North Carolina, and the Appalachian foothill region, and to promote biomedical research with Virginia Tech. The College opened its doors in 2003 and graduated its first class in 2007. Since that time, and in response to identified physician workforce shortages, VCOM opened its second campus in Spartanburg, South Carolina (2011), followed by Auburn, Alabama (2013) and Monroe, Louisiana (2020). As the nation’s second largest medical school, the Edward Via College of Osteopathic Medicine continues to serve its mission and the communities of the Appalachian foothill and Mississippi Delta regions, in addition to being the only medical school integrating dedicated medical mission work through its operational healthcare clinics in the Central American region.

Recognizing an even greater healthcare disparity in its service regions, VCOM decided to expand its portfolio of educational programs to include non-physician healthcare professions. Through partnerships with other universities, VCOM brought programs in biomedical science and healthcare analytics. Seizing upon the opportunity to expand the family of healthcare educational institutions, in 2021, the Harvey Peters Foundation acquired Bluefield College (now “Bluefield University”) and the Appalachian School of Pharmacy forming a significant educational consortium. Through this agreement, Bluefield University retains its name, its separate 501(c)3 classification, its relationship with Baptist General Association of Virginia, and separate governing Board.

The accreditation of VCOM remains independent of Bluefield University through the Commission of Osteopathic College Accreditation (COCA). Likewise, Bluefield is institutionally accredited by the Southern Association of Colleges & Schools (SACSCOC) and offers over forty academic programs from associate to Master level degrees.

With Bluefield, the Appalachian School of Pharmacy and VCOM all being owned by the same foundation, programs can be jointly developed to offer degrees in the healthcare and medical-adjacent sectors. The first such program was a Master of Arts in Biomedical Science and the first professional healthcare programs being the Anesthesiologist Assistant programs on the Auburn in 2023 and Carolinas campuses set to matriculate students in 2025. The Anesthesiologist Assistant programs (Master of Health Science in Anesthesia) program are jointly sponsored by VCOM and Bluefield University, with didactic coursework completed on VCOM’s medical school campus and clinical training occurring across the Southeast United States.

### *The Bluefield-VCOM Partnership for the Master of Health Science in Anesthesia Program*

Bluefield University was founded in 1922 as a two-year junior college in Bluefield, Virginia, for students seeking higher education in the context of its mission as an inclusive Christ-centered learning community developing transformational servant leaders. In 1975, the University received SACSCOC approval to begin offering baccalaureate degrees. Today, the University operates as a four-year college of arts, sciences, and professional programs with graduate degrees in Education, Nursing, Business Administration, and Biomedical Sciences.

Located in a rural region full of history, activity, and stunning natural beauty, the main campus sits on 75 acres in the Appalachian Mountains with vistas of East River Mountain as a backdrop for the university community. The physical facilities include the following: Lansdell Hall, the main administration building; Harman Chapel and performing arts center; the Science Center; the Cox Visual Arts Center; the Easley Library; the Shott Hall Student Center; the gymnasium; and five residence halls, one of which is a new, state-of-the-art residential townhouse.

Bluefield University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, and master's degrees. Bluefield University's participation in the State Authorization Reciprocity Agreement (SARA) guides student recruitment for online programs.

The School of Education and Social Sciences and the School of Nursing have received program accreditation for their respective academic programs. The Teacher Education program at Bluefield University is awarded TEAC accreditation by the Inquiry Brief Commission of the Council for the Accreditation of Educator Preparation (CAEP) for a period of seven years, from 10/24/2016 – 12/31/2023. The RN-to-BSN and MSN Program are granted program accreditation by the Commission on Collegiate Nursing Education (CCNE) for a period of ten years for the undergraduate nursing program [2028], and five years for the graduate programs [2023].

In consideration of new program herein, Bluefield University currently operates one other off-campus location approved by SACSCOC in August 2017. The Master of Arts in Biomedical Sciences ("MABS") program is offered in partnership with Edward Via College of Osteopathic Medicine ("VCOM") on the Blacksburg campus. The physical resources utilized by the MABS consists of approximately 6,200 square feet of instructional space for approximately 130 individuals. A SACSCOC Site Team reviewed the new program site in March 2019.

On January 12, 2021, the Harvey W. Peters Research Foundation (Foundation) became the sole member of Bluefield University. The purpose of the Foundation is to receive, invest, and manage private funds given for the support of organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code (IRC). Until the recent changes of control with Bluefield University and the Appalachian College of Pharmacy, the Foundation was exclusively the sole member of the Edward Via Virginia College of Osteopathic Medicine (VCOM), a medical school headquartered in Blacksburg, Virginia, and accredited as a college under the Commission on Osteopathic College Accreditation (COCA) and has been licensed by the State Council of Higher Education of Virginia, the Board of Governors of the University of North Carolina, the South Carolina Commission on Higher Education, the Alabama Department of Postsecondary Education, and the Board of Regents of higher education of the State of Louisiana. In addition to the Blacksburg, Virginia location, VCOM has campuses in Spartanburg, South Carolina, Auburn, Alabama, and Monroe, Louisiana.

The collaborative partnership between Bluefield University and Via College of Osteopathic Medicine is a 50.01/49.99 arrangement, with Bluefield University being the majority partner. The two schools have agreed to share expenses and revenues of the program pursuant to each entity's ownership ratio. The two schools have contracted with each other through an operational agreement to share faculty, administrative and student services in support of the proposed Master program. Students of the proposed program will be admitted through Bluefield University, with all didactic instruction occurring at the VCOM-Auburn and Carolinas campuses through a hybrid mixture of Bluefield and VCOM faculty, and clinical clerkship experiences throughout the Southeast United States and the Appalachian foothill region.

## The Certified Anesthesiologist Assistant (CAA) Profession

### *Description of the Profession*

Anesthesiologist assistants are highly qualified non-physician anesthesia providers that implement an anesthesia care plan under the supervision/direction of an anesthesiologist. AAs are trained extensively in the delivery and maintenance of quality anesthesia care, as well as advanced patient monitoring techniques. Anesthesiologist assistants work exclusively within the Anesthesia Care Team (ACT), as defined by the American Society of Anesthesiologists. There are approximately 3,200 anesthesiologist assistants practicing in seventeen states and the Veterans Affairs system. Anesthesiologist assistants are recognized as 'qualified anesthesia providers' by the Center for Medicare & Medicaid Services (CMS), Department of Veterans Affairs, and TriCare. It is a testament to their education, skill, and training that these agencies authorize anesthesiologist assistants to provide anesthesia to the population's most high acuity patients.

### *History of the Profession*

A realization that the field of anesthesiology was experiencing serious staffing shortages culminated in the early 1960s. To meet growing demands, in response to the shortage and with concerns over the increasing complexity of anesthesia and surgery, three anesthesiologists (Drs. Gravenstein, Steinhaus and Volpitto) proposed the concept of an "anesthesia technologist" who would be a member of the anesthesia team and would be considered an "applied physiologist". This was the precursor to what is now the Certified Anesthesiologist Assistant (CAA). The three physicians designed an educational program whereby matriculates would build on an undergraduate premedical education then obtain a master's degree in anesthesiology. This practitioner would perform the same job as the nurse anesthetist but would be able to go on to medical school if they desired. This new professional, the "Anesthesiologist Assistant", or CAA, thus had the potential to alleviate the shortage that was occurring in anesthesia. The concept became reality in 1969 when the first Anesthesiologist Assistant training program began accepting students at Emory University in Atlanta, Georgia, followed shortly thereafter by a second program at Case Western Reserve University in Cleveland, Ohio.

It was envisioned that this new anesthesia professional would have a bachelor's degree in science with premedical training and be awarded a master's degree that allowed for both vertical mobility toward a medical degree and lateral mobility into other areas requiring training in biomedical equipment and physiologic measurement. The Certified Anesthesiologist Assistant would remain under the supervision of the anesthesiologist as responsibility and immediate care of the patient must remain within the province of the anesthesiologist; consequently, personnel could not work independently but only under the medical direction of the physician anesthesiologist. This provided an advantage for the physician anesthesiologist, as one physician could provide attention to several patients with the proper employment of the anesthesia team as described above.

Since its inception, the Anesthesiologist Assistant profession has grown, though it remains a largely regionalized profession. This is due to the small but growing number of educational programs, which until 2004 numbered only two, and to the limited number of jurisdictions, 17, where certified anesthesiologist assistants are authorized to practice. In 1989, the National Commission for Certification of Anesthesiologist Assistants (NCCAA) was formed to establish a national certification process. Today, the American Society of Anesthesiologists considers Certified Anesthesiologist Assistants to be an advanced practice provider who work under the direction of a physician anesthesiologist and participate in the provision of anesthesia. Certified Anesthesiologist Assistants perform such tasks as administering drugs, obtaining vascular access, applying, and interpreting monitors, establishing, and maintaining patient airway, and assisting with preoperative assessment.

Certified Anesthesiologist Assistants enjoy a dynamic profession that continues to realize exponential growth as evidenced by the addition of new training sites and new states opening to CAA practice.

## Accreditation & State Licensure

### Commission on Accreditation of Allied Health Education Programs

The Master of Health Science in Anesthesia Program (MHSA Auburn) is fully accredited by the:

Commission on Accreditation of Allied Health Education Programs (CAAHEP)  
9355 113<sup>th</sup> Street #7709, Seminole, FL 33775  
(727) 210-2350  
<https://www.caahep.org>

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) and carries out its accrediting activities in cooperation with 25 review Committees on Accreditation. CAAHEP currently accredits more than 2200 entry level education programs in 32 health science professions.

### Southern Association of Colleges and Schools

Bluefield University is fully accredited by the:

Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)  
1866 Southern Lane, Decatur, GA 30033  
(404) 679-4500  
<https://www.sacscoc.org>

Bluefield University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, and master's degrees. Degree-granting institutions also may offer credentials such as certificates and diplomas at approved degree levels. Questions about the accreditation of Bluefield University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website ([www.sacscoc.org](http://www.sacscoc.org)).

### Commission on Osteopathic College Accreditation

VCOM is fully accredited by the:

AOA Commission on Osteopathic College Accreditation (COCA) 142  
E. Ontario Street, Chicago, IL 60611-2864  
(888) 626-9262  
<https://www.osteopathic.org>

The COCA is the only accrediting agency for predoctoral osteopathic medical education and is recognized by the United States Department of Education (USDE).

### Alabama Community College System

Bluefield University and VCOM are independently licensed to offer an educational program, through the VCOM branch campus in Auburn, Alabama, that leads to the Master of Health Science in Anesthesia and Doctor of Osteopathic Medicine degrees, respectively, and to offer clinical clerkships in Alabama associated with the program:

Alabama Community College System  
135 South Union Street, Montgomery, AL 36130 (334)  
293-4504  
[www.accs.cc](http://www.accs.cc)



## South Carolina Commission on Higher Education

Bluefield University and VCOM are independently licensed to offer an educational program, through the VCOM branch campus in Spartanburg, South Carolina, that leads to the Master of Health Science in Anesthesia and Doctor of Osteopathic Medicine degrees, respectively, and to offer clinical clerkships in South Carolina associated with the program:

South Carolina Commission on Higher Education  
1122 Lady Street, Suite 300; Columbia, SC 29201  
(803) 737-2260  
[www.che.sc.gov](http://www.che.sc.gov)

Licensure by SCCHE indicates only that minimum standards have been met; it is not an endorsement or guarantee of any school's quality. Licensure is not equivalent to or synonymous with accreditation by an accrediting agency recognized by the U.S. Department of Education.

## MHSA Governance Structure

Bluefield University maintains administrative oversight of the MHSA program through various means, including its hiring and supervision of faculty, its curricular approval processes, its course and program assessment processes, and other academic policies that apply to all Bluefield programs. Because the program will be delivered on VCOM's site, VCOM retains control of the facilities; however, Bluefield speaks into the effective use of these facilities to ensure the quality of the program through the governance structures explained below. Specifically, while the program is delivered in collaboration with VCOM at their medical school campuses and several faculty and facility resources will be shared between the two institutions, the design of the program, approval of the curriculum, determination of learning objectives and program outcomes, and administrative control of the program rest with Bluefield University. Policies and procedures for the program will incorporate content from both Bluefield and VCOM, but where there is conflict or ambiguity, those of Bluefield University prevail in all circumstances.

Bluefield's administrative oversight of the MHSA program occurs within the structure provided by a Program Oversight Board comprised of higher-level administrators from Bluefield, VCOM, and the Harvey W. Peters Foundation and an Advisory Council that brings together many of these same administrators, faculty representation, and stakeholders from the community.

The Program Oversight Board is mandated by the Operational Agreement between Bluefield University and VCOM to assure program quality. The Program Oversight Board holds high-level responsibility for administrative operations of the program, program effectiveness, and financial stewardship. This Board meets at least annually and includes the Dean of the Anesthesiologist Assistant Program, at least one of the Program Medical Directors, Dean of the College of Sciences at Bluefield University, President of Bluefield University, and the Provost of Bluefield University. In addition, the President of VCOM, the Dean of VCOM-Auburn and VCOM-Carolinas, the Provost of VCOM, Chief Financial Officer of VCOM, and Chairman of the Board of Trustees for the Harvey Peters Foundation sit on the Program Board, assuring smooth collaboration.

The programmatic accreditor for Anesthesiologist Assistant programs (the Commission on Accreditation of Allied Health Education Programs) requires an Advisory Council as a standard of accreditation. The Advisory Council, the composition of which is mandated by the programmatic accreditor) is comprised of representatives from the proposed program's communities of interest, along with a faculty representative from the proposed program, the Bluefield University Provost and Dean of the College of Sciences & Health Sciences, the President of VCOM, the Deans of VCOM-Auburn and VCOM-Carolinas, and the Chairman of the Board of Trustees for the Harvey W. Peters Foundation. The establishment of the Advisory Council provides a means for increased communication between the program and local leaders of the community with the intent to improve the learning environment for students and afford a more informed view of the community for academic personnel. The Council, which meets twice annually, also provides a connection to potential employment opportunities for graduates and to potential research and service opportunities for the faculty and students.

On a day-to-day basis, the proposed program functions within the Bluefield University academic organizational structure. The Program Director for the MHSA program reports directly to the Dean of the College of Sciences & Health Sciences at Bluefield University; all teaching faculty in the program, including those 'sharing time' between VCOM and the proposed program, have dual faculty appointments with both VCOM and Bluefield University, and are bound by the institutional effectiveness policies of Bluefield University.

Faculty maintain control of the curriculum and participate in the activities that will be used to assess its quality. The curriculum is assessed annually through a defined process, incorporating student, faculty, clinical preceptor, graduate, employer and administrative input and guidance. Faculty maintain ownership of their courses and bring to the program- and university-level curriculum planning process new ideas, areas of improvement, and suggestions

for enhanced knowledge transfer. As with any Bluefield graduate program, any substantive changes to the curriculum map are approved by the Dean of the College of Sciences & Health Sciences, the Graduate Academic Council, and the regional accreditation authority, if necessary.

At the course and faculty level, the program utilizes a standard online tool through the Canvas LMS for students to assess each course and faculty performance qualitatively and quantitatively for improvement opportunities. The unique part of the assessment process is that the qualitative data consisting of student comments is handled via a continuous quality improvement (CQI) model where a group of students summarize the comments and then present directly to faculty their suggestions for positive improvement in teaching and course construction. Not only does this system provide exception feedback for improvement but also teaches students aspects of professionalism and trains them in the CQI process, something that they will typically utilize in their future training and career. Additionally, all faculty (including those from VCOM teaching in the proposed program) report annually on academic, development and student enrichment activities, self-assess performance against established goals, and set outcomes for the forthcoming year, which is then reviewed and approved by the Dean of Anesthesiologist Assistant programs as a component of programmatic effectiveness activities.

A list of the MHSA Program Oversight Board and Advisory Council Members, Program-level administrators, and specific relevant administrators from VCOM and Bluefield has been provided below to outline the governance structure of the Program.

### **MHSA Program Oversight Board**

**Gary Bridges, DO, RPh** – *Medical Director, Master of Health Science in Anesthesia Program*  
**Matthew Cannon, DO** – *VCOM – Dean, VCOM-Carolinas*  
**Emily Lambert, PhD** – *Bluefield University – Dean, College of Sciences*  
**Michael Nichols, CAA, MBA** – *Dean, Anesthesiologist Assistant Programs*  
**David Olive, JD** – *Bluefield University, President*  
**Heath Parker, DO** – *VCOM – Dean, VCOM-Auburn*  
**Dixie Tooke-Rawlins, DO, FACOFP** - *VCOM, President and Provost*  
**John Rocovich, JD** - *Chair, Harvey F. Peters Foundation*  
**Michael Salmier, PhD** – *Bluefield University, Provost*  
**Charles Swaha, CPA, CGMA** - *VCOM, Vice President for Finance and Chief Financial Officer*  
**Deborah West** - *VCOM, Provost*

### **MHSA Program Administration**

**Gary Bridges, DO, RPh** – *Co-Medical Director, Auburn Campus*  
**Rebecca Hoyt, DEd.** – *Director of Student Academic Success, MHSA Programs*  
**Gary Jones, CAA** – *Associate Dean for Academic Affairs*  
**Michael Nichols, CAA, MBA** – *Dean, Anesthesiologist Assistant Programs*  
**Will Potter, MD, MHCA** – *Co-Medical Director, Gainesville Campus*  
**Olivia Segars, MEd** – *Director of Medical Education, MHSA Programs*

## MHSA-Auburn Program Advisory Council

Cary Chandler, BS, AMP – *Chair*  
Kyle Bauer, MD  
Gary Bridges, DO, RPh – *ex officio*  
William Buntin, CAA  
Roben Casey JD  
Ralph Dapaah, CAA  
Kraig de Lanzac, MD  
John Delzell, MD, MSPH  
Maurice Gilbert, MD  
Michael Kallab, SAA – *MHSA Auburn, Class of 2025*  
Emily Lambert, PhD  
Ryan Neil, MD  
Michael Nichols, CAA, MBA – *ex officio*  
Gregory Nichols, MBA, PMP – *ex officio*  
Heath Parker, DO  
Jeff Plagenhoef, MD  
William Potter, MD – *ex officio*  
John Rocovich, JD  
Dixie Tooke-Rawlins, DO  
Dana Traylor, CRNA, MBA  
Robert Wagner, CAA, DHSc

## MHSA-Carolinas Program Advisory Council

Gerald Macioli, MD, MBA – *Chair*  
Soren Campbell, JD, CAA  
Matthew Cannon, DO  
Dean Davis, MD  
John Delzell, MD, MSPH  
Richard Evans, MPA  
William Hallowes, MD  
Wesley Liao, MD  
James Lunsford, CAA  
Lloyd Meeks, MD  
Michael Nichols, CAA, MBA – *ex officio*  
Gregory Nichols, MBA, PMP – *ex officio*  
Koty Prices, CAA  
John Rocovich, JD  
Michael Salmeier, PhD  
Harper Sprouse, SAA – *MHSA Auburn, Class of 2025*  
Frank Sullivan, MD  
Dixie Tooke-Rawlins, DO  
Megan Varellas, CAA  
Charles Wagner, MBA  
Kevin Walker, MD – *ex officio*

## Location, Community and University Affiliations

### VCOM Auburn Campus Overview

The VCOM-Auburn Campus is in Auburn, Alabama on the plains of eastern Alabama. Auburn is approximately 50 miles east of the state's capitol in Montgomery, and 115 miles southwest of Atlanta, GA. The Auburn Campus is in the Auburn Research and Technology Foundation's Research Park, a 156-acre site with forested areas, meadows, lakes, and a wetland preserve. The Research Park serves as the south gateway to the campus of Auburn University.

#### *Main Facility*

The main campus building is situated on a 16-acre campus in the Auburn Research and Technology Foundation's Research Park and is approximately 100,000 square feet. Ample parking exists for all VCOM students and faculty with handicapped and visitor parking. VCOM's information system, through Auburn University, provides the campus community with access to information systems and resources worldwide. The classroom environment affords optimum learning conditions while demonstrating respect for both students and faculty. In addition to two theatre classrooms that will seat 150 and have capacity for 208 each, 20 moderately sized rooms (throughout the building) are available for small group learning. The facility also contains a center for technology and simulated medicine, clinical skills laboratories, library and student study areas and lounge spaces, a smaller classroom, and one of VCOM's research laboratories. A large conference room that seats over 300 is also located on the first floor of the facility. The 16-acre campus includes a walking and biking path, a small lake, and outside patios providing students with both indoor and outdoor environments for study and activities.

#### *MHSA Program Facilities*

All didactic coursework of the Master of Health Science in Anesthesia program will be conducted on the Auburn, Alabama, campus of VCOM. The main campus building is situated on a 16-acre campus in the Auburn Research and Technology Foundation's Research Park and is approximately 100,000 square feet. Ample parking exists for all VCOM students and faculty with handicapped and visitor parking. VCOM's information technology infrastructure, through Auburn University, provides the campus community with access to information systems and resources worldwide. The classroom environment affords optimum learning conditions while demonstrating respect for both students and faculty. In addition to two theatre classrooms that will seat 150 and have capacity for 208 each, 20 moderately sized rooms (throughout the building) are available for small group learning. The facility also contains a center for technology and simulated medicine, clinical skills laboratories, library and student study areas and lounge spaces, a smaller classroom, and one of VCOM's research laboratories. A large conference room that seats over 300 is also located on the first floor of the facility. The 16-acre campus includes a walking and biking path, a small lake, and outside patios providing students with both indoor and outdoor environments for study and activities. Students of the program have the same digitally controlled access to the VCOM-Auburn facilities as VCOM's medical students during posted facility hours.

Within the VCOM-Auburn facility, a large classroom on the first floor and several offices for faculty and administrative staff will adequately house the new Bluefield University off-campus instructional site. Collectively, the previously unutilized or repurposed space consists of approximately 6,000 square feet of dedicated space in the building. The classroom is equipped with an audio video projection system and two screens, table seating for approximately 64 individuals, storage carrels for learning equipment, white boards, and two 110-inch drop-down screen and projectors that can be connected to student computers for group study purposes. Additionally, the classroom is equipped with video capture hardware for recording and archival of instruction, as well as distance streaming and video conferencing. With a capacity size of 64 individuals in the classroom and a maximum cohort size of 40 students, the physical plant space is more than adequate to house the proposed program. As the program curriculum is framed around early classrooms and skills lab instruction in the first half of the program, followed by

primarily clinical practicum rotations in the latter half, it would be rare to have a need for both cohorts to simultaneously require classroom space. In a circumstance where multiple cohorts might be present, either of VCOM's 200+ capacity auditoriums or 300+ capacity multi-purpose conference room can be utilized. Students within the program will have access to an additional 4,600 square feet of student study areas throughout the VCOM-Auburn building plus a student lounge that contains a privately run food service and abundant vending machines. Facilities are open 7:30 AM – midnight Monday through Thursday, 7:30AM – 8:00PM on Friday, 10:00 AM – 8:00 on Saturday and noon – midnight on Sunday. Through a contractual agreement, all MESA students are granted the same benefits as Auburn University students in terms of use of Auburn University libraries, recreational facilities, student center, arts and theatre programs, intramural programs, and access to Auburn football and other athletic event tickets.

### ***Research Facilities***

VCOM has formed several collaborative research relationships within Auburn University including the Harrison School of Pharmacy, the Samuel Ginn College of Engineering, the College of Education, and the School of Kinesiology. VCOM's University collaborative research programs provide shared laboratory space opportunity with the various schools within the University. The research laboratories and the microbiology laboratory are located on the first floor.

### ***Auburn Community and Area***

Auburn is in Lee County, Alabama. It is the largest city in eastern Alabama with a population of approximately 54,000. Known as, "The Loveliest Village on the Plains", Auburn provides a hometown atmosphere with ample restaurants, shopping, recreation, and entertainment. The area hosts the Jan Dempsey Community Arts Center, the Auburn Area Community Theatre, the Julie Collins Smith Museum of Art, and Auburn University's Telfair Peet Theatre rich with plays, ballets, musicals, and art experiences. Chewacla State Park has 696 acres offering many recreational activities. Just in the Auburn area alone, there are six 18-hole golf courses open to the public.

### ***Auburn University Activities***

The VCOM–Auburn Campus operates with a collaborative agreement with Auburn University for education, research, and student activities. This collaboration offers the Auburn Campus faculty and students many benefits such as an opportunity to participate in AU campus activities, including use of the student support services, libraries, recreational facilities, food services, parking, transportation, and student activities. These activities supplement the activities and student programs available on the VCOM Campus and utilized by students for everything from study to intramurals.

## **VCOM Carolinas Campus Overview**

The VCOM-Carolinas campus is nestled in the beautifully preserved, historic downtown area of Spartanburg, South Carolina. VCOM became the hub of development that is transforming the Northside of the city with a new walking/biking path, new housing projects, and restaurants. The Carolinas campus is surrounded by multiple colleges and universities including: Wofford College, Converse University, the University of South Carolina-Upstate, a branch campus of the University of South Carolina in Columbia, Spartanburg Methodist College, and Spartanburg Community College. Spartanburg is positioned approximately 30 miles northeast of Greenville, South Carolina, and approximately 70 miles southwest of Charlotte, North Carolina; two cities that offer easy airport access.

### *Main Facility*

The main campus building is over 70,000 square feet and is situated on a 20-acre campus. Ample parking exists for all VCOM students and faculty. Handicapped and visitor parking is available. VCOM's information system provided through Virginia Tech and Clemson University, provide our campus community with access to information systems and resources worldwide. The classroom environment affords optimum learning conditions while demonstrating respect for both students and faculty. In addition to two theatre classrooms that easily fit 150 students each and can seat up to 200 if desired, 20 moderately sized rooms are available for small group learning. The main campus building includes a state-of-the art anatomy lab, a center for technology and simulated medicine, library and student study and lounge space. An outdoor walking path complements the 20-acre campus with a small lake and water feature. The campus, which opened in August 2011, offers all four years of osteopathic medical curriculum to 150 medical students per year, totaling to a four-year student body of 600 students. VCOM collaborates with Wofford College, Converse College, and University of South Carolina Upstate in a program known as "College Town" to bring a diverse college feel to the Spartanburg community.

### *Research Facilities*

VCOM and the Spartanburg Regional Health System operate a collaborative cancer and stem cell laboratory at the Gibbs Cancer Center and Research Institute. The laboratory has 7,500 square feet of research space featuring an open floor design to maximize shared equipment resources and workspaces, and allow for easy interaction and collaboration of all laboratory personnel. The college also opened a second research facility adjacent to the campus on Magnolia which houses biomedical research unrelated to the Cancer Center.

### *Spartanburg Community and Area*

The City of Spartanburg has a population of 40,000 with Spartanburg County comprising a total 281,000. In Spartanburg, there is something for everyone. This active city shares evenings of Jazz on the Square and Music on Main, live entertainment in the downtown's Morgan Square and Denny's Plaza. Local farmers markets allow everyone to enjoy the local, fresh produce of the area. Outdoor activity opportunities are available throughout the upstate for fitness and leisure including bicycle and hiking trails. The easy access to Interstates I-85 and I-26 allow for quick travel to parks and lakes nearby, as well as the North Carolina Mountains which are within an hour. The ocean and South Carolina beaches are easily accessible for weekend travel.

## Bluefield University & VCOM Libraries

Students have full electronic access to the library databases of both Bluefield University and VCOM, and physical access to the onsite library facilities at VCOM-Auburn. Easley Library at Bluefield University is a member of the Bowen Central Library of the Appalachian College Association (ACA) and The Virtual Library of Virginia (VIVA). With Bluefield's membership in these two consortia, we receive a "core" collection of databases from each. In addition, we receive discounts on other databases that are considered for consortia purchase with opt-in privileges for participating colleges. The library purchases several databases directly from publishers or vendors. All together the library has more than 70 databases. The library's [website](#) includes a section with research guides and database catalogs.

Easley Library contains 54,000 volumes in print resources. Within those print resources, we have a reference collection of approximately 2480 texts. Any student may have access to library materials either by coming to the library in person and taking advantage of the physical collection, or, if a student lives off-campus, the student may request material be sent to a home address. Students may check out materials for four weeks, and they may request renewals if the item is needed for longer periods. Specifically, in regards to books related to the sciences, Easley Library contains approximately 3000 books within our circulating collection with the Library of Congress call numbers QH, QK, QL, QM-QV, R, and S. Within the reference section, there are approximately 175 books in those same ranges.

In addition to the print collection, Easley Library hosts 70 databases. Included among these are seven health specific databases and four mental health databases. Students may access these databases from anywhere in the country by going to our database page, (<https://www.bluefield.edu/academics/easley-library/article-databases/>) clicking on the appropriate subject box and then clicking on a database within that subject area. These databases provide hundreds of thousands of journals for our students.

All students have access to Library resources whether they attend Bluefield University classes on campus or off campus. Easley Library also provides interlibrary loan resources for every student. Bluefield students attend an orientation session at the beginning of each academic year, and individual professors and librarians arrange information literacy sessions on as-needed basis. Information literacy programs may be either in-person, online via Zoom/Teams, or through a video tutorial.

Two professional librarians who hold either an MLS or MLIS staff Easley Library. The building is open six days a week, and the online resources are always available. Librarians are responsive to questions even when the building is closed by answering emails and telephone requests within a 24 hour or less period. Students may email, phone, or request Zoom or Teams calls if they need any extra help or information.

In addition to the resources available to the students from Bluefield University, students of the proposed program have the same access to library resources onsite at the VCOM offsite learning locations as the medical students. This print and online collection includes over 32,000 unique journal, text, and database titles all specific to the healthcare sciences.

The library on each campus is a state-of-the-art electronic medical resource center serving the faculty, staff and students. The library exists for faculty and staff and include modest collections of medical literature including books and journals and a robust on-line library, which includes over 300 electronic databases, including online full-text access to over 3,000 scholarly journals and more than 18,000 current serials. Physical resources of the library include study carrels, a digital resource laboratory, 52 computer workstations (including laptop computers that can



be checked out), photocopies, GIS workstations, and an assistive technology workstation area. Hours for VCOM's physical libraries are available on the campus page of the [website](#). The electronic library is available 24 hours a day.

The VCOM libraries are open seven days/week and five days until midnight; the electronic library is open 24/7. The library is always staffed when open. The library occupies approximately 1700 square feet and contains small group rooms meant for 2 to 4 students, central carousels for individual student study, and tables in the public area for group discussion. Some of the carrels have desktop computers, but most students use their laptops to gain access to the electronic library collection. Free printing services are also present for students in the library. Additional study space has been provided throughout the building recognizing that students study in a variety of ways. Break rooms and cafeteria space is made in a manner to be comfortably used for study. In addition, small group study areas have been placed throughout the building.

During Orientation Week at the start of the program, students will be introduced to the library resources with a tour of the facility including identification of program-specific resource location, presented with written instructions on how to access online platforms, guided instruction on computer-based resource access, and familiarized with the library staff, location, and policies. Additionally, the MHSA's Director of Medical Education serves as the administrative lead and student point of contact for library operations.



**VCOM | BLUEFIELD**  
MASTER OF HEALTH SCIENCE IN ANESTHESIA PROGRAM

**Recruitment &  
Admissions**

## Notice of Nondiscrimination

The MHSA Program recognizes, values, and affirms that diversity contributes richness to the college and enhances the quality of education. Students, faculty, staff, and administrators are valued for their diversity. VCOM, Bluefield University and the MHSA Program are committed to providing an environment in which students and employees are treated with courtesy, respect, and dignity. It is the policy of the MHSA Program that no student or employee shall, based on sex, be discriminated in, or be denied the benefits of, any education program or activity that it operates. This requirement not to discriminate is required by Title IX and Part 106 of Title 34 of the Code of Federal Regulations and extends to admission and employment. Inquiries about the application of Title IX and Part 106 to VCOM may be directed to the VCOM or Bluefield University Title IX Coordinator, to the Assistant Secretary of the Department of Education, or both.

Bluefield University is a private, not-for-profit institution affiliated with the Baptist General Association of Virginia. Bluefield University will not unlawfully discriminate on the basis of race, color, national or ethnic origin, sex, disability, age, religion, genetic information, veteran or military status, or any other basis on which the University is prohibited from discrimination under local, state, or federal law, in its employment or in the provision of its services, including but not limited to its programs and activities, admissions, educational policies, scholarship and loan programs, and athletic and other University-administered programs. The institution encourages women, minorities, veterans, and individuals with disabilities to apply.

VCOM's commitment to the principles of nondiscrimination includes and extends far beyond the federally protected classes and includes, but is not limited to, age, gender, sex, race, color, creed, national origin, religion, ancestry, marital status, ethnicity, disability, sexual orientation, gender identity, status as a protected veteran, or any other category protected by federal, state, or local law. VCOM has a commitment to nondiscrimination against any individual or group of individuals. VCOM has no tolerance to inappropriate behavior exhibited as an act of discrimination.

Those persons who believe they are experiencing discrimination should review the procedures for grievances found in this *Handbook*.

Any person having inquiries concerning VCOM or Bluefield University's compliance with the regulations implementing Title VI, Title IX, or Section 503, is directed to contact the Director of Human Resources, who serves as the Title IX Coordinator for the campus at:

### **VCOM-Auburn Campus**

910 South Donahue Drive  
Auburn, Alabama 36832  
Office 246  
Phone: (334) 442-4000

### **VCOM-Carolinas Campus**

350 Howard Street  
Spartanburg, South Carolina 29303  
Office: 364 Magnolia Building  
Phone: (864) 327-9807

Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding either institution's compliance with the regulations.

## Recruitment Priorities

As a mission-driven program unit of Bluefield University and VCOM, the MHSA Program has focused recruitment efforts in four major areas:

### *Appalachian and Delta Regions*

The MHSA Program recruits students from the socioeconomically depressed states within the southern Appalachian and Delta regions. These include the states of Virginia, North Carolina, South Carolina, Alabama, Louisiana, West Virginia, Pennsylvania, Tennessee, Kentucky, Georgia, Arkansas, Mississippi, SE Missouri, and the bordering states of Maryland, Florida, and Texas. Students from Alabama, Georgia and the Carolinas are a priority for recruitment to enable the Program to meet its mission to improve quality anesthesia care to rural and medically underserved populations. Students from these states and region, who meet the MHSA's minimum standards or greater, are a priority for interview.

### *Rural*

The MHSA has a commitment to recruiting additional students from all rural areas. It is the Program's commitment to meet the anesthesia provider shortage in rural areas throughout the Eastern and Mid-United States, especially within Appalachia and the Delta regions as a priority recruitment area.

### *Minority*

The Program recognizes the lack of medical care to minority populations; therefore, the Program actively recruits minority students from minority populations that are currently underrepresented in the Anesthesiologist Assistant profession. The population of the United States is becoming increasingly diverse; thus, the Program seeks a student body that will ultimately meet the needs of a diverse society.

### *Mission-Minded*

The Program is committed to producing anesthesia providers to meet society's health care needs and seeks students who are compassionate, knowledgeable, and committed to quality health care for all. The Appalachian outreach and international outreach programs, in which all students can participate, were developed to assist students in developing the skills needed to provide compassionate and altruistic care whether for a rural area, a medically underserved population in an urban area, or in a developing country. The Program seeks students who share this personal mission and commitment to those who are medically underserved and who have demonstrated a commitment to underserved populations in the past.

The MHSA does accept students from outside this region who have demonstrated a commitment to a common mission of caring for medically underserved populations whether rural, minority, or international.

## Admissions Procedures

The Master of Health Science in Anesthesia program considers applicants who possess the academic, professional, and individual promise to become exemplary Anesthesiologist Assistants. The program seeks to admit most of the class from applicants rooted in the Southeastern United State, including the Appalachian foothills and Mississippi Delta regions. The southern Appalachian region consists of rural and underserved areas of Alabama, Georgia, Kentucky, Mississippi, Ohio, Pennsylvania, Tennessee, and West Virginia. The program does accept students from outside this region who have demonstrated a commitment to a common mission of caring for medically underserved populations whether rural, minority, or international.

Admission to the VCOM-Bluefield University Master of Health Science in Anesthesia Program requires that the following criteria delineated herein are met. Prospective students are selected by the Admissions Committee which considers the overall qualities of all applicants and gives highest consideration to applicants who...

- Are residents or natives of the Southeast United States.
- Demonstrate alignment with program mission and values.
- Have an excellent academic record.
- Have prior healthcare experience.
- Provide qualified and compelling personal references.
- Have served in the United States Military.
- Hail originally from rural or underserved areas.
- Have experience with volunteerism and/or mission work.

### Admissions Process and Professional Expectations

Within its competitive framework, the program assesses multiple criteria to select the most promising candidates from an applicant pool that exceeds the number of seats available. Since a rolling admissions process is used, applications are reviewed, and interview decisions are made, at regular intervals during the admissions cycle. Applications begin arriving in early summer, one year prior to anticipated matriculation. Interviews begin in August and continue through mid-October. Due to the high number of applications, we strongly encourage early application.

An applicant aspiring to become an Anesthesiologist Assistant is expected to show integrity and professionalism throughout the application process. The applicant's professionalism during interactions with the faculty and staff during the application process will be considered in the acceptance process. Applicants must familiarize themselves with the admissions requirements, procedures, and deadlines, as well as report and update any changes to the application. Applicants are required to attend all interviews, be accurate and complete in their application, and disclose all information requested.

### Minimum Requirements for Interview and Admission

The program uses a mission driven admissions process; therefore, the applicant's ability to demonstrate a history of compassion, empathy, dedication and interest in patient care, an orientation to the anesthesia profession, an introduction to rural healthcare or population health in underserved areas, and/or to experience in the healthcare fields is considered in the admissions process. Other qualities that reflect the student's ability to adapt to a rigorous academic environment and to a future as a professional provide an advantage in the application process.

Applicants for admission must meet the following requirements to be considered for an interview:

1. Must be able to earn a baccalaureate degree (or its equivalent) prior to matriculation.
  - Courses must have been taken at a regionally accredited institution that is recognized by the U.S. Department of Education. In some circumstances, a degree from a college or university that is nationally, rather than regionally accredited, is accepted if the accreditor is recognized by the U.S. Department of Education (i.e., a religiously based institution). Contact the Office of Admissions in advance of applying. No course may be completed on a Pass-Fail basis; a grade of “P” will not be accepted. If Advanced Placement (AP) credit is used for any of the above courses, minimum GPA requirements must be achieved in the course(s) completed as part of the student’s enrolled curriculum plan.
  - Prerequisite coursework, degrees or certifications obtained outside the United States or Canada are not considered necessarily equivalent in design or content. As such, academic credit conferred from a foreign institution will be evaluated on an individual applicant basis and acceptance of such will remain at the discretion of the Admissions Committee. Applicants who have taken coursework and/or earned a degree from a foreign institution must submit an evaluation of their transcripts. The transcript evaluation company chosen must be approved by the program and Bluefield University.
2. Must have completed 90 hours or three-fourths of the required credits for a baccalaureate degree and have completed the required courses listed below from a college or university accredited by a regional accrediting body:
  - Biological Sciences with lab: one (1) year
  - Physics with lab: one (1) year
  - General and Inorganic Chemistry with lab: one (1) year
  - Organic Chemistry I with lab (Organic Chemistry 2 highly recommended): One (1) semester
  - English and Composition: One (1) year
  - Advanced Statistics (lower level statistics with Calculus course may apply): One (1) semester
  - Anatomy & Physiology (a combination course is allowable): One (1) semester
  - Biochemistry: One (1) semester
  - A minimum of 6 additional biomedical science credit hours at the 200 level or above.

Courses with equivalent content will be considered. The program follows the AACOMAS definition of science courses to determine science GPA and science hours. See the [AACOMAS website](#) for more information.

Special consideration regarding required courses for interview may be considered for practicing Advanced Nurse Practitioners, medical students, graduates of the Bluefield University Master of Arts in Biomedical Science program, Physician Assistants, Pharmacists, and Doctor of Physical Therapy when reviewing courses for course equivalency in the application. For special considerations, course review is conducted by the Dean.

3. Must achieve a minimum of a 3.2 science GPA and cumulative GPA on a 4.0 scale in the last 60 hours of their baccalaureate/master’s degree. The program places emphasis on the last 60 credit hours and on the science courses and required courses when choosing between competitive applicants. Higher GPAs are

generally required to be competitive, as the current average cumulative GPA for accepted students within the Anesthesiologist Assistant industry ranges from 3.3 to 3.6 and the average science GPA is a 3.4. Any applicant with a GPA of less than 3.2 must be approved by the Dean for an interview.

Applicants who complete the VCOM-Bluefield collaborative Master's in Biomedical Sciences program are considered if they receive a 3.0 GPA in the master's program and receive the faculty admissions committee endorsement, regardless of prior GPA.

4. MCAT scores or other graduate-level standardized test scores are **not** required for admission. We request that applicants report previous MCAT scores for research purposes. The MHSA utilizes the Wonderlic<sup>®</sup> test of cognitive agility to assess creative thinking and thought processing – this online exam must be taken within three (3) months of the date of interview and scores submitted directly to the Director of Admissions.
5. Three letters of recommendation from persons familiar with the applicant's prior academic performance, potential, character, work habits, and suitability for graduate study leading into a career in clinical practice. Three evaluation forms or letters of recommendation are required to complete the application for admission (these must be in addition to letters from a blood relative or through marriage). At least one evaluation must be from a healthcare provider (DO, MD, CAA, CRNA, PA, NP, etc.), preferably in the field of anesthesiology. A second required evaluation must be from an academic advisor or science faculty member who is familiar with the academic work of the applicant. The MHSA welcomes the additional third (and any additional) letters of support or recommendation from those who are acquainted with the student's academic, professional, and personal ability. The program highly recommends that all applicants submit recommendations of both a personal and professional nature speak to your aptitude, drive and personality fit for the CAA profession. The more competitive applicants will have shadowing or clinical experience and exposure to anesthesia and demonstrate an understanding of and commitment to the Anesthesiologist Assistant profession.
6. Applicants will submit a short (no more than one page) personal statement. While the topic of the personal statement is determined solely by the applicant, it is highly encouraged that it reveals insight and introspection, displays proper grammar and syntax, is interesting and engaging, and illustrates the applicant's passion for, and dedication to, patient care and the Anesthesiologist Assistant profession.
7. Must be a U.S. citizen or permanent U.S. resident. International students who have questions regarding their application status should contact the Director of Admissions to determine eligibility for admission. Once matriculated, students must maintain the requirements for their visa status as set forth by the United States Citizenship and Immigration Services, which includes remaining enrolled full-time and not accepting unauthorized employment.
8. Applicants with foreign undergraduate, graduate or advanced degrees who would like to apply to the Master of Health Science in Anesthesia Program must meet the academic requirements listed above. Graduates of foreign institutions where English is not the primary language of instruction must present transcripts showing at least 18 semester hours of study from a regionally accredited college or university in the United States. Of these 18 semester hours: 3 hours must be in English Composition, English Literature, and Public Speaking (courses do not include ESOL). The remaining nine semester hours can be any course of the applicant's choosing (excluding physical education). In addition, international students must submit:

- An Education Credential Evaluation and Authentication Report for foreign transcripts demonstrating equivalency to a bachelor's degree received at a U.S. or Canadian college or university.
  - Standardized Test of English language ability
    - [Test of English as a Foreign Language \(TOEFL\)](#) Internet (iBT): 85 / Computer (CBT): 223 / Paper (PBT): 565
    - [International English Language Testing System \(IELTS\)](#) - minimum score of 6.5
9. Must meet the *Technical Standards for Admission and Successful Completion of the MHSA Program*. All students must read carefully and affirm that they meet the standards. Any falsification or misinformation is a reason for dismissal. All students must read carefully and affirm that they meet the standards. Any falsification or misinformation is a reason for dismissal. On the application, each applicant must affirm by electronic signature that he/she has read and meets the standards.



## Technical Standards for Admission and Successful Completion of the MHSA Program

The requirements to succeed in the MHSA program are those required to successfully complete the learning curriculum and to safely practice as an Anesthesiologist Assistant with full practice rights. Bluefield University and VCOM support students with disabilities who can be reasonably accommodated and who can meet the technical standards that will be required to be licensed to practice as an AA.

Patient safety and well-being are considered by the program when accepting students or continuing the enrollment of students. Students must be able to function in a variety of learning and clinical settings, including lecture halls, laboratories (biomedical and simulation), and patient care environments. Education in the classroom and laboratories during the Foundation Phase, prepare students for education in the clinical setting. Students begin Early Clinical Experiences in the first year and transition to dedicated clinical practicum for the final 16 months.

As such, students must be able to quickly, accurately, and consistently learn and process large amounts of information and report that data quickly and accurately and perform their duties in the clinical setting without restriction and in a manner that provides a safe environment for the patients entrusted to their care. These abilities are necessary to succeed in the MHSA curriculum and to meet the technical standards for acquiring the medical knowledge needed to safely practice as an Anesthesiologist Assistant.

Further, the missions of the MHSA Program embrace perioperative care of the patient and requires all students to gain the medical knowledge and clinical skills necessary to enter a practice as a competent anesthetist. Recognizing that the Anesthesiologist Assistant is as a career path in which students often accumulate considerable debt, all technical standards are considered in relationship to the student's ability to meet the educational competencies that culminate in the career as an Anesthesiologist Assistant when accepting students or continuing their enrollment.

The applicant must possess the abilities and skills in the following five areas to be a successful student while at the program and to be a successful clinician in the future:

### *I. Sensory and Motor*

**Touch:** Patient care during anesthesia requires a clinician to utilize the sense of touch for examination. The education of the student, therefore, requires a student to perform and can touch a human being of both sexes as part of learning to assess and treat, as well as to be touched by both sexes as a part of the physical examination education. The sense of touch required includes being able to discriminate through palpation of warm, cold, and normal temperatures, and normal soft and supple tissue from tissue with spasm or other restriction. Students must be able to discern between bone, muscle, fascia, and skin to detect any abnormalities. Students must also be able to palpate the abdomen and judge for acute conditions as well as to palpate the size of internal organs and a soft abdomen from an acute and guarded abdomen. Students must also be able to palpate pulses and identify anatomical landmarks for regional line and invasive monitor placement. Therefore, students who attend the MHSA program agree to touch others and to be touched to acquire the skills necessary for palpation and examination of peers (classmates) in these laboratories. As a stipulation of enrollment in the MHSA program and attestation of having agreed to the policies herein, students agree to touch other students in the process of examination and to be touched, and to participate as both provider and patient in the student practice sessions under the supervision of faculty. Acquiring the skills to palpate and examine patients requires examination of disrobed patients of both genders; therefore, examination of fellow students of both genders, and to be examined by fellow students of both genders who may be partially disrobed, is required. These are requirements for all students, regardless of cultural or religious beliefs, for students to acquire the skills necessary to safely practice osteopathic medicine. Students who have questions regarding the accommodations made for cultural or religious beliefs may inquire with the Director of Admissions or when visiting for interview.

**Vision:** Anesthesiologist Assistants utilize the sense of vision to identify tissue texture changes; skin lesions and rash types; skin color changes such as cyanosis or erythema; and skin, nail, and mucus membrane color. Vision is also required to perform examination of the eyes (including skilled fundoscopic exams), ears, nose, throat, genitalia, and other areas of the human body in the process of diagnosis. Vision is also required to master fine skills such as suturing or using a scalpel, surgical removal of foreign bodies or certain tissues, and other surgical procedures. Vision is required to interpret many diagnostic tests, including, but not limited to x-ray, CT scan, MRI, and PET scan in formulating an accurate diagnosis, as well as dynamic visualization of monitors, video images, the surgical field and ultrasound monitors. The use of an intermediary to perform these basic competencies does not result in the same level of competency as an anesthetist, as it is mediated by another individual's power of selection and observation without the same level of knowledge or experience. Therefore, correctable vision to a reasonable level is required for students to meet technical standards for admission and continued enrollment.

**Hearing:** The sense of hearing is required in anesthesiology including the necessity of hearing during patient interviews; recognizing inflections in voice that occur with pain, illness, or injury; and hearing bodily functions such as heartbeat, murmurs, blood pressure, lung sounds, bowel sounds, the flow of blood through vessels, and other sounds associated with normal and abnormal findings medical conditions. A key feature of the anesthetist is to combine auditory input from monitors and distinguish such from ambient and background noise during perioperative care. Anesthesiologist Assistant practice patient-centered care with a focus on how any illness or injury to one area of the body impacts the person. Therefore, the sense of hearing is required to directly communicate with a patient and is used in the perioperative setting to communicate with multitudes of healthcare providers, patient advocates and ancillary staff simultaneously. Hearing cannot be readily or efficiently provided through an interpreter that does not have the appropriate medical knowledge. The program provides reasonable accommodations for students who have difficulty with hearing but can independently meet these standards with accommodations. Reasonable accommodations provided while learning at the MHSA program on the VCOM campuses include specialized stethoscopes and specialized noise cancelling or amplifying headsets/earbuds for the classroom. VCOM also provides accommodations through the recording of all lectures so they may be viewed by students in a separate room where they are able to listen at an increased volumes and sped up, slowed, or repeated as needed. Students who are unable to hear all parts of the lecture are provided with the opportunity to listen to the recorded lectures outside of the classroom to keep pace with their classmates. Students should be aware that these services are provided in lieu of CART services, which are not as efficient or reasonable in accommodating a student with hearing deficits. Applicants that have questions regarding the use of recorded lectures or headsets in lieu of CART services may visit the campuses in advance to sample them prior to enrollment.

**Smell:** An Anesthesiologist Assistant also uses the sense of smell, and although not considered an essential sense, it is one that cannot be accommodated.

## **II. Communication**

Students must be able to communicate orally and effectively in English as the curriculum, testing, and clinical training experiences are only offered in English. Student must be able to effectively communicate with patients to offer safe and effective medical care. Students are encouraged to learn other languages for medical communication; however, all curriculum and assessment is provided in English. The program requires the functional ability to speak, hear, and observe patients to elicit accurate medical information. Students must learn and demonstrate the ability to gather medical information in a humanistic manner and must be able to recognize, describe and address changes in patient mood, activity, posture, and other physical characteristics; perceiving the patient's nonverbal communication, which are skills required in delivering patient centered medical care. Students must be able to communicate through written, typed, and verbal conversation to effectively, and efficiently, communicate with the patient and all members of the health care team. Students must be able to demonstrate effective communication in a taped video exam setting

with standardized patients in the first two years and demonstrate competency in communication in the clinical setting. These requirements are essential to safe and high-quality patient care.

**Reading:** Students, as well as CAAs, are required to read large volumes of medical literature to learn the required information for practicing medicine and to maintain up to date knowledge throughout their medical career. This requires a proficiency in reading and comprehension to complete and acquire medical knowledge presented in all coursework in the given timeframe.

Students who qualify for reasonable accommodations for reading, writing, and interpreting disabilities includes extended time on written exams.

### *III. Motor and Physical*

Students must have sufficient motor function to elicit information from patients by palpation, percussion, and other diagnostic measures. Students must have sufficient motor function to carry out maneuvers of general medical care and emergency care, and to deliver basic surgical and anesthetic care. Examples of the use of motor function are cardiopulmonary resuscitation, administration of intravenous fluids and intravenous medications, management of an airway, hemorrhage control, closure by suturing of wounds, and placement of regional anesthetics and invasive monitoring lines. This requires the use of extremities in palpation, positioning, and carrying out maneuvers of manipulation and resuscitation. These actions require fine and gross motor and sensory function. Students must be able to perform these maneuvers.

Physical strength and stamina are required in the medical training environment. Applicants who have conditions that do not allow physically taxing workloads must consider the long hours of study, the hours required in the classroom and laboratories, the physical strength to perform physical examination and treatment and to stand and walk for long hours in the clinical setting during clinical training (as well as practice) when applying.

VCOM seeks to provide reasonable accommodations for students with motor and physical disabilities at the Auburn and Carolinas offsite learning facilities. As an example, prior VCOM students have been accommodated who required wheelchair assistance and who have had limited use of one upper extremity. It is important to note that VCOM, Bluefield, nor the MHSA program can guarantee accommodation for physical disability at clinical rotation sites not owned or operated by VCOM.

### *IV. Intellectual*

Students must have the ability to reason, calculate, analyze, measure, and synthesize information to critically evaluate the patient; and access, synthesize, and utilize the most recent evidence-based information for treatment. Students must be able to comprehend, memorize, synthesize, and recall a large amount of information without assistance to successfully complete the curriculum and to practice anesthesiology safely and successfully. Students must be able to comprehend three-dimensional relationships and to understand spatial relationships as it pertains to body chemicals and ultrasound functions to relational anatomical functions to succeed in the program and to administer safe perioperative care.

To pass all requirements of the MHSA program and to succeed in practice, students and graduates will be required to perform pattern identification, immediate recall of memorized material, identification, and discrimination to elicit important information, problem solving, and decision-making as to emergent diagnosis and treatment of patients in urgent and emergent clinical settings without accommodation. This type of demonstrated intellectual ability must be performed in a rapid and time-efficient manner so as not to place patients with emergent conditions at risk. Emergent situations, as well as busy clinical environments, produce visually distracting and noisy

environments. Examples of emergent situations in which students must perform include, but are not limited to, cardiopulmonary compromise, cardiopulmonary resuscitation, acute patient deterioration, massive transfusion situations, obstetrical and neonatal emergencies, trauma presentations, poisonings and toxic exposures, shock, and hemorrhage. The intellectual abilities described above are necessary for the practice of osteopathic medicine. As such, students must be able to gain knowledge using all the types of learning materials that the program curriculum offers. These abilities must also be applied to emergent situations; therefore, the program curriculum requires students to examine patients, calculate and make medical decisions in timed testing situations and in the presence of noise and distraction, all of which a CAA faces daily wherever anesthesia is delivered.

Students with intellectual disabilities who qualify for eligibility may be granted reasonable accommodations in the classroom on written examinations. Such accommodations are not possible in clinical situations or in simulated clinical situations when preparing and testing students to be practice ready.

While separate testing environments and extended time may be offered for written exams, these accommodations do not extend to clinical examinations (both simulated and practice-based) as there are no such reasonable accommodations for patient care environments, which require recall and performance in a timely manner in noisy and distracting environments, in clinical practice.

**Ability in Standardized Test Taking:** As a requirement of graduation, the Master of Health Science in Anesthesia program mandates the student meet or exceed all necessary eligibility requirements for the NCCAA certification exam; therefore, students must be able to perform satisfactorily on timed, computerized, multiple-choice standardized exams and on clinical standardized patient exams. NCCAA determines the student's ability to receive accommodations (or not) for these exams and therefore, the student's ability to pass board exams with the accommodations awarded by NCCAA is the technical standard. Students may ask for accommodations by the NCCAA; however, these are not guaranteed. Students are advised to contact the NCCAA directly regarding questions of accommodation during the certification process:

**National Commission for Certification of Anesthesiologist Assistants**

8459 US 42 #160  
Florence, KY 41042  
(859) 903-0089  
[contact@nccaa.org](mailto:contact@nccaa.org)

***V. Behavioral and Mental Health Requirements (including conditions that reduce tolerance to stressful environments and conditions related to addiction)***

Students must have the appropriate mental health that always allows for full use of his or her intellectual capabilities. This is important for the health of the patient, for whom the student will care for while a student and as a future anesthetist. Mental health stability is required for effective communication and for professional, ethical, mature, sensitive, and compassionate patient care. Students must have the mental health stability to function effectively under the high degree of stress that is required to complete the curriculum, be successful during testing situations in medical school and in national board testing, and to be board certified after graduation.

Applicants or students who have mental impairments associated with abnormally irresponsible or aggressive conduct are not eligible for admission or continued enrollment.

Students who have serious mental health disorders that impair their ability to function in stressful situations are not generally able to be successful in the curriculum or in the responsibilities required for safe and effective patient care. Students must be able to tolerate mentally taxing and emotionally taxing workloads. Applicants who have conditions

that do not allow mentally taxing workloads must consider the long hours of study, the hours required in the classroom and laboratories, and the stress of test performance when applying.

Students must have the emotional stability to be able to care for patients safely and effectively without medication known to adversely affect intellectual abilities and clinical judgment. Students must have the emotional stability and motivation to deliver patient care and to always make emergent decisions. The ability to adapt to changing environments and stressful situations and to display compassion and integrity, while maintaining the necessary intellectual capacity to care for patients is required.

To be successful, a student must be free from significant mental impairment that renders the student to be lacking in the required mental capacity to maintain safety, without substantial supervision, for patient care. The student must have cognitive, interpersonal, and social capacity for the vocational effectiveness that is required for medical practice.

VCOM, Bluefield University and the MHSA program considers impairment from addiction to be a serious mental illness. Impaired clinicians from substance abuse have unpredictable incapacitation of mental judgement, alertness, and emotional stability, resulting in a risk to patients for receiving unsafe medical care. Substance abuses that effects mental capacity and reasoning are cause for not accepting and/or dismissing a student to protect patients. Students found to be using illicit drugs will be dismissed for unprofessional behavior. Any evidence of addiction will be considered a risk to patients and the student will be required to be evaluated immediately and be subject to any or all the following: suspension, dismissal, or unplanned leave for treatment at the discretion of the Dean.

The Program maintains the right to convene a Progress & Promotions Committee to determine whether the applicant or student poses a danger to self or others. Such an evaluation may require an independent forensic evaluation of the student by a psychiatrist and other psychological health providers.

Mental health capacity must be such that an emotional support animal is not needed to participate in the curriculum or provide medical care.

## ***VI. Professional and Ethical Attributes***

Students must demonstrate the capacity to make professional and ethical decisions always expected of a healthcare professional to be successful in the curriculum and to care for patients effectively and safely. This requires students to demonstrate careful and safe decision always making, to be free from addiction, to discriminate between legal and illegal behaviors, to make moral rather than immoral decisions, to make ethical rather than unethical decisions, and to demonstrate professional rather than unprofessional behaviors. Professional and ethical attributes are those expected of a physician by all of society and generally by medical boards. These attributes are those that instill a sense of trust by patients in the medical community. Students who perform in an unethical or unprofessional manner are subject to dismissal.

## ***VII. Physical Health and Chronic Disease***

Students must be in reasonable health to complete the physical requirements of the curriculum, including the physical requirements necessary to participate in the anatomy laboratory, learning and simulation laboratories, in patient care, and other environments required to complete the curriculum. The safety of the patients cared for by students must take priority over the students' ability to participate, just as the health of patients cared for by a physician takes priority. Students with communicable diseases, such as Hepatitis C and HIV, will be restricted from certain learning environments. The college follows the CDC guidelines for patient care in making these determinations. Students with any chronic medical conditions should be aware that they may not be accommodated to participate in all clinical settings if such accommodations are believed to place the patient at risk.

Accommodations may not be possible that allow the student to use service animals in certain clinical care settings, where the use of such animals may place an increased risk to the patient and/or do not meet the hospital requirements. Where technology exists, the college requires transition from the use of a service animal to an alternate method of monitoring prior to the clinical years so that the student may meet the requirements of the clinical site.

Students should also be aware that information regarding their immunization and health status and communicable diseases will be provided to the clinical sites where they will participate in patient care. The clinical sites will keep the student's health information as confidential as possible while protecting the health of the patient. Requirements for students with communicable diseases are provided by the Director of Clinical Rotations and are updated annually according to CDC guidelines. VCOM does not own or operate the hospitals and clinics in which students receive their clinical training; therefore, students must follow the rules of each hospital and/or clinic to participate in the clinical environments. Decisions regarding placement of students in the clinical setting to assure safety and the best learning environment, is the decision of the Assistant Program Director for Clinical Affairs and the Medical Directors. Students should request information from the college as to whether their condition meets technical standards.

The program is also concerned with the health of students and considers this when determining their ability to participate in clinical learning environments. The program reserves the right to restrict students to certain clinical environments to protect students from adverse physical/medical risks. This includes students who are or may become immunosuppressed, pregnant, or have other acute and chronic illnesses that would endanger their health. These students may be restricted from certain clinical environments, including, but not limited to, international rotations and mission trips in developing countries, infectious disease rotations, and other at-risk environments.

Students who become pregnant must inform the Associate Dean for Academic Affairs or the Assistant Program Director for Clinical Affairs of the pregnancy before participating in at-risk environments such as anatomy laboratories, or environments where infectious diseases pose a risk.

### **Self-Identification of Disabilities as an Applicant**

Program applicants are expected to self-identify if they do not meet the Technical Standards. VCOM, Bluefield University and the MHSA Program do not discriminate based on disability and assures that no adverse view of the applicant will be made if accommodations are requested for the student to meet Technical Standards. Applicants may freely question whether they meet the Technical Standards without repercussion. Applicants who, with assistance, can meet the *Technical Standards for Admission and Successful Completion of the MHSA Program* are encouraged to apply.

The applicant should enquire about the eligibility process to apply for accommodations for their disability through the MHSA Program at the time of application submission. Students should inquire and apply early as adequate documentation, including, but not limited to, psychometric testing, medical records, and prior educational records will be required. Obtaining proper documentation is the student's responsibility and all evaluations will be at the student's expense. Students with disabilities must complete the eligibility paperwork as a part of the process for applying for eligibility for accommodations. Bluefield University and VCOM make reasonable accommodations including seating arrangement adjustments, visual or auditory aids, extended test taking times, small group testing environments, and other classroom or learning needs. For more information, see the "Assistance for Matriculated Students with Disabilities" section in this *Student Handbook*.

Students who require controlled substances or other prescriptions that will show positive on the University drug screen must notify the MHSA Program in advance of the drug screen, must be taking the medications according to the manner prescribed, and must have completed the required paperwork, which includes appropriate documentation as to the need for these drugs for accommodation. VCOM, Bluefield University and the MHSA

Program reserves the right to have the student re-evaluated for a disability if adequate prior evaluations have not been done, requiring further evaluation and testing. When this is required, it is at the student's expense. Applicants who have questions regarding assistance for a specific disability, please contact the MHSA Program directly. Students who must remediate a course or who are suspended or dismissed for failure in the curriculum or who are failing a course during a block/rotation in progress may not claim failure due to disability that has not been previously identified, documented, or considered.

## **CASAA Application**

The MHSA participates with other Anesthesiologist Assistant programs in a centralized application processing service called the Centralized Application Service for Anesthesiologist Assistants (CASAA). In certain cases, an applicant who was deferred may be able to use an CASAA application from a prior CASAA cycle. To initiate the application process, prospective students must apply directly to CASAA. After applicants apply to CASAA they can designate the MHSA Program as one of their choices for application. CASAA requires one designation (and fee) for each Anesthesiologist Assistant program chosen. The Program also permits direct application to the MHSA Program through the Program website with no associated application fees.

To process the application, CASAA will require official copies of transcripts from all colleges/universities attended. High school information is documented by the applicant on the CASAA application (high school name, city, state, and year of graduation). The MHSA's Admissions staff may request further documentation in the form of the applicant's high school diploma, which will be verified by the program. Applicants may also submit their official MCAT or GRE scores to CASAA from AAMC and/or ETS (Code: RA5063), respectively. Applicants who have taken course work and/or have earned a degree from a foreign institution must also submit to CASAA an evaluation of their transcripts by one of the approved CASAA transcript evaluation services. Please see the CASAA website for a list of these approved services. An application may be submitted online at: [www.casaa.liasioncas.com](http://www.casaa.liasioncas.com).

The deadline for the MHSA applications generally falls on November 1<sup>st</sup>, but is subject to change annually; therefore, applicants should consult the website. The last day for applicants to submit application and supporting materials is November 15<sup>th</sup> but should be done much earlier to be competitive. The MHSA Program begins reviewing applications as early as July of the year preceding admission.

## ***Official Transcripts***

Official transcripts sent to CASAA are provided to the MHSA Program when an applicant applies. These transcripts are accepted by the program if all coursework the applicant has taken at that institution is completed as of June 1<sup>st</sup> of the application year. The program will verify that a transcript has been received for every institution listed on the CASAA application, that at least one baccalaureate degree has been awarded, and that all other degrees reported on the CASAA application are documented. If there is a question about the authenticity of a transcript, an official transcript, sent directly to the program from the institution in question, will be required.

Any school the applicant is attending (or will attend) after June of the application year will require an official transcript be sent directly from that institution to the MHSA program. In this case, the transcript sent to CASAA will not be accepted. If the MHSA program does require a transcript directly from an institution, transcripts must be sent directly from the Registrar's Office of the school(s) attended directly to the Bluefield University's Registrar's Office. Be sure to have the transcript addressed to the appropriate campus. Unofficial transcripts or transcripts hand carried by the applicant (even if in a sealed envelope) are not acceptable. Failure to submit official transcripts by the due date (or to obtain authorized approval of an extension) may result in the offer of admission to the MHSA being rescinded and forfeiture of the tuition deposit. If required, transcripts should be sent, and questions addressed, to:

**Bluefield University**  
Registration Services  
3000 College Avenue  
Bluefield, Virginia 24605  
Fax: (276) 326-4356

## **MHSA Application Components**

Applicants who meet all admissions requirements will also complete a set of secondary inquiries and submit supporting documents. For those applying through the Bluefield University website, the invitation to submit a formal direct application is sent via email with instructions for filling it out electronically. Applicants applying through the CASAA platform will be directed to the supplemental applications questions after successful completion of all other application materials.

Three evaluation forms or letters of recommendation are required to complete the application for admission (these must be in addition to letters from a blood relative or through marriage). At least one evaluation must be from an anesthesia provider (Anesthesiologist Assistant, physician anesthesiologist, or certified registered nurse anesthetist). An applicant can be interviewed and be accepted without a letter from an anesthesia provider; however, it is important to know that if accepted, a letter from a qualified anesthesia provider will be required within 30 days. A second required evaluation must be from a premedical advisory committee or science faculty member who is the designated pre-medical advisor and/or who is familiar with the academic work of the applicant. The MHSA welcomes the additional third (and any additional) letters of support or recommendation from those who are acquainted with the student's academic or professional ability. The more competitive applicants will have shadowing or clinical experience and exposure to anesthesia and demonstrate an understanding of and commitment to the Anesthesiologist Assistant profession.

All letters of recommendation must be originals on professional or college/university letterhead, signed by the evaluator and whether submitted electronically (preferred) or mailed directly to the Director of Admissions. Students utilizing the CASAA system to apply may submit evaluation/recommendations through that system, provided the applicant voluntarily waive the right to view the evaluations.

### ***Foreign Graduate Admission***

Prerequisite coursework, degrees or certifications obtained outside the United States or Canada are not considered necessarily equivalent in design or content. As such, academic credit conferred from a foreign institution will be evaluated on an individual applicant basis and acceptance of such will remain at the discretion of the Admissions Committee.

Applicants with foreign undergraduate, graduate or advanced degrees who would like to apply to the Master of Health Science in Anesthesia Program must meet the academic requirements listed above. Graduates of foreign institutions where English is not the primary language of instruction must present transcripts showing at least 18 semester hours of study from a regionally accredited college or university in the United States. Of these 18 semester hours: 3 hours must be in English Composition, English Literature, and Public Speaking (courses do not include ESOL). The remaining nine semester hours can be any course of the applicant's choosing (excluding physical education). In addition, international students must submit:

- a. Standardized Exam of English language ability
- i. [Test of English as a Foreign Language \(TOEFL\)](#) Internet (iBT): 85 / Computer (CBT): 223 / Paper (PBT): 565



- ii. [International English Language Testing System \(IELTS\)](#) - minimum score of 6.5

### ***Requirement to Report Charges or Arrests***

On the application, applicants must report and explain any charge or arrest, including, but not limited to, all charges whether they are misdemeanors, and felonies. Students should be aware that charges are generally found on the background check that is required prior to acceptance. Applicants who do not disclose prior arrest or criminal charge will be considered as not acting in a professional or ethical manner and omission of such information may constitute cause to rescind the admissions offer for failure to disclose essential information is discovered after matriculation will result in a Progress & Promotions Committee hearing. Applicants who have serious prior convictions that will impact their ability to obtain employment or become licensed are not considered. The applicant should realize that professional licensing boards and medical staff programs also require background checks and base their acceptance or non-acceptance of an applicant on the nature of the prior criminal record.

### **Interview Selection and Admissions Process**

To be considered for an interview, an applicant must meet all the preceding admissions requirements and technical standards for admissions and have a complete file. After the Director of Admissions receives these materials, the applicant's file is reviewed to determine eligibility for an interview, based on the established criteria for admission. If the applicant accepts the interview, they are invited to the campus where he/she meets with several members of the faculty and administration.

The applicant also joins other applicants in this process. Information sought during the interview includes, not only the applicant's academic history and knowledge, but those attributes that demonstrate the potential to become an Anesthesiologist Assistant and fit with Program's mission. These include such areas as personal record of accomplishment, health care experience, rural or underserved orientation, community service, volunteering for compassionate and altruistic care service, personal goals, and other information that reflects his/her preparedness for professional training and a CAA career. At the conclusion of the interviews, the interviewers forward their recommendation to the Admissions Committee.

An admissions decision, based on academic performance, professional experience, and interview, will be provided to the applicant usually within two weeks following the interview. The Admissions Committee may make any of the following recommendations: to accept, to deny, or to place the applicant on an alternate or hold list. The applicant will receive a phone call or email for offer of admission, followed by the formal decision letter at the address provided with the application. Applicants should keep the Admissions Office apprised of any change of personal information.

### **Rescinding Admissions Offer**

Reasons for rescinding an offer of admission include:

- intentional misrepresentation or omission of information on any form relevant to admissions or records;
- failure to report prior illegal behaviors or arrests made after admissions offer;
- unprofessional or unethical behavior that does not comply with VCOM, Bluefield University and/or MHSA Program policies and procedures;
- failure to comply with the procedures required for matriculation;
- failure to maintain a good record of scholastic performance and/or good record of personal conduct between the time of their acceptance and their matriculation in the Program;
- failure to pay tuition and fees by required dates;
- failure to attend all orientation activities; or
- failure to provide all required documentation by the required dates to the Registrar's Office.

## Early Decision Admissions Track

The Early Decision Admissions Track is an admissions option for those candidates who identify VCOM-Bluefield as their first choice for pursuing an Anesthesiologist Assistant education amongst all other equivalent programs. To be considered for the Early Decision Admissions Track, the candidate must meet all of the following requirements and agree to apply only to the VCOM-Bluefield MHSA Program until an early decision notification has been made. Please note the Early Decision Admissions Track requirements are in addition to the General Admissions requirements listed above.

### *Early Decision Admissions Track Requirements*

1. Minimum science and overall GPA of 3.3
2. Submit an application, transcripts from all institutions attended, and all other required materials to the Centralized Application Service for Anesthesiologist Assistants (CASAA) by July 15<sup>th</sup>
3. Submit a letter of intent to the Director of Admissions indicating that the MHSA is your first choice for Anesthesiologist Assistant programs by July 1<sup>st</sup> and request review for Early Decision Admissions Track
4. Submit all application materials including application fee, letter of recommendations from a premedical advisor/science faculty member, and a letter of recommendation from a qualified anesthesia provider by August 1<sup>st</sup>
5. Withhold all applications to other Anesthesiologist Assistant programs until early decisions are made by the MHSA Program

Applicants who are ranked highly on the hold or wait list from the prior academic year may be offered early decision for the next academic year without resubmission of all materials.

## Transfer Applicants

The MHSA program rarely accepts transfer students. When a compelling reason exists, a student may be reviewed for transfer by the Ad-hoc Committee on Student Transfers. To be eligible for consideration, the transfer applicant must complete the appropriate transfer forms, obtain a letter of good standing from the Registrar of the college from which they are transferring, submit a copy of the Anesthesiologist Assistant program transcript, and meet the following conditions:

1. provide a compelling letter addressed to the Associate Dean for Academic Affairs notifying the intent and reasons for the transfer a minimum of 90 days in advance of the requested transfer date;
2. must be transferring from an accredited Anesthesiologist Assistant program;
3. have current passing grades in all subjects and a GPA of 3.4 or higher;
4. if any national in-training exam (ITE) has been taken, must have successfully passed the exam(s) on the first attempt;
5. must not be suspended, dismissed, or on probation;
6. must have a negative background check as to charges and convictions and a negative drug screen;
7. if withdrawn from another Anesthesiologist Assistant program, must be eligible for re-admission to the accredited program they are transferring from;
8. may not transfer in the middle of an academic year;
9. must complete at a minimum, regardless of credits, the final 50% of instruction at VCOM-Bluefield in order to be eligible to receive the MHSA degree;
10. must have equivalent course work to the MHSA Program requirements;
11. must meet the MHSA's health requirements and technical standards; and
12. must be in overall good standing with no behavioral infractions with the institution from which they are transferring.

### *Transfer Review and Transfer of Credit Process*

Once an applicant has submitted all required materials and meets all of the stated conditions, their application and transcripts will be reviewed by the Admissions Committee for consideration for transfer. The review will include the Dean, the Associate Dean for Academic Affairs, the Medical Director(s), the Registrar, and the Assistant Program Director for Clinical Affairs. This will determine the curricular equivalency, exact placement of the student in the curriculum, and ensure that the resources exist to allow the student to join the MHSA's program. If the review by the Admissions Committee determines the resources exist and the applicant is eligible to transfer, the Dean will notify the Program Director from which the applicant is transferring to assure the appropriate plans have been made and that no unidentified negative grades or behavioral problems exist that prohibit the transfer. All course work will be evaluated prior to transferring and will be credited to the student only after careful review by the Admissions Committee. Each course will be evaluated as to course content, equivalency, and credit hours prior to credits being accepted. After evaluation, the committee will make recommendations and the Dean will make the final decision.

### *Transfer of Credit*

Credits will only be transferred from Anesthesiologist Assistant programs accredited by the Commission on Accreditation for Allied Health Education Programs (CAAHEP) and recognized by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or their respective successor organizations. Credits eligible for transfer will be determined by the Admissions Committee. Furthermore, the MHSA Program makes no claim or guarantee that credit earned while enrolled in the VCOM-Bluefield MHSA Program will transfer to another institution.

Transfer credits accepted toward the student's degree program will be included when calculating the SAP credit hour completion ratio (in both completed [earned] and attempted hours) and the 150% maximum time frame. No more than one-half the total credit hours for a master's degree may be transferred.

### *Curriculum Requirements for Additional Coursework*

Courses not taken at the previous academic institution must be successfully completed in the MHSA Program prior to Integrative Phase rotations. Additional courses required and requirements for completion of these courses will be determined by the Dean.

### *Transfer of Credit Between MHSA Program Locations*

In certain circumstances, currently enrolled students of the MHSA Program may elect to transfer between campus program locations. Credits eligible for transfer will be determined by the Admissions Committee of the receiving campus location. After evaluation, the committee will make recommendations and the Dean will make the final decision.

Transfer credits accepted toward the student's degree program will be included when calculating the SAP credit hour completion ratio (in both completed [earned] and attempted hours) and the 150% maximum time frame. A student may petition to transfer courses completed while in graduate standing at another MHSA campus for up to one-half of the total master's degree credit requirements.

**Notice to applicants on further requirements: Applicants must be aware of certain student requirements and services prior to enrollment. All applicants must also read the following sections titled, "Student Health, Insurance, and Legal Requirements".**



**Tuition, Fees &  
Financial Aid**

## Tuition and Fees

### Admissions Application Fee

All incoming students are required to submit (directly to PreCheck) an application for a criminal background check. No other service will be accepted. A monetary fee (payable to PreCheck) must accompany the PreCheck application which is to be submitted by the tuition deposit date. An offer of admission and continued enrollment is contingent upon acceptable results from an accepted student's Pre-Check report. Bluefield University reserves the right to put restrictions on or rescind an offer of admission based on information received on a background check. Also note that should any charge or arrest occur after acceptance, whether the accepted student was convicted, the student is required to inform Bluefield University immediately when it occurs. Failure to report such charges or arrests, whether guilty or not, and/or failure to report immediately, within 24 hours, can result in the student's offer of admission being rescinded. Upon review of the charge, Bluefield University reserves the right to rescind the offer of admission prior to matriculation.

### Acceptance Fee

Upon acceptance to the MHSA Program, a tuition deposit of \$1,000 is due. The tuition deposit is non-refundable and is due within fifteen (15) days of receipt the offer of admission, accompanied by the student's acceptance of the offer of admission. Payments are credited toward the tuition and fees upon matriculation.

The tuition deposit of \$1,000 is waived for veterans and veteran dependents. The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. A "veteran dependent" is a spouse of a veteran or unmarried widow(er) of a deceased veteran, or an unmarried child of a veteran, living or deceased, and the child is less than 27 years old.

### Tuition and Fees

Tuition is billed at the commencement of each learning block for each academic year, in equal installments based on the academic year tuition rate. Bills are sent electronically to the students' Bluefield University email accounts and statements are also provided in the MyBU student portal. Payments are due in full within 30 days of the billing dates unless special arrangements have been made with the Registrar or the Business Office.

Tuition and fees must be paid by financial aid funds, personal monies, and/or scholarships by the due date. The due date will be determined by the Business Office(s), and will be advertised in this Catalog, and included in emails about tuition and fees invoices that are sent to students each fall and spring. A late fee of 2% may be assessed if amounts owed are not paid in full by the due date. Moreover, if tuition and fees owed are not paid in full 14 days after the due date, an additional late fee of 5% may be assessed.

Tuition may be paid with checks, payable to Bluefield University. The student's name must be included on checks. Bluefield University also accepts credit/debit card and electronic funds transfer (EFT) payments for tuition through the MyBU student portal.

Payments also may be made by preauthorized debits, in which the monies are electronically removed from payer's bank accounts by Bluefield University, or wire transfers, in which the payers electronically transfer monies from their checking accounts to Bluefield's checking account. Please note that additional fees may be assessed by the payer's banks and may need to be added to the transfer amounts. Students who are interested in utilizing the preauthorized debit or wire transfer payment options should contact the appropriate Business Office listed at the end of this section.

Students may pay their balance in full prior to the start of the semester or they may utilize a payment plan through a third party, Nelnet. The cost to enroll in this program is \$55 and is payable directly to Nelnet. Students have the option of a 4-month payment plan, or a 5-month payment plan each Block to clear their student account. There is a \$30 charge for any returned payments and Nelnet reserves the right to remove a payee from the program after 2 returned payments or 2 missed payments. If paying by credit card, credit card fees will apply. The first payment must be made prior to advancing to the next Block. Students are not permitted to register for the next semester unless their account balance is \$500 or less. Students who are not making payments on their accounts in a timely manner will be contacted by Bluefield Central to resolve the account balance. Students who fall behind on payments are at risk of being administratively withdrawn. Students who leave the University owing a balance must have the account cleared in full within 10 months and must make payments within 30 days after they leave, or they will be turned over for collections. Attorney's fees and other costs of collection will be imposed should collection efforts become necessary. Students who owe a past due balance will have their account placed on hold, will not be able to obtain an official transcript or be readmitted for additional semesters until the account balance is paid in full.

Students receiving federal aid or scholarships that have not arrived by the beginning of the academic year must provide written confirmation from the sponsor that the funds are awarded. Any outstanding tuition and fees must be paid before any refunds to students can be processed.

### **Tuition for 2024-2025**

Tuition is subject to change annually. Tuition for the 2024-2025 academic year is \$49,852. Students are responsible for the cost of textbook and any personal clinical equipment (e.g., stethoscope, scrubs, etc.). Students are required to have a laptop computer, specifications of which can be found on the 'Accepted Student Information' section of the MHSA Program website. Students will receive an invoice at the beginning of each Block, which will include a due date for tuition payments. The Bluefield University Board of Trustees reserves the right to change the schedule of tuition and fees annually. Students who do not pay tuition may not attend class and may not progress. Admission offers may be rescinded for nonpayment of tuition. Late payment will result in additional charges.

### **Penalty for Insufficient Funds**

Any checks utilized to pay tuition or any fees that are rejected or returned to Bluefield University because of insufficient funds will be assessed a returned check fee of \$35, which is subject to change. Thereafter, the payments that are due, plus the returned check fees, must be paid with cashier's checks or money orders.

### ***Credit Disbursement***

Per federal guidelines, any credit created by federal funds will have a scheduled disbursement no later than fourteen (14) days after the credit is created. Accounts will be checked weekly to determine if there is an actual credit available for the students. Traditional students will be able to pick up their credit checks in Bluefield Central after 3 pm on the Friday following the credit becoming actual (funds disbursed to the University). For students who have a parent plus loan creating the credit on their account, a Student Account Authorization form must be completed by the parent on the loan. This form is located on MyBU or may be obtained in Bluefield Central. It provides the parent on the loan the opportunity to have the credit check mailed to them at their address or to be given to the student in Bluefield Central. Credits on student accounts with a parent plus loan and no Student Account Authorization form on file will automatically be mailed to the parent on the loan within the federal guidelines. Online students will have their credit check mailed to the legal home address on file. Online students who elected to pick up the credit check, request it mailed to a different address, have Saturday FedEx delivery, or Standard Overnight FedEx Delivery, will need to complete the Check Delivery form located on MyBU or available in Bluefield Central. If no Check Delivery form is on file for the student when the credit is actual, the credit check will be mailed to the student's legal home address on file with the University. Traditional students will need to complete a Check Deliver form if they would like their credit mailed when it is issued. Any credit checks not pickup up in Bluefield Central within one week will be mailed to the legal home address on file with the University.

## Tuition Refund Policy

If students cease academic activities in the MHSA Program prior to the expiration of 60% of any term, pro-rata tuition refunds will be processed by the Business Office. No tuition refunds will be calculated for any students after 60% of any term has expired or passed. The pro-rata tuition refund will be applied to the students' accounts and may reduce any balances the students owe Bluefield University. The balance students owe Bluefield may occur when students borrow monies to pay tuition and living expenses through the Direct Lending program, and subsequently cease academic activities in the MHSA Program. The U.S. Department of Education requires Bluefield University to return the unearned portion of these loans.

**Three-Day Cancellation:** An applicant who provides written notice of cancellation (meaning the student decides to withdraw from the program) within three (3) business days, excluding weekends and holidays, of executing the enrollment agreement is entitled to refund of all monies paid less the non-refundable secondary application fee not to exceed \$50.

**Other Cancellations:** An applicant requesting cancellation (meaning the student decides to withdraw from the program) more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class, is entitled to refund of all monies paid less the non-refundable secondary application fee not to exceed \$50.

Students receiving financial aid who withdraw from the Program, or from the Block, drop courses, fail to participate, or stop attending, will, in most cases, be required to return a portion of financial aid received. The Higher Education Act, as reauthorized and signed into law on October 7, 1998, established the Return of Title IV Funds Policy.

If a recipient of Title IV grant or loan funds withdraws from a school after beginning attendance, the amount of Title IV grant or loan assistance earned by the student must be determined. If the amount disbursed to the student is greater than the amount the student earned, the unearned funds must be returned. If the amount disbursed to the student is less than the amount the student earned, and for which the student is otherwise eligible, he or she is eligible to receive a post-withdrawal disbursement of the earned aid that was not received. If your post-withdrawal disbursement includes loan funds, Bluefield University must get your permission before it can disburse them. You may choose to decline some or all the loan funds, so that you do not incur additional debt. There may be some Title IV funds that you were scheduled to receive that cannot be disbursed to you once you withdraw because of other eligibility requirements. Additionally, if your financial aid file is incomplete, some or all of your aid may be canceled.

This policy indicates that the University and the student are allowed to retain only the amount of Title IV (federal) aid that is earned. If a student withdraws or stops attending classes, whether any credits have been earned for the term or not, a portion of the aid received is unearned and must be returned to the Title IV programs from which it was received. For Title IV purposes, the last date of attendance is the last documented date of attendance in an academically related activity tracked by the attendance records of each class. This date is provided to the Financial Aid Office by the Registrar's office. If a student attends through 60 percent of the term, all financial aid, including Title IV aid, is considered earned.

More information can be found in the Graduate Academic Catalog available [here](#).

## *Charges for Altered Academic Programs*

Students will be charged for participation in altered academic programs. These charges will consist of an administrative fee, and charges for the portion of curriculum being completed and any additional remediation courses. Most, if not all, of the charges will be based upon the annual cost of attendance. For students who fail rotations, boards, or have additional curriculum requirements, and must complete altered degree programs to

graduate, the Business Office will invoice students participating in these programs for any months extending beyond the MESA Program's normal academic program length.

### **Form 1098-T**

Students, or the persons who may claim students as dependents, may be able to claim either the tuition and fees deduction or the on their federal tax returns for qualified tuition and related expenses that were actually paid each year.

Upon request, Bluefield University can distribute electronic copies of Forms 1098-T to students via the MyBC student portal on or before January 31<sup>st</sup>. Hard copies of the Forms 1098-T can be obtained by printing the electronic copies. Bluefield University mails physical copies of 1098-T forms upon request and in situations where a student has separated from the institution and no longer has access to Bluefield email and the MyBC student portal.

Although Bluefield University provides the information that appears on Forms 1098-T, the Business Office staff are not qualified to answer any tax-related questions or give tax advice. Students should contact their individual tax preparer or the Internal Revenue Service (IRS).

For more information about the deduction or credits, see IRS Publication 970 at: [www.irs.gov/formspubs/index.html](http://www.irs.gov/formspubs/index.html).

## **The Office of Financial Aid**

### **Statement of Ethical Principles**

The primary goal of the Office of Financial Aid is to help students achieve their educational potential by providing appropriate financial counseling and resources.

Our commitment:

- To help remove financial barriers for our students and make every effort to assist students with financial need.
- To be aware of the issues affecting students and advocate their interests at the institutional, state, and federal levels.
- To educate students and families through quality consumer information.
- To respect the dignity and protect the privacy of students and ensure the confidentiality of student records and personal circumstances.
- To ensure equity by applying all need analysis formulas consistently across the institution's full population of student financial aid applicants.
- To provide services that do not discriminate based on age, gender, sex, race, color, creed, national origin, religion, ancestry, marital status, ethnicity, disability, sexual orientation, gender identity, or status as a protected veteran.
- To commit to the highest level of ethical behavior and refrain from any conflicts of interest or perceptions thereof.
- To maintain the highest level of professionalism.



## Campus Contacts for Financial Aid, Registrar and Student Accounts

Bluefield Central  
3000 College Avenue  
Bluefield, Virginia 24605  
Phone: (276) 326-4215  
Fax: (276) 326-4356  
Email: [bluefieldcentral@bluefield.edu](mailto:bluefieldcentral@bluefield.edu)

### MHSA Estimated Cost of Attendance

A student's cost of attendance (COA) includes tuition, books, and educational supplies, room and board expenses while attending school, and other miscellaneous expenses. The COA is the foundation for establishing a student's financial need because it sets the limit on the total aid that a student may receive.

The COA is established for each aid year by using the current year's tuition plus a calculated average of books and educational supplies, room and board expenses while attending school, and other miscellaneous expenses. The COA is computed for each individual class, not for each individual student.

Expenses such as dependent care, expenses related to a student's disability, and other specific expenses are handled on an individual basis by means of a Dependent Care & Special Circumstances, or Cost of Attendance Appeal.

Please visit our website at <https://www.bluefield.edu/academics/programs-of-study/mhsa-accepted-student-information/> a detailed breakdown of costs per year, which is updated annually.

### Applying for Financial Aid

Recognizing the increasing cost of achieving a university education, Bluefield University offers a wide variety of scholarship, grant, loan, and work possibilities. Students who wish to be considered for all types of financial aid, including Federal Programs, State Programs, and most Institutional Grants and Scholarships, should complete the following requirements no later than a week prior to the start of class for graduate students (see the academic calendar for specific dates).

Financial aid is available to qualified students to assist in paying for expenses directly related to the cost of their graduate education. Borrowing money from these programs is a privilege, not a right. Students must remember that a loan is not a gift or grant; it must be repaid. Student loans are to be used only for the student's education-related and personal living expenses. Over-borrowing can cause a student to default on a loan. Default is the failure of the borrower to make an installment payment when due or the failure to meet other terms of the promissory note. Defaulted loans are reported to national credit agencies, thus affecting credit ratings and future ability to borrow money. If a student's loan goes into default, the University, the organization that holds the loan, and the federal government can all take action to recover the money. The federal government and loan agencies can also deny a school's participation in the student loan programs or charge students' higher fees if the default rate is high. So, for protection of a student's personal credit rating and the school's ability to continue to provide financial aid to future students, the MHSA program encourages students to learn basic budgeting techniques, keep track of the amount they are borrowing, and borrow wisely. Bluefield University and the MHSA Program offers the following options for financial aid assistance:

- Information to students regarding scholarship opportunities;
- Access to loans through the William D. Ford Federal Direct Unsubsidized Loan and Graduate Plus Loan Programs; and

- Information on private (Alternate) loans obtained through lending agencies.

An application for applying for financial aid, as well as other information can be found on the Bluefield University website at: <https://www.bluefield.edu/bluefield-central/financial-aid/forms-resources/>. Students need to follow these steps if they are interested in receiving financial assistance:

- Complete and submit a Free Application for Federal Student Aid (FAFSA) to the Department of Education. It is recommended that students submit their FAFSA no later than March 31<sup>st</sup>. The electronic FAFSA form is available on the web at: <https://studentaid.gov/>.
- Bluefield University's school code is 003703 -- Students must enter this number in the section of the FAFSA that requests the school code for Bluefield University to receive a copy of the Student Aid Report (SAR) from the Department of Education after the FAFSA is processed. The Student Aid Report is necessary for the Office of Financial Aid to be able to calculate financial aid eligibility.
- Provide verification of the students' citizenship status, if requested.
- Provide any further information that is communicated as being required to evaluate financial need. Students must be sure to respond quickly to any requests for additional information.
- Set up a MyBC account and login. Your financial aid will later be posted to this site.
- Set up your Bluefield University email account. Instructions will be forwarded to you from the Registrar's Office after the receipt of your admissions deposit. This email account is how we will communicate with you.
- Sign a promissory note with Direct Loans for the William D. Ford Federal Direct Loan and Graduate Plus loan, or with the lender of your choice for private loans. This step is completed after the Financial Aid Award Notification is received.
- Complete the Annual Informed Borrowing Notice at: <https://studentaid.gov>.
- Complete online Entrance Counseling at: <https://studentaid.gov>.

To qualify for some loans, students must have a good credit record and be credit worthy. Lending agencies vary in the information they use to calculate credit scores. It is the student's responsibility to assure their credit worthiness for borrowing funds and to resolve directly with the lender or a credit bureau any issues regarding their credit report or credit score.

### **Determining Financial Need and Awarding Financial Aid**

After the Free Application for Federal Student Aid (FAFSA) form has been processed, students will receive a Student Aid Report (SAR) from the Central Processor at the Department of Education. Students will need to verify the information on the SAR to make sure it is correct and to provide any corrections or additional information that is necessary. Students must designate Bluefield's school code (003703) on the FAFSA form so that Bluefield University will receive information electronically.

Upon receipt of the electronic report from the Department of Education, Bluefield's Office of Financial Aid will begin to determine the student's eligibility for financial aid. Eligibility amounts are based upon the amount calculated in the formula developed by Congress to establish the Estimated Family Contribution (EFC), which considers the student's income, family's income, assets, taxes, and basic living expenses. The EFC may not exactly match the amount the student and his/her family contribute toward educational expenses, but it is used to calculate the need for financial assistance.

The Bluefield University Office of Financial Aid calculates the amount of loans needed by subtracting the Expected Family Contribution (EFC), scholarship funds, and any other amounts of outside aid from the Cost of Attendance. The Cost of Attendance includes expenses directly related to education such as tuition, fees, books and supplies, an

allowance for transportation, and living expenses. Any amount remaining after scholarships and outside aid is deducted, is the amount of financial assistance the student will need to cover their educational expenses.

After determining a student's financial need and eligibility, the next step in the process is the Financial Aid Award Notification, which is sent to the students' Bluefield University email address. Bluefield will send a Financial Aid Award Notification email detailing the financial assistance that is being offered to students who are accepted for enrollment.

## **Loan Information**

Many students need assistance with their educational expenses. Scholarships are the first consideration for financial assistance; however, there is a lot of competition for scholarships and sometimes the amount awarded is not enough to entirely cover the cost of attending school. The second choice for covering these expenses is through loans.

If you are planning to borrow a William D. Ford Federal Direct Unsubsidized Loan or a Graduate PLUS loan, go to <https://studnetaid.gov> and complete Master Promissory Notes (MPN). If applying for both loans, it is not necessary to complete separate applications; we will create the applications from our system. If you are borrowing a William D. Ford Federal Direct Unsubsidized Loan or a Graduate PLUS loan for the first time through VCOM, go to <https://studentaid.gov> and complete Online Entrance Counseling. As of 2021-2022, students will also be required to complete an Annual Student Loan Acknowledgement at <https://studentaid.gov>.

### ***William D. Ford Federal Direct Unsubsidized Loans***

Loans made by the federal government, called federal student loans, usually offer borrowers lower interest rates, and have more flexible repayment options than loans from banks or other private sources. Bluefield University encourages students and parents to borrow conservatively and responsibly. Students and parents can begin repayment at any time to reduce total debt without penalty. Award of this loan is not need-based. The federal educational loan is administered by the United States Department of Education through the Direct Lending Program.

*The Unsubsidized Direct Loan* is not based on financial need and is available to all federally eligible students regardless of income and assets. Because these loans are not subsidized by the government, you are responsible for all interest which accrues during in-school, grace, and deferment periods. You may choose to make payments to cover the accruing interest while in school, or you may simply allow the interest to accrue and be included in the amount you owe when you begin repayment. Interest begins accruing on the William D. Ford Federal Direct Unsubsidized Loans on the date of disbursement and continues to accrue even while a student is enrolled in school and during other periods of deferment or forbearance.

Eligibility for the William D. Ford Federal Direct Unsubsidized Loan is calculated after eligibility for other aid is subtracted from the student's Cost of Attendance (COA). The maximum annual William D. Ford Federal Direct Unsubsidized Loan amount available to graduate or professional students is \$20,500. A credit check is not required for approval of William D. Ford Federal Direct Unsubsidized Loans.

**NOTE:** More information available at <https://studentaid.gov/understand-aid/types/loans/plus/grad>

### ***Federal Direct Graduate PLUS Loan***

Graduate PLUS loans are available to graduate students with a good credit history, to help pay for their educational expenses while enrolled in a master's program. The student must complete the FAFSA, and a separate graduate PLUS loan request form. This form is available at [www.studentaid.gov](http://www.studentaid.gov).

These loans are only for graduate students to help pay education expenses. The student must be enrolled at least half time and make satisfactory academic progress. Award of this loan is not need-based. This federal educational loan is administered by the United States Department of Education through the Direct Lending Program. Interest starts to accrue on the date of disbursement and continues to accrue even while a student is enrolled in school and during other periods of deferment or forbearance.

Eligibility for the federal Direct Graduate PLUS Loan is calculated after eligibility for the William D. Ford Federal Direct Unsubsidized Loan is subtracted from the student's Cost of Attendance (COA). The maximum annual federal Direct Graduate PLUS Loan amount available to medical students is equal to the COA minus all other aid. A credit check by the Department of Education is required for approval.

**NOTE:** The total maximum aggregate principal debt a student can have from **all** William D. Ford Federal Direct Unsubsidized Loans is \$138,500 and no more than \$65,500 of this amount can be in Subsidized Loans.

### *Decisions Affecting Aid Eligibility*

Your financial aid award is an estimate of your federal, state, and institutional eligibility. Factors that could change, lower, or even eliminate your financial aid eligibility include:

- not attending, dropping, or withdrawing from courses and/or sub-terms you are registered to attend
- completely withdrawing
- failing to properly withdraw
- failing to maintain Financial Aid satisfactory academic progress
- providing incomplete or inaccurate information during the application process
- receiving additional sources of aid (such as outside grants or private loans)
- receiving aid above the amount of tuition
- changing enrollment level (some scholarships require full-time enrollment; Stafford loans require half-time enrollment)
- defaulting on a student loan or having an unresolved federal grant overpayment
- providing false or misleading information
- receiving federal aid for the same academic year at another institution
- failure to meet scholarship stipulations

### *Financial Aid Satisfactory Academic Progress (SAP)*

Federal regulations require Bluefield University to establish and apply reasonable standards of Satisfactory Academic Progress (SAP) for eligible students to receive financial assistance under the programs authorized by Title IV of the Higher Education Act.

SAP is a federal student aid (FSA) eligibility requirement and is administered by the University in addition to the academic standards of performance required under Bluefield University's academic progress policy. The SAP policy is reviewed by the director of financial aid. Students are evaluated at the end of every academic term (16-week semester). All students are evaluated on three standards: (1) grade point average (qualitative measure), (2) credit hour completion ratio (quantitative measure), and (3) maximum time frame. To maintain eligibility under SAP, students must meet all three standards.

#### *Standard 1: Grade Point Average (Qualitative Measure)*

Students in the MHSA Program must maintain a minimum qualitative measure of progress defined as the cumulative financial aid grade point average (GPA). Students in graduate programs must maintain an overall GPA of 3.0 or better.

### *Standard 2: Credit Hour Completion Ratio (Quantitative Measure)*

Students (either full-time or part-time) must maintain a minimum incremental progress (pace) by completing (earning) a percentage of all credit hours attempted. Progress is evaluated at the end of each Block. All courses are used in the credit hour completion ratio including repeated, transferred, withdrawals and incompletes. All students must successfully complete (earn) 67 percent of all cumulative credit hours attempted.

### *Standard 3: Maximum Time Frame*

Students must complete their degree program within 150 percent of the credit hour requirements for the degree (for example, 42 months for the 28-month MHSA program). Students who are unable to complete their degree program within the time frame limitation will be ineligible for federal student aid unless their academic plan provides for an additional semester. For students who change majors and have not completed the new program requirements but have reached the maximum time frame limit may submit a request to be re-evaluated on a case-by-case basis.

## ***Loan Consolidation***

A borrower with multiple federal loans or multiple loan services for federal loans may want to consider the option of loan consolidation to help in managing their finances. Loan consolidation combines all the federal loans into one loan and stretches the repayment period out to 30 years. This process can reduce monthly loan payments; however, extending the term of a loan increases the total interest you accrue and the total amount that you are required to repay. Additionally, federal loans that are already at fixed interest rates may not be good candidates for consolidation because the consolidation interest rate calculation will round the rate up to the nearest one-eighth of a percent, resulting in more interest charges over the life of the loan.

## ***Loan Deferment***

Borrowers who qualify may defer (postpone) principal payments on their federal loans. Private loans are eligible for deferments only according to the terms of their promissory notes and do not follow the same rules as federal loans. The following are some of the deferment options available for federal loans:

- In-School - Borrower attends school at an eligible institution at least half-time.
- Unemployment - Borrower is seeking employment but has not been able to secure full-time employment.
- Rehabilitation Training - Borrower participates in a full-time rehabilitation training program.
- Graduate Fellowship - Borrower is studying full-time in an eligible graduate fellowship program.
- Economic Hardship - Borrower is experiencing an unusual economic hardship.

## ***Loan Forbearance***

Temporary, unexpected hardships that do not qualify for a deferment may be approved by a lender for forbearance. This is at the discretion of the lender and is usually for a temporary situation. Forbearances may be available on all loans, both federal and private. Principal payments are postponed or reduced, but interest continues to accrue. Interest may be paid during forbearance, or it can be capitalized at the end of the forbearance period.

## ***Loan Forgiveness Programs and Service Contracts***

Loan Forgiveness Programs and Service Contracts are offered by various state agencies, organizations, hospitals, and others. There is no national listing available; however, students are encouraged to research the possibilities. The major national Service Contract programs are the National Health Service Corps Scholarship Program and the Armed Forces Health Professions Scholarship Program.

Loan Forgiveness Programs and Service Contracts generally require a commitment from the student to practice in designated geographical locations for minimum time periods and may also include stipulations as to the type of

practice specialty. In return, the programs may pay for tuition, books, supplies, equipment, health insurance, living stipends, or a combination of these expenses while the student is in school.

Before entering a Loan Forgiveness Program or Service Contract, a student should fully understand his/her promised commitment and be aware of all penalties for not honoring the commitment. The Office of Financial Aid is available for any questions a student may have about a program or contract being considered.

### *Loan Repayment*

Several options for repayment of loans are available to students. Listed below is a brief description of the different options:

- Standard (Level) Repayment: Student repays loan in equal monthly installments over a ten-year period. This is, in general, the least expensive way to repay loans because the amount of accumulated interest and the length of repayment are kept to a minimum.
- Graduated Repayment: Monthly payments begin small and increase over time, with a maximum length of 25 years. Since the initial payments are applied mostly to the interest and not to the principal, in the long-run the borrower pays more through this method. However, it does appeal to some borrowers who need more time to adjust to making the monthly payments.
- Extended Repayment: This option is available to new borrowers who accumulate outstanding loans totaling more than \$30,000. A fixed annual or graduated repayment amount is established, and the repayment period extended for up to 25 years.
- Income-Driven Repayment: Payments can be adjusted to the borrower's current annual income. Payments are based on a percentage of the student's gross yearly income, so the plan must be renewed each year, up to a maximum length of 25 years. The total amount of interest the borrower pays may be substantially higher than the other methods of repayment. However, if the borrower reaches the maximum repayment plan length with a balance still outstanding, that balance is forgiven.

### *Private (Alternative) Loans*

Private loans serve to bridge the gap between the Cost of Attendance and other types of financial aid (Direct Stafford loans, Graduate PLUS loans, scholarships/grants, and service contracts). Private loans are offered by private lenders and are not based on financial need. Private loan eligibility is usually based on the borrower's credit score. Educational lenders use the credit score in combination with other specific considerations, such as debt-to-income ratio and bankruptcy history, to determine eligibility. The MHSA Program does not endorse or promote lenders. We highly recommend that students use as much of their Direct Stafford loan eligibility as possible before using Private loans. It is the student's right and responsibility to choose their lender for any Private loan. It is recommended that a student research the available loan options from multiple lenders before choosing a lender. Students should carefully keep track of all the money they borrow and be aware of the amount that will have to be repaid when interest is added.

### **Financial Aid Entrance and Exit Counseling**

Entrance and Exit Counseling provide borrowers with important information about their obligations and debt management. Entrance and exit counseling must be completed online at: <https://studentaid.gov>. Students receive counseling and education about student loans, loan repayment, financial stewardship, and debt obligations during Orientation Week, during Themes I: Professionalism & Advocacy (ANE 5081), and prior to graduation during discharge from the Program.

## Scholarship Information

The Financial Aid Office maintains a listing of known local area scholarships which are available to students. The latest scholarship listing can be found at <https://www.bluefield.edu/bluefield-central/financial-aid/grants-scholarships/>. The University has no authority or input into the selection of award recipients but seeks to make information about these resources available to students and their families. In addition, the Financial Aid Office can help direct you to alternative education loan programs through several private and commercial lenders. Interest rates and repayment agreements vary.

A partial list of scholarships available to students (with contact information) is available through the Office of Financial Aid website at: <https://www.vcom.edu/admissions/tuition-and-fees/scholarships>. While this list is long, it is not an all-inclusive list and we urge students to also research additional programs on their own.

# VCOM | BLUEFIELD

MASTER OF HEALTH SCIENCE IN ANESTHESIA PROGRAM



Student Health &  
Insurance



## Student Health and Insurance

### Health Requirements

Applicants accepted for admission are required to obtain and to provide the required documentation indicating that they do not have conditions that would endanger the health and well-being of patients at the time of application and throughout enrollment at Bluefield University. Students must also be able to demonstrate that their health and abilities will enable them to meet the technical standards of the program (see *Technical Standards for Admission and Successful Completion of the MHSA Program* in this handbook). Students must view the Technical Standards at the time of application for admission, as students are required to present both proof of a physical meeting those standards and proof of current immunizations at registration.

As a part of these requirements, all students, just as Certified Anesthesiologist Assistants in practice, are required to be current with required immunizations and must do everything possible to prevent the spread of communicable disease. Students must consider their ability to participate in all educational requirements, including clinical training, which is subject to the policies of the affiliated private hospitals where MHSA students train. In clinical training, students will be subject to the assigned training site's rules and regulations and the site has the right to terminate any student whose health or performance is detrimental to patient well-being. The site retains full responsibility for its patients, including administrative and professional supervision of students in the direct and indirect care of patients. Therefore, students should report any illness, restrictions prohibiting participation in immunizations, or inability to meet the *Technical Standards for Admission and Successful Completion of the MHSA Program* in advance of enrollment to ensure that students can meet the Technical Standards.

Students who have chronic infectious diseases may participate in patient care in certain settings if they follow the CDC guidelines. Students who have certain communicable diseases, such as chronic hepatitis, may require treatment prior to clinical participation according to the guidelines provided by the CDC. Students who have viral illnesses or chronic infectious diseases may be assigned an altered clinical educational experience. The MHSA Program will review each case of a student who is having trouble with immunizations, acute or chronic infectious disease, and/or chronic illness that may impact patient care. If the Program review results in determination of an altered clinical education plan, the student will be informed prior to their first clinical assignment. In the case of an altered clinical education plan, students will be subject to placement in clinical sites that can accommodate an altered clinical educational. Students must be able to complete all clinical requirements for graduation; therefore, a student who questions his/her ability to participate fully in clinical requirements may discuss their ability to meet Technical Standards with the Assistant Program Director for Clinical Affairs in advance of enrollment. A student may also request an evaluation by the Program prior to matriculation. Students should read the health requirements in the Technical Standards to assure they will be able to complete all curricular requirements, including those in the clinical setting.

Clinical sites require medical clearance of students, including up to date immunizations and freedom from infectious diseases. Therefore, clinical sites will be informed of a student's infectious disease status as required by the affiliation agreement signed with the clinical education site. Students should be aware that the information shared with clinical sites include immunization status, any disease status that might affect patient care, and background checks. The MHSA Program seeks to provide the best student experience while also maintaining the consideration of the health of the patient and CDC guidelines. Students should also be aware the international outreach experiences are elective and not required for graduation and as such, students who would be at risk from participation are not included in those experiences. As international sites are in developing countries and include conditions that may place the health of a student with chronic disease or who is immunosuppressed at risk, students with chronic illnesses or immunosuppression should explore their ability to participate in these electives in advance of enrollment or application for the international experience.

Applicants accepted for admission are required to obtain and to provide the required documentation indicating that they do not have conditions that would endanger the health and well-being of patients. To protect the health and well-being of our students and patients, the Program requires that all students meet the University's basic student health requirements on acceptance prior to matriculation and annually while a student.

MHSA students are considered healthcare providers. Immunizations and proof of immunity are required by most hospitals and clinical practices where students complete their clinical education. Proof of immunization is often required to work with the public in a healthcare environment. For these reasons, the Program cannot remove these requirements. The MHSA Program does attempt to provide accommodations for medical, religious, or other protected purposes if such accommodations are possible. If such accommodations are not possible, (such as to exclude all immunizations), the student may be delayed in their education or unable to complete all requirements. Inability to participate in clinical experiences due to noncompliance with immunization policies may result in an inability to meet the requirements for promotion in a timely manner and/or complete all requirements for graduation. Students who are requesting accommodations should apply well in advance of the requirement to assure no delays in their educational program will occur. Students who know they will be applying for accommodations should assure the request can be accommodated prior to enrollment to avoid such delays.

Required laboratory tests and immunizations may change annually based on recommendations from the Centers for Disease Control (CDC), the United States Prevention Task Force (USPTF), and healthcare facilities. Students will be notified of any change. Health and immunization requirements are updated annually according to national guidelines and the clinical teaching hospital requirements.

Also, each applicant must participate in a health insurance policy and have the recommended full physical.

Prior to matriculation, students must submit their medical history and physical examination and documentation of the listed laboratory tests and immunizations on the following MHSA forms: Physical Exam Form, Immunization Form, and Tuberculosis Screening/Testing Form. These forms can be found on the MHSA Program website at: <https://www.bluefield.edu/academics/programs-of-study/mhsa-accepted-student-information/>. These forms must be completed, signed, and dated by a licensed physician, nurse practitioner, or physician assistant and returned to the MHSA Program by the dates specified in admission policies to maintain acceptance status.

Students must maintain these health requirements throughout enrollment. Incomplete or unsigned forms will not be accepted and failure to meet the required deadlines could affect a student's ability to matriculate or engage in educational experiences.

### ***History and Physical Examination Requirement***

Each student must have a comprehensive history and physical examination performed by a licensed physician or a nurse practitioner or physician assistant under physician supervision. This exam must be completed after the date of acceptance and before matriculation into the MHSA Program. This examination must establish, and the examining physician must verify that the student's health status is adequate to meet the demands of the curriculum as defined by the health and technical requirements for admission, education, and graduation detailed in this handbook.

Students must return the MHSA Physical Exam Form, signed by a physician, nurse practitioner, or physician assistant, to the Director of Admissions by the dates specified in the admission policies to maintain acceptance status. The form can be found on the MHSA website at: <https://www.bluefield.edu/academics/programs-of-study/mhsa-accepted-student-information/>.

## *Immunization Requirements*

Regulatory and legislative authorities require that students demonstrate immunization, immunity, or protection from multiple contagious diseases before being allowed to participate in clinical experiences at the institutions utilized by the MHSA Program for the education of its students. The MHSA Program requires that students meet all immunization requirements prior to matriculation and must maintain compliance with these requirements throughout their tenure.

Students must return the MHSA Immunization Form and Tuberculosis Screening/Testing Form, signed by the physician, nurse practitioner, or physician assistant to the Director of Admissions by the dates specified in the admission policies to maintain acceptance status. The form can be found on the MHSA website at: <https://www.bluefield.edu/academics/programs-of-study/mhsa-accepted-student-information/>

The MHSA Program requires the following laboratory tests and immunizations:

- Diphtheria, Pertussis and Tetanus
- Annual Tuberculosis (TB) test
- Hepatitis B Virus (HBV) immunization and titers
- Hepatitis C Virus (HCV) test
- Measles (Rubeola), Mumps, and Rubella (MMR)
- Varicella
- Influenza
- COVID-19

Descriptions of immunization requirements can be found on the MHSA website at:

<https://www.bluefield.edu/academics/programs-of-study/mhsa-accepted-student-information/>. Required laboratory tests and immunizations may change annually based on recommendations from the Centers for Disease Control (CDC), the United States Prevention Task Force (USPTF), other public health agencies, and healthcare facilities. Students will be notified of any changes and will be required to comply with any mandated changes upon receipt of notice from the Program.

## *Optional Laboratory Tests and Immunizations*

- **HIV Testing** - Although not required, the Program encourages all students to obtain HIV testing prior to matriculation. Testing prior to matriculation provides students with their baseline status in regard to the presence of HIV infection which will be valuable in the event that a student has an exposure incident during subsequent clinical activities. Students who test positive for HIV must speak with the Assistant Program Director for Clinical Affairs for an altered clinical program that will protect both the student and patients' well-being. The information will be confidential except in such clinical education situations where the student's participation is altered, and in such situations, will be limited to those required for participation. The student will be informed in advance of sharing this information. Students who are HIV positive may have an altered clinical program following CDC guidelines.
- The following vaccines are considered optional; however, the MHSA Program strongly advises all students to discuss the appropriateness of each of the following vaccinations with their primary physician, considering their personal medical history, risk factors for contracting these diseases and potential for international travel. Students who have obtained the below optional vaccinations should document the dates and provide verification (physician signature or vaccination records) on the MHSA immunization form in the space provided: Polio, Hepatitis A, Meningococcal Disease, Yellow Fever, and Typhoid Fever

### ***Chronic Infectious Diseases and/or Conditions with Increased Risk for Infection***

Students who have chronic infectious diseases or weakened immune systems may participate in patient care in certain settings as long as they follow the CDC guidelines. Students who have certain communicable diseases may require treatment prior to clinical participation according to the guidelines provided by the CDC (i.e. such as chronic hepatitis). Students who have viral illnesses or chronic infectious diseases may be assigned an altered clinical educational experience. Students who have certain immunodeficiencies or medical conditions that prevent them from patient care participation, will be reviewed to assure they meet Technical Standards for Admission and Continued Enrollment.

### ***Hepatitis B Non-Immunity and Risk of Infection***

Hepatitis B is a serious infection that is spread by infected blood and body fluids and can lead to serious health risks including liver failure, cancer, and death. Protection from the disease can often be obtained from a series of vaccinations and is recommended for all health care professionals. A small number of people can fail to develop immunity despite adequate vaccination and thus remain at increased risk of infection during their education and occupation in the health care field.

For vaccine non-responders (those without immunity after vaccination), it is critical they understand potential sources of hepatitis B infection, methods of transmission and the importance of seeking immediate medical attention if accidental exposure occurs. Meticulous adherence to blood and body fluid precautions is critical to preventing the spread of the disease and non-responders must use these and all other available methods of prevention to protect themselves. In addition, if a potential infectious exposure does occur, non-responders must seek immediate medical attention as protection may still be provided with the administration of hepatitis B immunoglobulin immediately following exposure. The availability of post-exposure prophylaxis with immunoglobulin does not in any way alleviate the need to practice universal precautions and hand hygiene.

Students who are not immune to hepatitis B after appropriate vaccination are at increased risk for infection if exposed to infectious blood or body fluids. As a non-immune student, it is important for you to understand that you may be exposed to potential infected patients and material, that the transmission rate of hepatitis B with an accidental percutaneous exposure is high and that the consequences of infection may be severe. These students are required to have a counseling session with the student's personal healthcare provider regarding Hepatitis B transmission, post-exposure prophylaxis, management of exposures to HBV and steps to take to reduce risks of infection. Following this counseling session, students will complete and sign an Acknowledgement of Hepatitis B Non-Immunity and Risk of Infection form.

Students with Chronic Hepatitis B should speak with their personal healthcare provider for the most recent CDC ruling on clinical training and experiences for medical students, as the Program follows the most recent CDC ruling and guidelines.

### ***Pregnancy, Allergies, and Student Participation in Special Environments***

Education during the MHSA Program takes place in special environments, such as the anatomy lab and clinical facilities that may contain hazardous physical and chemical environments. Working and studying in these special environments may require the student to make an informed decision concerning continued participation because failure to participate in required classes could result in dismissal. Examples may include but are not limited to students who believe they are allergic or sensitive to certain chemicals, students who are pregnant and are concerned about potential hazards to a developing fetus, or students who believe they are immuno-compromised or have increased susceptibility to disease. The student must decide upon their ability to participate prior to beginning school. For a student who develops problems or becomes pregnant after starting, their program may be delayed until the student has seen an allergist and has taken appropriate precautions to successfully complete the program, or the pregnancy is completed. If the student is unable to attend, he/she should seek a medical withdrawal from the MHSA Program.

## Environmental and Occupational Exposure and Universal Precautions

The MHSA Program provides students with education on methods to prevent exposure to communicable diseases include the following:

- Standard precautions in handling bloody/body fluids with gowns, gloves and eye protection;
- Using engineering controls by placing sharps in containers and using red bags for infectious waste;
- Using workplace controls consistent to the clinical training site;
- Hepatitis B vaccines;
- Completing all lab procedures in appropriate manner so as not to splatter or spill body fluids;
- Not eating or drinking in environments where exposure is present;
- Not handling contact lenses in a contaminated environment; and
- Appropriate hand washing.

Occupational exposure to blood borne pathogens may occur as an accident (needle sticks, bites, ocular exposure, chapped skin, etc.). When this exposure occurs, it should be reported immediately to the medical supervisor or faculty supervisor present so appropriate measures can be instituted.

Students, as future physicians, should consider the safety of the patient first and foremost and act accordingly. Students should be aware that the occupation of a physician, as well as a student in training, exposes the student to many infectious diseases. Practicing universal precautions is the student's method of preventing infectious disease and the MHSA Program is not liable for any infectious disease contracted during patient care.

### *Universal Precautions*

Universal Precautions is an approach to infection control according to which all human blood and certain human body fluids are treated to be as if known to be infectious for HIV, HBV, and other blood-borne pathogens. Students must complete universal precaution education in their first year and follow these precautions throughout their education. Universal precautions shall be practiced in the care of all patients. Gloves should be worn:

- When touching blood and body fluids requiring universal precautions, mucous membranes, or non-intact skin of all patients, and
- When handling items or surfaces soiled with blood or body fluids to which universal precautions apply.

Sterile gloves shall be worn in connection with surgical procedures involving soft tissue or bone. Gloves should be changed after contact with each patient. Hands and other skin surfaces should be washed immediately or as soon as patient safety permits if contaminated with blood or body fluids requiring universal precautions. Hands should be washed immediately after gloves are removed. Gloves should reduce the incidence of blood contamination of hands during procedures likely to involve blood contact, but they cannot prevent penetrating injuries caused by needles or other sharp instruments. Institutions that judge routine gloving for all phlebotomies is not necessary should periodically reevaluate their policy. Gloves should always be available to health care workers who wish to use them for phlebotomy. In addition, the following general guidelines apply:

- Use gloves for performing any invasive procedure/technique when the health care worker has cuts, scratches, or other breaks in his/her skin.
- Use gloves in situations where the student judges that hand contamination with blood may occur, e.g., when performing procedures on an uncooperative patient.
- Use gloves for performing intubation and airway management.

- Use gloves when persons are receiving training in any invasive procedure.

Masks and protective eyewear or face shields should be worn by health care workers to prevent exposure of mucous membranes of the mouth, nose, and eyes during procedures that are likely to generate droplets of blood or body fluids requiring universal precautions. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or body fluids requiring universal precautions.

All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped by hand, purposely bent, or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area. All reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

General infection control practices should further minimize the already minute risk for salivary transmission of HIV. These infection control practices include the use of gloves for digital examination of mucous membranes and endotracheal suctioning, hand washing after exposure to saliva, and minimizing the need for emergency mouth-to-mouth resuscitation by making mouthpieces and other ventilation devices available for use in areas where the need for resuscitation is predictable.

### ***Exposure to Hazardous Body Fluids and Accidental Needle Stick***

Occupational exposure to blood borne pathogens may occur during patient care activities and it is critical that students understand the actions they need to take to protect themselves. Any student who sustains a needle stick or other wound resulting in potential exposure to blood or body fluids should immediately wash the affected area with soap and water. If the exposure involves the eyes or mucous membranes, they should be immediately flushed with copious amounts of water. Following irrigation of the affected area, the exposure should be immediately reported to the appropriate clinical supervisor. As supervisory faculty will vary based on the type of clinical experience, students should refer to the Exposure Report Form which will provide additional guidance. Finally, all students involved in an occupational exposure must seek medical attention to ensure that appropriate medical care relating to the exposure is provided. This medical follow up is time sensitive and must occur within 2 hours if the exposure involves a known HIV positive source or within 4-6 hours for all other exposures. The [VCOM Exposure Report](#) Form provides students step-by-step guidance through these processes, including the acceptable medical care follow up for an exposure incident. Please note that students must complete the Exposure Report Form and return it to the Director of Clinical Rotations within 24 hours of the exposure.

As discussed above and on the Exposure Report Form, timely medical follow up is essential. When reviewing the acceptable medical follow up options on the Exposure Report Form, it is important for all students to recognize that they are not employees of any hospital, clinic, or practice where they are rotating and are therefore not covered under workman's compensation or the policies of the institution if they suffer an accident or injury. All students are required to carry medical insurance to cover the expense of such an unlikely event and provide coverage for the laboratory testing and prophylactic medications that may be required.

Medical care evaluation after an exposure must occur in a professional setting as described in the Exposure Report form and involves the establishment of a formal doctor-patient relationship and generation of a medical record that can be utilized by the student and their physician in any subsequent or follow up care that is required. This is protected health information and should not be submitted or reported to the MHSA Program.

Students are reminded that they are individually responsible for any charges that may occur because of evaluation and treatment. Some institutions will provide initial screening and treatment for students that are exposed on their campuses. In addition, institutional policy at hospitals and medical clinics may provide for testing of source patient blood to include rapid HIV and hepatitis C testing. However, regardless of whether an institution provides this source testing, students are still required to obtain medical care consultation within the time frame described in the Exposure Reporting Form. Students are reminded that HIV drug prophylaxis, when indicated, is time sensitive in a high-risk exposure.

## Insurance Requirements

### Liability Insurance

Students currently enrolled as full-time students in good academic standing and who are expected to graduate with the degree of Master of Health Science in Anesthesia are covered by VCOM's liability insurance coverage on approved curriculum such as clinical rotations and required educational activities that are a part of the MHSA Program curriculum and if they are following the policies set forth by the institution. Students should not participate in patient care without supervision and should not perform procedures without direct observation. The coverage for students extends only to clinical situations where the care is performed as a part of the clinical program and when under the supervision of qualified anesthesia provider faculty.

### Medical Insurance

Medical insurance is a mandatory requirement for all MHSA Program students. The MHSA Program provides medical insurance for its students. Students who do not wish to participate in the Program's medical insurance program must seek and be approved for waivers from participation. Students who wish to obtain a waiver must present proof of health insurance at registration and every six months thereafter, including immediately prior to third year clinical rotations. Medical insurance must be carried through all 28-months for continued enrollment. Students who fail to do so are subject to suspension. The benefit terms of the medical insurance are provided to students annually.

If students provide their own medical insurance the minimum requirements are:

- Deductible Maximum: \$2,500
- Lifetime Maximum (suggested): \$1,000,000
- Co-Pay: Students should seek no higher than 30% co-pay with insurance covering at least 70% up to \$5,000 maximum and 100% payment by insurance after \$5,000 is met.

*If a student is eligible to be covered under their parent's insurance plan and the deductible exceeds \$2,500, a copy of the insurance coverage is required to be attached to the "Requirements of Health Insurance" form along with a signed affidavit by the parent that he/she will guarantee the costs of care up to the deductible amount.*

Students are responsible for their own personal health costs and insurance coverage if not under the offered medical insurance policy. More information about the VCOM-provided medical insurance can be obtained by

#### RCM&D Risk Advisors

Contact: Timothy Cummons

Email: [Bluefield.MHSA@rcmd.com](mailto:Bluefield.MHSA@rcmd.com)

## Health Services

VCOM assures access to health services that includes diagnostic, preventive, and therapeutic health services. These are available to students through agreements with local primary care health providers. VCOM also assures that students have access to emergency services 24 hours a day, 365 days a year within the community where the campus is located or in the communities of our core hospital sites. Health services are confidential.

New students are provided with information regarding these services at orientation each year. The information for eligible providers at each core site is also provided to Integrative Phase students by the DASE, the Clinical Site Coordinator or the Director of Clinical Rotations. Provider information can also be found on the VCOM website.

Health professionals providing health services to students, through a physician-patient relationship, must recuse him/herself from the academic assessment or promotion of the student receiving those services. While the faculty at VCOM abide by the rule, students should not engage healthcare providers who are involved in their academic assessment or promotion to assure this does not unknowingly occur.

As the VCOM clinical training sites (physician or student) may not identify the patient as a VCOM student, it is an expectation that students seeking healthcare services in these sites identify themselves as a VCOM student.

### **Auburn Campus**

Auburn Pediatric and Adult Medicine  
2353 Bent Creek Road, Suite 110  
Auburn, Alabama 36830  
Phone: 334-887-8707  
<http://auburndoc.com>

### **Carolinas Campus**

ReGenesis Healthcare  
460 Langdon Street  
Spartanburg, SC 29302  
Phone: 864-582-2411  
[www.myrhc.org](http://www.myrhc.org)



# VCOM | BLUEFIELD

MASTER OF HEALTH SCIENCE IN ANESTHESIA PROGRAM



Academic Program  
of Study

## Message from the Dean



Welcome to the Master of Health Science in Anesthesia program!

We are proud to bring an Anesthesiologist Assistant educational program built on the foundation of VCOM's excellence in medical education and Bluefield University's focus on servant leadership. The MHSA program is an extension of the institutional mission to bring high-quality healthcare to medically underserved and historically disadvantaged populations with a compassionate and empathetic mindset.

Now more than ever opportunities abound for Anesthesiologist Assistants. Technological advances, changing economic patterns, healthcare reform and a more diverse patient population have made our healthcare system progressively more complex, and have consequently placed CAAs in demand like never before. Graduates of the VCOM-Bluefield MHSA program will be leaders in profession because of a strong educational foundation, a focus on quality improvement in their clinical settings, and an appreciation for service to the global community. VCOM boasts one of the most diverse medical student bodies in the country with more students hailing from rural geographies and minority communities than most comparable institutions in the country...attributes that the MHSA program looks forward to fulfilling as well. We pride ourselves on a 'From There – To There' recruitment model, focusing our efforts on driving growth and expansion of CAA practice in the Southeast sectors of the country. As a CAA myself, I can tell you that the program's outstanding faculty and inclusive educational environment will result in an unrivaled academic experience.

Our students also can make a difference as they learn -- students have the option to attend medical mission trips to countries where VCOM operates year-round medical facilities in the Dominican Republic, El Salvador, and Honduras. Here, under supervision of VCOM and Program faculty, students may incorporate the clinical skills they have gained for the betterment of appreciative individuals who otherwise have limited access to health care. The Program has a well-developed and well-organized clinical education where students participate in core rotations at core regional sites with appointed and paid faculty advancing the clinical development of Anesthesiologist Assistant students in general and specialty areas of anesthesia. The Program faculty and staff promote growth and vitality in teaching, research, scholarship, service, and outreach, with their focus on excellence in medical education and servant leadership.

Our curriculum is a bold hybrid mixture of didactic instruction, immersive simulation-based learning in our state-of-the-art simulation center and clinical clerkships with community anesthesia groups throughout Alabama, North Georgia, and Upstate South Carolina. The integrated and physiologically based curriculum emphasizes themes of scholarship, quality improvement, professionalism, and servant leadership right from the start and is taught in parallel with the basic sciences that underpins anesthesia practice. We designed the curriculum with input from all sectors of the profession to provide the student with a strong foundation of medical and anesthesia knowledge, a robust clinical experience, and opportunities to enhance their career through advanced certification and humanitarian outreach experiences with our Appalachian and Caribbean partners. Most importantly, we stress the expectation that students 'own their education' and be responsible for individual learning, which creates habits of lifelong development and equips them with the tools to engage and evaluate new information.

As a jointly sponsored program, students have accessed the tremendous educational resources at both Bluefield University and VCOM, all set on the stunning regions of Auburn, Alabama and Spartanburg, South Carolina. These resources include interactive classrooms equipped with the latest media and computer technology, electronic journals and books, and a robust simulation program featuring high-fidelity immersive learning. Simulation experiences are introduced in the first block and intensify throughout the first year to better prepare the student for the clinical environment. To assist our students with the complexity of the clinical setting, they learn the principles of crisis management and non-technical skills to apply them in a high-fidelity setting in the simulation lab.

Our program's greatest asset is our dedicated didactic and clinical faculty who continuously evaluate and improve our curriculum and learning environment. Their goal is to develop our students into colleagues, and we are proud to offer clinical experiences across the Southeast United States and in the Appalachian foothill regions. Building off of our 'one mission, two locations' mindset, we are honored to offer a 'one program, two campus' programmatic model with our esteemed partners at Anesthesia Associates of Gainesville in northeast Georgia...allowing a single program to have an impactful presence in two separate geographic regions.

At the MHSA program, our goal is to educate the finest advanced practice anesthesia provider in the country. We accomplish this through training practitioners who care for patients with competence, grace and integrity in a setting that fosters a collegial environment, leadership, and excellence. Most of all, we are a community committed to increasing knowledge and deepening understanding.

**Michael S. Nichols, CAA, MBA**  
**Dean for Anesthesiologist Assistant Programs**  
**Associate Professor of Anesthesia**

# Master of Health Science in Anesthesia

## Programmatic Learning Outcomes & Objectives

To ensure that graduates can provide competent patient care, the program frames the Foundation and Integrative Phases of the learning curriculum around engagement in education that fosters growth in the defined competency areas integral to the Anesthesiologist Assistant profession. The MHSA program adheres to the six core competency areas as defined by the American Academy of Anesthesiologist Assistants (AAAA) and incorporates an additional six secondary competencies that distinguish our program's mission.

The graduates of the Master of Health Science in Anesthesia program will earn a MHSA degree with the expectation of acquiring the knowledge and skills in the following:

### Primary Professional Competency Outcomes

- 1. Medical Knowledge:** The Anesthesiologist Assistant is expected to demonstrate and apply knowledge of accepted standards of clinical anesthesia, remain current with new developments in the field, and participate in lifelong learning activities. Graduates must have mastery of established and evolving biomedical, clinical, and cognate sciences and the application of that knowledge to patient care.
  - Understand etiologies, risk factors, underlying pathologic processes and epidemiology of medical conditions.
  - Identify appropriate interventions for treatment of conditions.
  - Interpret appropriate diagnostic or lab studies and differentiate abnormalities in anatomic, physiological, laboratory findings and other diagnostic data.
  - Use history, physical findings, and diagnostic studies appropriately to formulate a differential diagnosis.
  - Aid in the development of an anesthesia care plan as a member of the Anesthesia Care Team
  - Define the application of quality improvement methodologies to the perioperative care setting
- 2. Practice-Based Learning:** The Anesthesiologist Assistant is expected to continually investigate and evaluate one's own anesthetic care practices. Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve the quality of patient care.
  - Research and critically appraise the most current medical literature for its validity, impact, and applicability to apply scientific evidence to patient care and develop life-long learning.
  - Describe and apply evidence-based medical principles and practices. Interpret features and meanings of different types of data, quantitative and qualitative, and different types of variables, including nominal, dichotomous, ordinal, continuous, ratio, and proportion.
  - Analyze experience and perform practice-based improvement activities using a systematic methodology in collaboration with other members of the healthcare delivery team.
  - Facilitate the learning of CAA students and other healthcare professionals.
  - Appropriately address gender, cultural, cognitive, emotional, and other biases or gaps in medical knowledge or any physical limitations.
  - Engage and promoted continuing medical education and lifelong learning.

3. **Professionalism:** The Anesthesiologist Assistant is expected to express positive values through prioritization of patient's interest above the self, as evidenced by promoted advocacy of patient welfare, adherence to ethical principles, and sensitivity to diverse patient populations. Graduates must demonstrate the professional and ethical values expected of a CAA, building community and patient trust, and embracing the principles of medical jurisprudence related to patient care.
  - Communicate in an effective and responsible manner within the Anesthesia Care Team.
  - Commit to carrying out professional responsibilities.
  - Display respect, empathy, vulnerability and compassion for patients and society.
  - Be accountable to patients, society, and the profession.
  - Improve and maintain competency and a pursuit of lifelong learning and scientific knowledge.
  - Translate the principles of servant leadership to the perioperative setting
  
4. **Interpersonal & Communication Skills:** The Anesthesiologist Assistant is expected to effectuate communicative skills that include verbal, non-verbal, digital, and written exchanges of information in productive, effective, and professional manners. Graduates must demonstrate the effective interpersonal and communication skills required to build trust with patients from diverse populations, taking into consideration religious and cultural beliefs, alternative practices, and socioeconomic status to establish an effective health care plan.
  - Communicate and partner with patients, colleagues, and healthcare team members
  - Appropriately adapt communication style to the context of the individual patient interaction.
  - Work effectively with physicians and other healthcare professionals as a member or leader of a healthcare team or other professional group.
  - Demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety.
  - Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.
  - Distinguish amongst various modalities of communication technologies and appropriately select such based on clinical context.
  
5. **Patient Care:** The Anesthesiologist Assistant is expected to provide impactful patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of public health. Graduates must demonstrate the ability to effectively treat patients, providing anesthesia care that incorporates CAA principles and practices, empathy, awareness of behavioral issues, preventative medicine, and population health.
  - Perform a competent physical, neurologic, and structural examination, and when indicated, incorporate the analysis of laboratory and radiology results and diagnostic testing to prepare patients for an operative procedure and develop an anesthesia care plan.
  - Work as an effective member of the healthcare team, embracing the value of and collaborating with all professionals involved in the care of the patient.
  - Reflect on personal strengths and deficiencies, identifying learning needs, and engaging in learning for improvement.
  - Incorporate best practices in providing and documenting quality medical care, utilizing effective measures to prevent medical error and to promote optimal patient outcomes.
  - Counsel and educate patients and their families.
  - Competently perform pertinent medical and invasive procedures considered essential for the practice of anesthesiology.

6. **Systems-Based Practice:** The Anesthesiologist Assistant is expected to possess awareness of, and responsiveness to, the larger context of healthcare. Graduates must demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective anesthesia.
  - Work effectively in various health care delivery settings and systems, incorporating consideration of cost awareness and risk/benefit analysis in patient care, advocating for quality patient care and optimal patient care systems, and identifying systems errors and in implementing potential systems solutions.
  - Recognize health in the context of the global community, with an understanding of the impact of each country's political, cultural, and historical healthcare delivery models on the health of a nation.
  - Be knowledgeable of public health systems, environmental factors that affect patient health, and the importance of promoting community health.
  - Advocate for quality patient care and assist patients in dealing with system complexities.
  - Use technology to support patient care decisions and patient education.
  - Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care.

## Secondary Programmatic Competency Outcomes

7. **Health Promotion & Disease Prevention:** The graduate is expected to facilitate coordination of preventive health care across providers, collaborate within a patient-centered team, and demonstrate preventive health principles by modeling a healthy lifestyle.
8. **Cultural Competency:** The graduate is expected to demonstrate an understanding of the scope of culture and the elements that form and define it. Understand the public health implications of cultural competence in health care. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment.
9. **Evaluation of Anesthesia and Healthcare Literature:** Graduates are expected to utilize current technologies (e.g., websites, online search engines, app-based programs, information services, and journals) to locate health science literature. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature.
10. **Public Health Systems:** Graduates are expected to apply understanding of the interaction of public health and health care systems in the practice of anesthesia as it affects health promotion and disease prevention. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of perioperative medicine.
11. **Global Health:** Graduates are expected to identify and treat individual patients with varying cultural beliefs regarding health, disease, and patient care. Compare and contrast differing non-U.S. health care systems.
12. **Interprofessional Collaboration:** Graduates are expected to respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. Act with honesty and integrity in relationships with patients, families, and other team members. Engage other health professionals (appropriate to the specific care situation) in shared patient centered problem solving for effective care

## Curriculum Description

The curriculum of the Master of Health Science in Anesthesia program is innovative and modern. The program faculty recognize that students learn in a variety of ways and prefer variety in the curriculum delivery. Students assimilate knowledge through instruction which is lecture based or through online modules, reading, small group learning and discussion, laboratory and computer-based student learning clinical tutorials, anatomy and learning laboratory experiences, simulated clinical laboratory experiences, and physical assessment laboratory experiences. Students begin early clinical experiences in Block 2 of the Foundation Phase and then transition to predominately clinical experiences in the Integrative Phase.

The curriculum includes the most modern learning constructs and evidence based medical care. The MHSA curriculum prepares students well to enter clinical practice as a general anesthetist. In the Foundation Phase this curriculum is taught by faculty clinicians (Anesthesiologist Assistants and physicians) who practice primary care and anesthesiology. The clinical skills laboratory courses include communication skills, professionalism and ethics, patient-centered care approach, preventive medicine, care coordination and patient assessment, pre-habilitation, and physical examination. Immersive simulation-based learning aids in translating didactic coursework to direct patient care.

As the MHSA curriculum is annually revised, each of the current classes may have minor variations. Students should use the most current syllabi and block schedule used for their course as posted on Canvas as the most current information and curricular documents. The student/faculty ratio for the MHSA is maintained at 15:1.

## Graduation Requirements

The degree of Master of Health Science in Anesthesia is granted to and conferred upon candidates who:

1. Are of good moral, professional, and ethical character.
2. Satisfied all academic requirements including all courses, clinical rotations, and Clinical Competency Exams with composite GPA of at least 3.0 (on a 4.0 scale).
3. Demonstrated all Anesthesiologist Assistant student competencies.
4. Meet all eligibility requirements to sit for the National Commission for Certification of Anesthesiologist Assistants (NCCAA) certification exam.
5. Completed all required exit paperwork and settled all financial obligations with Bluefield University, VCOM and all applicable affiliate and collaborative partners that has been incurred during or as a result of the academic program.
6. Completed all conferring of degree graduation requirements (including the graduation program unless a special exception has been granted for those finishing off cycle).
7. Completed the exit process.

To become eligible for graduation, each student must have successfully completed all the above.

To satisfy all academic requirements a student must pass all courses, pass all clinical rotations and competency exams, demonstrate achievement of all professional core competencies (examined in courses, clinical rotations, patient simulations, and comprehensive testing), and shall be prepared to successfully pass the NCCAA Certification Exam. The degree requirements for the Master of Health Sciences in Anesthesia program include the completion of 98 credit hours of required graduate coursework. Candidates for the degree program will be required to have a grade point average of 3.0 or better.

The Master of Health Science in Anesthesia program requires that each single degree AA student completes the MHSA degree within 150% of the standard time to achieve the degree (42 months following matriculation).

Professional and ethical competence is required for graduation. Students must demonstrate the ethical and professional qualities deemed necessary for success and practice as an Anesthesiologist Assistant. Ethical and professional qualities demonstrate the student's suitability for healthcare practice including honesty and integrity, acceptance of duty and responsibility in all patient care, and must demonstrate ethical and professional behaviors with program personnel, peers, and patients.

A student must have completed all curricular requirements of the program, or a minimum of the last sixteen months at VCOM-Bluefield in combination with coursework completed at another eligible institution that is accredited by the Commission on Accreditation of Allied Health Education Program (CAAHEP). In addition to this requirement, the student must have been enrolled full time at VCOM-Bluefield during their Integrative Phase academic years.

A student must complete all academic requirements to the satisfaction of faculty, as determined by the individual course directors, clinical chairs, the Dean, and the Progress & Promotions Committee. The Assistant Program Director for Clinical Affairs and the Medical Directors will review all components for the Integrative Phase, which will include the required clinical rotations, comprehensive exams, in-training exams, and all other requirements for graduation to determine eligibility for graduation. A list of students who are found eligible for graduation will be presented to the Progress & Promotion Committee who will then approve and recommend the potential graduates to the Dean. The recommendations are then sent to the provost who will present the graduation list to the Board of Trustees for final approval.

Students must meet with the Director of Financial Aid and Registrar to complete all required exit forms and/or to receive a diploma. Students must complete the exit process, including an Exit Interview, for graduation and the commencement program to receive a diploma. All requirements for graduation are to be satisfied by July 31<sup>st</sup> of a given year to have the degree conferred in that respective academic year.

All students are required to participate in the graduation commencement exercises to receive their diploma. Rare exceptions are made to this requirement, primarily for health reasons and must be granted through an appeal to the Dean.

Students who will not complete all Integrative rotations prior to the graduation ceremony may appeal, in writing, to the Dean to walk in the graduation ceremony. Those students who wish to appeal must have passed all competency exams, passed all Foundation Phase obligations, met all other graduation requirements, and successfully passed the NCCAA Certification exam. If the appeal to walk in the graduation ceremony is granted by the Dean, these students may be allowed to walk in the graduation ceremony; however, they will not receive a diploma or be considered a graduate until all requirements are met.



- The student's appeal to the Dean to walk in the graduation ceremony must be requested and granted by August 1<sup>st</sup> of their Integrative year for the student to be listed in the graduation program.
- Students who are not granted permission to walk in the graduation ceremony but who complete all graduation requirements prior to the following year's graduation ceremony will be allowed to walk in that graduation ceremony.
- All requirements for graduation are to be satisfied by April 30<sup>th</sup> of a given year to have the degree conferred in that respective academic year.
- In situations where all requirements for graduation are met after the commencement date, the date of graduation and the date the diploma is issued is the date that all requirements for graduation are satisfied.

## Credit Hour Policy

For students in the MHSA program, a semester credit hour is based on the traditional 'Carnegie Unit', which stipulates that one semester credit hour be awarded for 15 sessions of 50-minutes duration in classroom lecture-recitation each requiring three hours of outside preparation by the student. The University identifies this unit as the primary academic measure by which progress toward a degree is gauged. However, the University also recognizes that such a unit measures only a part, albeit a major part, of a composite learning experience, based upon formally structured and informal interactions among faculty and students. Due to this understanding, Bluefield University has adopted a variant of the Carnegie Unit, which is consistent with innovative practices such as online education, competency-based credit, and academic activities that do not rely on 'seat time.' In the interest of accurate academic measurement and cross-campus comparability, the following definitions and practices apply in controlling the relationship between contact and credit hours. These definitions constitute a formalization of current and historic policy to ensure consistency throughout the University. Courses may be composed of any combination of elements described, such as a lecture course that also has required laboratory periods or a lecture course having an additional requirement for supervised independent study or tutorial activity.

A semester credit hour is normally granted for satisfactory completion of one 50-minute session of classroom instruction per week for a semester of not less than 15 weeks. This basic measure may be adjusted proportionately to reflect modified academic calendars and formats of study. The credit hour formulas used for determining credit hours at the MHSA Program are consistent with the formulas used by most outside colleges and universities and are consistent with the U.S. Department of Education's definition of a credit hour.

### Credit Hours for the Didactic Curriculum

The Program does not approve courses for less than 1 credit hour but does approve courses for half credits that exceed 1 credit hour (i.e., 1.5 credit hours). To determine credit hours, contact hours are assigned to each hour of instruction. The contact hour per credit hour is based upon 15 contact hours (+ or - 3) for 1 credit hour of study.

Each contact hour is expected to be followed by two hours of outside study for lectures, small group learning activities, case-based instruction, learning modules, simulation experiences, and anatomy laboratories. Each contact hour is expected to be followed by one hour of outside study for biomedical laboratories, early clinical experiences, and clinical laboratories.

| Credits Awarded | Minimum Student Work for Credits<br>(Includes contact hours and study time) |
|-----------------|---|
| 1               | 36 - 54 hours   |
| 1.5             | 55 - 80 hours   |
| 2               | 81 - 99 hours   |
| 2.5             | 100 - 125 hours   |
| 3               | 126 - 144 hours   |
| 3.5             | 145 - 170 hours   |
| 4               | 171 - 189 hours   |
| 4.5             | 190 - 215 hours   |
| 5               | 216 - 234 hours   |
| 5.5             | 235 - 260 hours   |
| 6               | 261 - 279 hours   |
| 6.5             | 280 - 305 hours   |
| 7               | 306 - 324 hours   |
| 7.5             | 325 - 350 hours   |
| 8               | 351 - 369 hours   |
| 8.5             | 370 - 395 hours   |
| 9               | 396 - 414 hours   |
| 9.5             | 415 - 440 hours   |
| 10              | 441 - 459 hours   |

### Credit Hours for the Clinical Curriculum

One clinical contact hour in direct patient care equates to approximately 0.01 credit hours awarded for the approximate 160-180 contact hours students spend on each four-week required clinical rotation. The contact hours awarded on a clinical rotation are estimated to have a 1 to 1 ratio as preparation for the study is usually spent while on the rotation. Therefore, the following formula is used in the clinical setting:

| Block & Credits Awarded | Minimum Instructional Contact Time per Week                      |
|-------------------------|--|
| Block 2: 4 credit hours | 40 hours instruction per week x 10 weeks = 400 hours instruction |
| Block 4: 7 credit hours | 40 hours instruction per week x 17 weeks = 680 hours instruction |
| Block 5: 6 credit hours | 40 hours instruction per week x 16 weeks = 600 hours instruction |
| Block 6: 6 credit hours | 40 hours instruction per week x 16 weeks = 600 hours instruction |
| Block 7: 6 credit hours | 40 hours instruction per week x 16 weeks = 600 hours instruction |

### Credit Hours for Specific Learning Activities

Semester credit hours are granted for various types of instruction as follows:

#### *Lecture, seminar, quiz, discussion, recitation*

A semester credit hour is an academic unit earned for fifteen 50-minute sessions of classroom instruction with a normal expectation of two hours of outside study for each class session. Typically, a three-semester credit hour course meets three 50-minute sessions per week for 15 weeks for a total of 45 sessions.

#### *Activity supervised as a group (laboratory, field trip, practicum, workshop, group-work)*

A semester credit hour is awarded for the equivalent of fifteen periods of such activity, where each activity period is 150 minutes or more in duration with little or no outside preparation expected. Forty-five 50-minute sessions of

such activity would also normally earn one semester credit hour. Where such activity involves substantial outside preparation by the student, including but not limited to online programs, the equivalent of fifteen periods of 100 minutes duration each will earn one semester credit hour.

#### ***Supervised individual activity (independent study, individual studio, tutorial)***

One credit for independent study (defined as study given initial guidance, criticism, review, and final evaluation of student performance by a faculty member) will be awarded for the equivalent of forty-five 50-minute sessions of student academic activity.

Credit for tutorial study (defined as study, which is given initial faculty guidance followed by repeated, regularly scheduled individual student conferences with a faculty member, and periodic as well as final evaluation of student performance) will be awarded on the basis of one semester hour credit for each equivalent of fifteen contact hours of regularly scheduled instructional sessions.

#### ***Full-time Independent Study (student teaching, practicum)***

If a student's academic activity is essentially full-time (as in student teaching), one semester credit hour may be awarded for each week of work.

#### ***Professional Training***

At its discretion, the institution may award credit hours for learning acquired outside the institution which is an integral part of a program of study. When life or work training is to be credited as a concurrent portion of an academic program design, as in an externship, one semester credit hour will be awarded for each 40-45 clock-hour week of supervised academic activity that provides the learning considered necessary to program study.

#### ***Short Sessions***

Credit hours may be earned in short sessions (summer sessions, intersessions, etc.) proportionately to those earned for the same activity during a regular term of the institution, normally at no more than one credit per week of full-time study.

## Anesthesiologist Assistant Program – Foundation Phase

The curriculum throughout the program is divided into blocks, with three blocks during the Foundation Phase and four during the Integrative. Blocks vary in length and full-time enrollment (8-32 credit hours per semester) is required of all students. A minimum of one week is given between blocks for reflection, longitudinal board preparation, and/or in some cases remediation. Additionally, students are given one week off for the American Academy of Anesthesiologist Assistant (AAAA) and the American Society of Anesthesiologists (ASA), two weeks around the Christmas holiday, and three Theme Weeks during the Foundation Phase. The curriculum of an Anesthesiologist Assistant program differs from that found in other graduate schools in that the curriculum progressively builds, which requires students to complete certain courses in progression to comprehend the foundations on which the clinical curriculum builds. Academic progress, therefore, requires the student to successfully complete each block/rotation within a semester and each semester within an academic year to progress in the curriculum. A student must complete the Foundation Phase to be promoted to the Integrative year, and all courses must be taken in the appropriate year. Enrollment in and successful completion of all blocks within a phase is required to successfully complete the curriculum. Students who are required to repeat an academic year due to academic difficulty must attend full-time, whether they are enrolled in all classes or enrolled in certain classes and auditing others.

The Program provides the Clinical Practicum Immersion during the second block of the Anesthesiologist Assistant program. The clinical immersion is planned by the Clinical Affairs Division in partnership with community anesthesiology groups and is intended to augment the learning of the Foundation Phase curriculum in a meaningful way and to build upon medical knowledge. Students in the first year learn in clinical faculty-supervised early clinical experiences (ECE) and have approximately 50 one-day clinical experiences. The experiences are varied; however, most are inter-professional and all focus on the “team approach” to anesthesia. Additionally, translational clinical experiences are provided through high fidelity simulation models including cardiac and pulmonary emergencies, pediatric emergencies, and varied anesthesia management which prepare students for their experiences with patients during the Integrative Phase.

All lectures and presentations in the first year are delivered in the classroom and are made available to students online through “Bluefield TV”, allowing students easy access to materials to review on their own time while studying and to assure they have not missed any information presented in class. The MHSA Program makes every effort to ensure high quality recording of all learning presentations, however technologic and hardware issue cannot be absolutely avoided so the student should make every effort to attend classroom sessions in person. Classroom time provides time for active learning and faculty/student interaction.

## *Master of Health Science in Anesthesia – Foundation Phase*

| <b>Foundation I</b>                       |   |                     |
|---|---|---------------------|
| <b>Block 1: Basic Science of Medicine</b> |   |                     |
| <b>Class Number</b>                       | <b>Class name</b>   | <b>Credit hours</b> |
| ANE 5004                                  | Human Form & Function: Pharmacology for Anesthesia                | 4                   |
| ANE 5014                                  | Human Form & Function: Human Physiology                           | 4                   |
| ANE 5024                                  | Human Form & Function: Clinical Anatomy                           | 4                   |
| ANE 5044                                  | Basic Technical Skills & Patient Assessment                       | 4                   |
| ANE 5902                                  | Comprehensive Competency Examination I & II                       | 2                   |
| ANE 5054                                  | Technology & Monitoring in Anesthesia                             | 4                   |
| ANE 5061                                  | Cardiac Electrophysiology   | 1                   |
| ANE 5081                                  | Themes in Anesthesia: Professionalism & Servant Leadership        | 1                   |
| <b>Total Credit Hours Block 1</b>         |   | <b>24</b>           |
| <b>Block 2: Clinical Immersion</b>        |   |                     |
| ANE 5807                                  | Foundations of Clinical Anesthesia (Early Clinical Experience)    | 7                   |
| ANE 5911                                  | Comprehensive Competency Examination III                          | 1                   |
| ANE 5151                                  | Themes in Anesthesia II: Diversity, Equity & Inclusion            | 1                   |
| <b>Total Credit Hours Block 2</b>         |   | <b>9</b>            |
| <b>Foundation II</b>                      |   |                     |
| <b>Block 3: Foundation of Anesthesia</b>  |   |                     |
| ANE 5103                                  | Pathophysiology for Anesthesia                                    | 3                   |
| ANE 5113                                  | Applied Physiology for Anesthesia                                 | 3                   |
| ANE 5123                                  | Anesthesia & Co-Existing Diseases                                 | 3                   |
| ANE 5133                                  | Anesthesia Principles & Practices                                 | 3                   |
| ANE 5144                                  | Advanced Technical & Non-Technical Skills                         | 4                   |
| ANE 5922                                  | Comprehensive Competency Examination IV & V                       | 2                   |
| ANE 5211                                  | Themes in Anesthesia III: Patient Satisfaction & Customer Service | 1                   |
| ANE 5161                                  | Human Factors & Decision Making                                   | 1                   |
| <b>Total Credit Hours Block 3</b>         |   | <b>20</b>           |
| <b>Total Credit Hours Foundation</b>      |   | <b>53</b>           |

## *Course Descriptions – Master of Health Science in Anesthesia*

### **Year 1 – Block 1 – Basic Science of Medicine**

#### **Courses:**

- **(ANE 5004) Human Form & Function - Pharmacology for Anesthesia: 4 credit hours**  
The course introduces students to the study of pharmacology with clinical applications. Emphasis has been placed on the integration of clinical therapeutics of various anesthesia medications as well as basic principles and pharmacologic properties of clinically relevant medications. The course content provides an opportunity for students to deepen their understanding of the clinical use of medications. This course introduces basic principles of pharmacology and focuses on those drugs most often used in the practice of anesthesia, including inhaled anesthetics, opioids, barbiturates, benzodiazepines, anticholinesterases and anticholinergics, neuromuscular blockers, and adrenergic agonists and antagonists. The course provides an overview of drug actions, interactions, metabolism, methods of administration, dosages, side effects, precautions, and contraindications. This course focuses on the pharmacokinetics and pharmacodynamics of major drug classifications. Their interactions with anesthetic agents are discussed. Basic principles of drug action; absorption, distribution, metabolism, and excretion of drugs; mechanisms of drug action; toxicity. Basis for the use of medicines in pharmacologic therapy of specific diseases.
- **(ANE 5014) Human Form & Function - Human Physiology: 4 credit hours**  
Human physiology seeks to understand the mechanisms that work to keep the human body alive and functioning through scientific enquiry into the nature of mechanical, physical and biochemical functions of humans, their organs and the cell of which they are composed. The principal level of focus of physiology is at the level of organs and systems within systems. As a detailed study of the functioning, integration and interrelationships of organ systems This course is designed to provide the student with the essential and fundamental concepts in medical physiology for a career in healthcare. This information will be categorized into six sections within one block, covering Cell & Muscle Physiology, Autonomic & Endocrine Regulation of Body Systems, Cardiovascular Physiology, Pulmonary, Gastrointestinal, Renal, and Reproductive Physiology.
- **(ANE 5024) Human Form & Function - Clinical Anatomy: 4 credit hours**  
This course teaches students the structures within the human body; to include surface anatomy and diagnostic imaging, through regional study of prosected systems of the body. Utilizing lectures, discussion, models and prosected cadavers, students will have a structural introduction to the organ systems of the thorax, head and neck, abdomen, and pelvic vault. Upon completion of the course, students will be able to identify normal anatomical structures, recognize abnormal anatomy, and determine the clinical implications of pathologic anatomy.
- **(ANE 5044) Basic Technical Skills & Patient Assessment: 4 credit hours**  
This is an anesthesia laboratory in which we will begin our basic anesthesia concepts and skills. This course will incorporate all anesthesia classroom knowledge into the clinical setting as well as provide hands on work to learn our anesthesia skills. The knowledge base for this class includes the information learned in Intro to Clinical Anesthesia, Airway Management, Medical Terminology, Anatomy and Physiology. Skills learned in this class will be necessary for your introduction into your clinical anesthesia rotations where you will be performing all skills learned in this semester's lab. The skills learned are: (1) airway management including endotracheal intubation and laryngeal mask airway insertion; (2) anesthesia machine checkout; (3) patient monitoring; (4) intravenous insertion and management; and (5) patient positioning. This course provides students with the tools to conduct a comprehensive medical interview. Students will learn effective methods for obtaining and documenting historical information, developing communication skills with patients and

healthcare providers, and providing patient counseling through lectures, case discussions, simulations, and standardized patients. This course also provides students with the skills to perform a complete physical examination essential to patient evaluation and anesthetic management. Students will learn critical thinking skills, physical examination techniques, and interpretation and documentation of medical findings through participation in laboratory sessions, patient simulations, and small group discussions. Basic Life Support (BLS), Advanced Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification is required for course completion.

- **(ANE 5902) Comprehensive Competency Examination I & II: 2 credit hours**  
In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).
- **(ANE 5054) Technology & Monitoring in Anesthesia: 4 credit hours**  
Students are taught the proper balance between circuits and engineering concepts and the clinical application of anesthesia instrumentation. Monitors and devices used in the operating room are studied with respect to principles of operation, calibration, and interpretation of data. Principles, application, and interpretation of various monitoring modalities including ECG, invasive and non-invasive blood pressure, oximetry, cardiac output, respiratory gas analysis, and respiration. Also includes intraoperative neurophysiology monitoring, temperature, renal function, coagulation/hemostasis, neuromuscular junction, transesophageal echocardiography, and ICP. The course covers advanced concepts of arterial pressure monitoring, ICP monitoring, transesophageal echocardiography, electric and radiation safety, and the hazards and complications of monitoring patients during anesthesia. The course all introduces the physical principles and their clinical application in anesthesia. Measurement and monitoring are a key element of anesthesia for the Anesthesiologist Assistant. Topics covered will include fluid and gas laws, strain, and pressure, imaging metrics, ionizing radiation and radiation safety, radioactivity, radiation therapy, computed tomography, nuclear medicine, ultrasound, and magnetic resonance imaging.
- **(ANE 5061) Cardiac Electrophysiology: 1 credit hours**  
Acquiring a deeper understanding of the cardiovascular system and how it functions, students will practice basic electrocardiograph patient care techniques, applying legal and ethical responsibilities. Students learn the use of medical instrumentation, electrocardiogram theory, identification of and response to mechanical problems, recognition of cardiac rhythm and response to emergency findings. This course is designed to fill the needs of students who desire the ability to interpret the resting normal and abnormal ECG, as well as provide an overview of heart anatomy, function, and neurophysiology. Coursework includes basic and advanced ECG interpretation using simulators to understand an overview of heart anatomy, function, and electrophysiology. Diagnosis and practical applications of electrocardiography and echocardiography as monitoring techniques in the operating room will be emphasized.
- **(ANE 5081) Themes in Anesthesia I: Professionalism & Servant Leadership: 1 credit hour**  
Themes in Anesthesia I is the first of three Theme weeks during the Foundation Phase of the curriculum, followed by a 'threaded' theme course throughout the Integrative Phase. This course integrates thematic content with an emphasis on core concepts needed for professional clinical practice in the changing healthcare environment. Students will explore areas related to humanism in medicine including the themes of diversity, equity and inclusion, determinants of health, advocacy for the profession and sub-specialties of

anesthesiology. Theme Week I focuses on professionalism and advocacy for the Anesthesiologist Assistant profession and the Anesthesia Care Team. This course exposes students to the societal, regulatory, ethical, and professional aspects of coming an Anesthesiologist Assistant. Students will learn the history of the AA profession and address specific topics including professional mobility, governmental funding, healthcare system structure, employment, credentialing, intra-professional communication, leadership, and resources for lifelong learning all through the lens of servant leadership.



## Year 1 – Block 2 – Early Clinical Experience (ECE)

**Block 2 – The Clinical Immersion** is a fourteen-week intensive introduction to the clinical environment, the perioperative setting and anesthetic management of the patient. The Block begins with a clinical boot camp that ensures student readiness to enter the clinical setting, provides basic skill and knowledge review, and covers topics of orientation to the perioperative system.

### Courses:

- **(ANE 5807) Foundations of Clinical Anesthesia (Early Clinical Experience): 7 credit hours**  
This course is a hybrid course, integrating immersive experience in clinical anesthesia and educates the student to work within the anesthesia care team (ACT) as an anesthesiologist assistant (AA). The coursework focuses on an introduction to experiences in the operating room with emphasis on the fundamental procedures and techniques used in administering an anesthetic. Prepares and educates the student to work within the anesthesia care team. The course includes an anesthetic techniques, hazards and complications, universal precautions and infection control, layout of the operating room, sterile fields and techniques, interacting with patients, starting intravenous catheters, and application of ASA-standard monitors. Students will utilize anesthesia simulator to gain the basic knowledge and usage of monitors. Preoperative assessment, IV placement techniques, airway management, intraoperative patient care and postoperative management are all emphasized in this course. During the first year of the program curriculum students encounter eight weeks of broad education in basic science disciplines relevant to the practice of anesthesiology. This academic year, termed the *Foundation Year* emphasizes the fundamental aspects of anesthesia, including basic physiology and pharmacology, and the skills involved in the administration of anesthesia and associated invasive and non-invasive monitoring. Much of this year is spent completing the didactic curriculum, with approximately 400 hours of clinical experience in the general operating rooms of adult hospitals. During the Foundation year students develop knowledge and skills in patient assessment and physical examination and optimization, vascular access, and airway management. Clinical experience is intertwined with didactic and simulation-based learning. The Clinical Performance Goals for the Foundation Year are pre-defined and must be satisfactorily completed prior to student promotion to the Integrative Year.
- **(ANE 5911) Comprehensive Competency Examination III: 1 credit hour**  
In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).
- **(ANE 5151) Themes in Anesthesia II: Diversity, Equity, and Inclusion: 1 credit hour**  
Themes in Anesthesia II is a continuation in the series during the Foundation Phase of the curriculum, followed by a ‘threaded’ theme course throughout the Integrative Phase. This course integrates thematic content with an emphasis on core concepts needed for professional clinical practice in the changing healthcare environment. Students will explore areas related to humanism in medicine including the themes of diversity, equity and inclusion, determinants of health, advocacy for the profession and sub-specialties of anesthesiology. Theme II focuses on diversity, equity and inclusion in healthcare as well as seeking work-life balance through wellness. Healthcare professionals have a growing responsibility to improve diversity, equity, and inclusion (DEI) efforts not only for their employees, but also to better serve patients and their

families. DEI has been a recent focus for many businesses and organizations across the world. But the healthcare industry has a particularly unique opportunity to make a greater impact, as it directly affects a broad set of patient health outcomes and quality of life in a profound way. The week-long intensive also explores aspects of wellness of mind, body, and spirit with a focus on work-life balance.

## Year 1 – Block 3 – Foundations of Anesthesia

**Block 3 – The Foundations of Anesthesia** is an is a comprehensive system-based block that integrates basic science and anesthesia curriculum to provide the student with the medical knowledge to understand the normal structure and function of the systems, to address maintaining the health of the patient undergoing surgical procedure, and to address the most common medical and surgical conditions that occur. The block also includes structural treatments to restore the normal movement and function, surgical procedures required to correct certain abnormalities, and pharmacologic treatment where required.

### Courses:

- **(ANE 5103) Pathophysiology for Anesthesia: 3 credit hours**  
Pathophysiology is defined as the physiology of altered health. Pathophysiology deals with the study of structural and functional changes in cells, tissues, and organs of the body that cause or are caused by disease. Pathophysiology also focuses on the mechanisms of the underlying disease process and provides the background for preventative as well as therapeutic health care measures and practices. In this course, students will have the opportunity to apply their knowledge of normal physiology while analyzing the consequences of pathophysiological processes and applying this analysis to basic diagnostic and treatment principles. Students will also be evaluating and analyzing current medical advances using the scientific process. his course focuses on the pathophysiology of the human cardiovascular, respiratory, and renal systems, and on how these systems are altered by various physiologic challenges. The concept of homeostasis is integrated with general disease processes such as injury, inflammation, fibrosis, and neoplasia to demonstrate ways in which perturbations in physiological regulatory mechanisms and anatomy result in pathophysiology. We particularly focus on the effects of stress and obesity on these systems, and on differences between men and women in the manifestation of diseases of these systems.
- **(ANE 5113) Applied Physiology for Anesthesia: 3 credit hours**  
Anesthesia practice depends on the basic sciences of physiology and pharmacology, and this course summarizes the main aspects of physiology to anesthesiology. While anesthesia is intended to block or diminish the physiologic responses to painful stimuli, as well as the perception of pain, the neurologic effects are not the only important consideration. Circulatory and respiratory effects of anesthesia and perioperative events are also vital concerns. Additionally, interactions with the patient’s pathophysiology can crucially affect the anesthetic course. This course offers Basic and applied human systems physiology with emphasis on topics and areas of special concern to the anesthetist. This course has been developed to instruct anesthesiologist assistant students in application of physiology with a focus on the clinical relevance of human physiology that pertains to patients in the perioperative period.
- **(ANE 5123) Anesthesia & Co-Existing Diseases: 3 credit hours**  
The course offers a concise, thorough coverage of pathophysiology of the most common diseases and their medical management relevant to anesthesia. The primary aim of the course is to provide the guidance to the student needed to successfully manage or avoid complications stemming from pre-existing conditions with detailed discussions of each disease, the latest practice guidelines, and easy-to-follow treatment algorithms. The course will also present detailed discussions of common diseases, as well as highlights of more rare diseases and their unique features that could be of importance in the perioperative period, as well as specific anesthesia considerations for special patient populations—including pediatric, obstetric, medically-underserved, and elderly patients.

- (ANE 5133) Anesthesia Principles & Practices: 3 credit hours**  
 This course offers a deep dive into specific surgical and procedural specialties to understand the implications on a derivative anesthetic plan. The course serves as the culmination of medical knowledge learned to this point and ties together knowledge and application domains for anesthetic plan development. Principles involved in the formulation of anesthetic plans based upon data obtained during the preoperative evaluation will be discussed, including the formulation and practices of different anesthetic plans and techniques as related to specific surgical procedures and pathophysiology. Advanced principles of anesthesia equipment, monitoring, documentation, patient assessment, basic patient care, and infection control are examined with detailed studies of anesthetic techniques for different surgical procedures and for patients with acute and chronic diseases. Concepts of perioperative and psycho-social assessment, care plans, and anesthesia techniques are explored in detail.
- (ANE 5144) Advanced Technical & Non-Technical Skills: 4 credit hours**  
 A hybrid course experience in the standardized patient laboratory and anesthesia simulator will prepare the student for the usage and complete understanding of the monitors and practice of anesthesia. Students will apply their didactic knowledge to scenarios on the anesthesia simulator. Patient modalities are explored, such as pulse oximetry, capnography, and blood pressure monitoring systems. Laboratory experiments will develop the students understanding of anesthesia delivery systems, various types of breathing circuits, fresh gas flow effect, theory of dilutional methods of cardiac output monitoring, relations between mean circulatory filling pressures and central venous pressure. Additionally, the course expands upon the student skill set of tools to perform a comprehensive health assessment on clients across the lifespan. Builds knowledge of anatomy, physiology, pathophysiology, and health assessment skills previously attained in the curriculum. The diagnostic reasoning skills needed for clinical reasoning in the advanced practice role is emphasized. The ANTS system supplies students with a language for discussing the ‘behavioral aspects’ of performance. It can be used for assessing an individual’s behavior, to provide input for the training process, and for structuring feedback on skills development. Instructors utilize simulator technique to teach advanced principles of anesthesia, including case management, effective communication while under stress, diagnosis, and treatment of acute physiologic abnormalities, including support for and review of training in BLS and ACLS. A review of critical crisis management and rescue techniques, which are not often seen in practice.
- (ANE 5922) Comprehensive Competency Examination IV & V: 2 credit hours**  
 In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).
- (ANE 5161) Human Factors & Decision-Making: 1 credit hour**  
 Healthcare is a high-stakes industry that is prone to crises; this is especially true for acute care specialties such as anesthesiology and emergency medicine, in which healthcare practitioners must treat critically ill patients while facing diagnostic ambiguity, resource limitations, and numerous disruptions in chaotic work environments. To deliver safe and effective patient care, Anesthesiologist Assistants must execute highly coordinated team-based strategies. Crisis resource management (CRM) refers to a set of principles dealing with cognitive and interpersonal behaviors that contribute to optimal team performance. This course is designed around a two-fold objective: (1) understanding how human factors can improve patient safety; and (2) how to mitigate errors in anesthesia care through an appreciation for how they occur and how human

providers react in a crisis. Human factors are the study of how humans behave and interact with each other and their surroundings. It considers how humans interact in the perioperative workplace and how, due to the inevitability of human error, mistakes are likely to occur. In this course you will look at human factors in a healthcare environment, an area where it is vital to limit mistakes because human error can affect patient safety. Students will learn about systems that pre-empt the inevitability of human error and can help improve clinical practice and patient safety.

- **(ANE 5211) Themes in Anesthesia III – Patient Satisfaction & Customer Service: 1 credit hour**  
Themes in Anesthesia III is a continuation in the series during the Foundation Phase of the curriculum, followed by a ‘threaded’ theme course throughout the Integrative Phase. This course integrates thematic content with an emphasis on core concepts needed for professional clinical practice in the changing healthcare environment. In this section, students will explore an intensive instruction in the anesthesiology specialty areas of critical care, regional anesthesia, and pain medicine. The Theme III concentration areas are grouped together as important components of the Perioperative Surgical Home in efficiency of care, patient safety, and transitions of care. Students explore the principles and concepts of customer service through directed study of service industries and learn how to apply the concepts to healthcare and patient satisfaction.

## Anesthesiologist Assistant Program – Integrative Phase

The MHSA Program has developed a curriculum model that provides an academic environment within the community-based hospital and outpatient anesthesiology practices. The purpose of the core clinical rotations is to provide the student with a broad foundation for general anesthesiology and perioperative practice. Each rotation is accompanied by curriculum delivered in case-based format and reading assignments to assure consistency of learning of the required content. The curriculum also includes monthly didactic presentations and student case presentations/discussions where students from other health professions attend. Thematic content related to servant leadership, quality improvement and professionalism is integrated throughout the clinical curriculum including weekly web-based presentations, monthly workshops, and website materials. Students are evaluated through clinical faculty observations of competencies and computer-based comprehensive competency exams.

The Program partners with community-based hospitals and anesthesiology practices in the target Appalachian and Delta region in the Southeastern United States, with primary focus on Alabama/Georgia. In fitting with mission of the Program, partner hospitals that range in size from 100 to 500 beds or those that are in urban or suburban areas are balanced with ambulatory medical practice experience and rural hospital, rural clinic, or medically underserved regional practice experiences. The blend of training in rural and medically underserved settings along with training in the larger community-based hospital provides students with a one-on-one experience with the teaching anesthesia personnel, which resemble the more traditional formal hospital service-based education seen in hospitals where residencies most often exist. Integrative Phase students also have unique global health educational opportunities by utilizing an elective opportunity to spend four weeks in the Dominican Republic or El Salvador for a global health clinical experience. Throughout the Integrative Phase, student assessment of learning progression is provided through high fidelity simulation models including crisis resource management, non-technical skills, and interdisciplinary experiences.

The final block of the curriculum is constructed as a transition to practice; an exciting time wherein students may direct much of their clinical rotations to areas of interest or areas where they wish to improve their knowledge and skills. The Program attempts to provide students with the maximum amount of flexibility to schedule rotations that will enhance their anesthesia education and meet employment interests.

The choices within the Program's core clinical sites and among rotations available to senior students are more expansive than in the Foundation Phase or early in the Integrative Phase. The sites include additional sites where Program affiliated rotations exist or within the expansive clinical partner network whom with the MHSA Program carries affiliation agreements. Exceptions may be granted when a student wishes to experience a rotation where graduate medical education exists and if the Assistant Program Director for Clinical Affairs approves the rotation as appropriate for the student. Important within learning to work as a part of a healthcare team is working with practitioners from various specialties and learning the importance of patient handoffs. Integrative Phase students are allowed up to three electives in sites other than Program core sites.

Elective rotations are provided for three purposes: professional development, employment auditions, and expanding the student's clinical knowledge. The Program recommends four-week rotations in general for electives but recognize there are a few rotations that are only offered for two weeks. While the Program does not endorse two-week clinical experiences, the Program does allow some two-week electives when students are only provided with two-week options by the clinical sites. It is difficult for a student to learn the hospital system and be competitive with only a two-week experience. Therefore, the Program recommends four-week experiences for all rotations done with clinical sites the student is considering, when the site offers a four-week program.

Online syllabi for the most common specialty rotations, developed by the Clinical Affairs Division and Discipline Chairs are provided in the course syllabus to direct the student's focus of study for each rotation to assure students can identify the appropriate core objectives to be learned while on their clinical rotations.

Simulation-based learning and assessment is integrated into the Integrative Phase curriculum to ensure students continue to develop their clinical skills and ability to apply anesthetic principles and practices in the provision of high-quality patient care. The program outcomes and professional competencies are integrated into each syllabus and students must attend all weekly virtual presentations, monthly workshops, and online coursework throughout the Integrative Phase.

## *Master of Health Science in Anesthesia – Integrative Phase*

| <b>Integrative I</b>                         |  |              |
|--|--|--------------|
| <b>Block 4: Clinical Practicum</b>           |  |              |
| Class number                                 | Class name   | Credit hours |
| ANE 5817                                     | Clinical Practicum II  | 7            |
| ANE 5201                                     | Context Appropriate Simulation Training I                              | 1            |
| ANE 5932                                     | Comprehensive Competency Examination VI & VII                          | 2            |
| BMS 5920                                     | Research Methods & Biostatistics                                       | 3            |
| <b>Total Credit Hours Block 4</b>            |  | <b>13</b>    |
| <b>Block 5: Anesthesia Specialty Care I</b>  |  |              |
| ANE 5836                                     | Clinical Practicum III   | 6            |
| ANE 5241                                     | Context Appropriate Simulation Training II                             | 1            |
| ANE 5941                                     | Comprehensive Competency Examination VIII                              | 1            |
| ANE 5332                                     | Health Care Quality Improvement  | 2            |
| ANE 5821                                     | Capstone Project I   | 1            |
| <b>Total Credit Hours Block 5</b>            |  | <b>11</b>    |
| <b>Integrative II</b>                        |  |              |
| <b>Block 6: Anesthesia Specialty Care II</b> |  |              |
| ANE 5856                                     | Clinical Practicum IV  | 6            |
| ANE 5951                                     | Comprehensive Competency Examination IX                                | 1            |
| ANE 5303                                     | Topics in Health Policy, Law & the Business of Medicine                | 3            |
| ANE 5842                                     | Capstone Project II  | 2            |
| <b>Total Credit Hours Block 6</b>            |  | <b>12</b>    |
| <b>Block 7: Transition to Practice</b>       |  |              |
| ANE 5866                                     | Clinical Practicum V   | 6            |
| ANE 5221                                     | Professional, Ethical & Legal Concepts in Anesthesia                   | 1            |
| ANE 5962                                     | Certification Exam Preparation: Comprehensive Competency Examination X | 2            |
| <b>Total Credit Hours Block 7</b>            |  | <b>9</b>     |
| <b>Total Credit Hours Integrative</b>        |  | <b>45</b>    |
| <b>Total Credit Hours Program</b>            |  | <b>98</b>    |



## *Course Descriptions – Master of Health Science in Anesthesia*

### **Years 2 – Block 4 – Clinical Practicum**

#### **Courses:**

- **(ANE 5817) Clinical Practicum II: 7 credit hours**  
Both clinical and non-clinical learning activities during the Integrative Year are based upon a philosophy of increasingly self-directed learning. The didactic lectures are presented in a seminar format directed toward critical review of literature on selected topics. The Block clinical exposure is primarily spent in general anesthesia rotations, but advanced student standing may allow some exposure to specialty areas of care. At the discretion of the Medical Directors, all students in good standing are given the opportunity to undertake satellite elective months. During the entire Integrative Phase, students are permitted to complete up to three (3) elective satellite rotations. Additionally, students may voluntarily utilize their vacation time between the fall and winter semesters for additional satellite rotations.
- **(ANE 5201) Context Appropriate Simulation Training: 1 credit hour**  
This course is a continuation in the student's exploration into cognition and decision-making under stressful situations, with recognition that performance of both novice and experienced anesthesia clinicians is limited in certain ways. The simulation-based course is designed to expose students to difficult immersive situations to continually reinforce abnormal situation recognition, error mitigation and team dynamics. The course is a structured and systematic training in handling critical events, to provide reference source for such information, and to aid in handling emergency procedures to prepare students in advance and to support them as they manage crisis situations. Anesthesiologist assistants need to know how to manage a variety of resources effectively, bringing them together in concert as necessary to deal with the situation. The Context Appropriate Simulation Training (C.A.S.T.) System is based on the same principles while incorporating innovative simulation-based education and unique scenarios.
- **(ANE 5932) Comprehensive Competency Examination VI & VII: 2 credit hours**  
In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).
- **(BMS 5920) Research Methods & Biostatistics: 3 credit hours**  
The course will provide an overview of the important concepts of research design, data collection, statistical and interpretative analysis, and final report presentation. The focus of the course is not on mastery of statistics but on the ability to use research in the clinical anesthesia environment. The course uses systematic inquiry and analysis while reinforcing the problem-solving method and uses research in the improvement of healthcare practice to affect positive outcomes. The course focuses on the fundamentals of the research process, namely research ethics, qualitative research methods and non-experimental methods. Students are taught how to use statistics to answer questions and how to use this skill to aid in the review and interpretation of healthcare literature and research.

## Year 2 – Block 5 – Clinical Practicum

### Courses:

- **(ANE 5836) Clinical Practicum III: 6 credit hours**  
Both clinical and non-clinical learning activities during the Integrative Year are based upon a philosophy of increasingly self-directed learning. The didactic lectures are presented in a seminar format directed toward critical review of literature on selected topics. The Block clinical exposure is primarily spent in subspecialty anesthesia rotations, including pediatrics, cardiothoracic, neurosurgery, obstetrics, critical care and Perioperative Surgical Home. At the discretion of the Medical Directors, all students in good standing are given the opportunity to undertake satellite elective months. During the entire Integrative Phase, students are permitted to complete up to three (3) elective satellite rotations. Additionally, students may voluntarily utilize their vacation time between the fall and winter semesters for additional satellite rotations.
- **(ANE 5241) Context Appropriate Simulation Training II: 1 credit hour**  
This course is a continuation in the student's exploration into cognition and decision-making under stressful situations, with recognition that performance of both novice and experienced anesthesia clinicians is limited in certain ways. The simulation-based course is designed expose students to difficult immersive situations to continually reinforce abnormal situation recognition, error mitigation and team dynamics. The course is a structured and systematic training in handling critical events, to provide reference source for such information, and to aid in handling emergency procedures to prepare students in advance and to support them as they manage crisis situations. Anesthesiologist assistants need to know how to manage a variety of resources effectively, bringing them together in concert as necessary to deal with the situation. The Context Appropriate Simulation Training (C.A.S.T.) System is based on the same principles while incorporating innovative simulation-based education and unique scenarios.
- **(ANE 5941) Comprehensive Competency Examination VIII: 1 credit hours**  
In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).
- **(ANE 5821) Capstone Project I: 1 credit hour**  
In this course the student will learn about the importance of quality in healthcare and how they can contribute by implementing a project to improve processes of care and patient outcomes. The student will learn the steps in the QI process during short lectures and reflective exercises then will identify a clinically relevant project to address or a personal improvement project and apply the QI tools. The QI project will be considered within the context of inter-professional teams and from a systems perspective. Care environments are complex settings and call for a sophisticated set of collaborative teamwork skills and systems thinking. This course provides students with the opportunity to develop critical thinking and problem-solving skills. Students will learn how to connect the knowledge and attitudes developed in behavioral, basic, and clinical science courses to patient care. Increasing student capacity to seek and apply knowledge as individual problem solvers and members of a health care team are key to this course. The Project is a culminating activity that provides a way for students to demonstrate the knowledge and skills they acquired throughout the Program. It engages students in a project/experience that focuses on an

interest relative to healthcare delivery, quality improvement, or coordinated perioperative care that synthesizes didactic study and real-world perspective.

- **(ANE 5332) Health Care Quality Improvement: 2 credit hours**

In this course, students will acquire knowledge of practice transformation in specific ways to improve health care. Upon successful completion of the course, students will be eligible for certification through the Institute for Healthcare Improvement (IHI). The course modules address patient safety, health care leadership, the Triple Aim, patient safety, quality improvement, and patient-focused care. The first half of the course introduces patient safety, discusses the relationship between error and harm, explores how human factors impact safety, stresses the importance of teamwork and communications in delivering safe care, and explains how to respond to adverse events. The latter course content focuses on the challenges to continuous quality improvement, the model for improvement, approaches to implementing change, how to test and measure changes in the PDSA cycle, interpret quality improvement data, and lead quality improvement initiatives. The course also touches on patient-centered care and includes addressing implicit bias, the components of empathy, and effective communications, the Triple Aim for populations, what contributes to population health, and the importance of providing a high-value health care system. Students will be prepared to exhibit leadership in quality improvement, describe the characteristics of effective leadership, and practice different approaches to implement changes.

## Year 2 – Block 6 – Clinical Practicum

### Courses:

- **(ANE 5856) Clinical Practicum IV: 6 credit hours**  
Both clinical and non-clinical learning activities during the Integrative Year are based upon a philosophy of increasingly self-directed learning. The didactic lectures are presented in a seminar format directed toward critical review of literature on selected topics. The Block clinical exposure is primarily spent in subspecialty anesthesia rotations, including pediatrics, cardiothoracic, neurosurgery, obstetrics, critical care, and Perioperative Surgical Home. At the discretion of the Medical Directors, all students in good standing are given the opportunity to undertake satellite elective months. During the entire Integrative Phase, students are permitted to complete up to three (3) elective satellite rotations. Additionally, students may voluntarily utilize their vacation time between the fall and winter semesters for additional satellite rotations.
- **(ANE 5842) Capstone Project II: 2 credit hours**  
This is a continuation of Capstone I and focused on the development and presentation of the Capstone Project. With the guidance of a faculty advisor, each student completes an approved master's paper during the final nine months of the clinical phase of the Program. Completion of this learning activity serves to deepen the students' fund of knowledge as well as promoting the development of critical thinking abilities through critical analysis of current literature and exploration of key anesthesia care issues. Emphasis is placed on the enhancement of the students' abilities to communicate with precision, cogency, and force in both written and oral forms. Satisfactory completion of the capstone project is a final requirement of the MHSA degree. Conducting actual scientific research is not mandatory, but highly recommended. An in-depth review of the primary literature regarding a faculty-approved anesthetic topic is required. The project should be a systematic investigation of a topic in the anesthesia field and should demonstrate an ability to critically analyze and integrate pertinent literature. The final paper must be considered suitable for publication in a refereed professional journal.
- **(ANE 5951) Comprehensive Competency Examination IX: 1 credit hours**  
In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).
- **(ANE 5303) Topics in Health Policy, Law & the Business of Medicine: 3 credit hours**  
Future health professionals must obtain the knowledge and skills necessary to be competent practitioners. However, success also requires knowledge of the structure of the health system and health policies that impact patient care and health outcomes. Therefore, future health care professionals must understand how system issues and policies impact the delivery of patient care and the ability of patients to receive care. Also, medical professionals can serve as advocates for their patients and professions and understand the development of health policy and the characteristics and goals of effective health policy.

## Year 3 – Block 7 – Transition to Practice

- **(ANE 5866) Clinical Practicum V: 6 credit hours**  
Both clinical and non-clinical learning activities during the Integrative Year are based upon a philosophy of increasingly self-directed learning. The didactic lectures are presented in a seminar format directed toward critical review of literature on selected topics. The Block clinical exposure is primarily spent in subspecialty anesthesia rotations, including pediatrics, cardiothoracic, neurosurgery, obstetrics, critical care and Perioperative Surgical Home. At the discretion of the Medical Directors, all students in good standing are given the opportunity to undertake satellite elective months. During the entire Integrative Phase, students are permitted to complete up to three (3) elective satellite rotations. Additionally, students may voluntarily utilize their vacation time between the fall and winter semesters for additional satellite rotations.
- **(ANE 5962) Certification Exam Preparation: 2 credit hour**  
In its entirety, the course will provide a complete review of current anesthesia practice framed against the primary topic areas of the certification exam delivered by the *National Commission for Certification of Anesthesiologist Assistants (NCCAA)*. Students will be provided a thorough update on issues and topics germane to the professional practice of the AA, including the principles of anesthesia, pathophysiology, technology and monitoring, pharmacology, and subspecialty areas of anesthesiology. The course builds off the progressive curriculum-wide comprehensive examinations and provides a culminating review of material likely to be addressed on the national certifying exam.
- **(ANE 5221) Professional, Ethical, and Legal Concepts in Anesthesia: 1 credit hour**  
The course begins with a discussion on the basic principles of medical ethics and expands to include major principles and themes in clinical ethics. Topics covered include legal aspects of the doctor-patient relationship, informed consent and competence, privacy issues, end-of-life issues, organ donation, pediatric bioethics, responsible prescribing, and human genetics. Particular attention is paid to health disparities and the difficulties related to the development of normative ethical arguments in a multicultural context and the role a physician plays as a patient advocate. The course concludes by bringing attention to the ethical dilemmas faced when encountering the hidden values in the clinical setting.

## The Clinical Site Administration and Faculty

In each Core Clinical Site, the MHSA Program supports a Director of Anesthesia Student Education (DASE) who oversees the students who are rotating in the region or at that individual clinical site. The DASE also oversees the academic program on site, including but not limited to, the student clinical case presentations, academic days, and individual academic counseling of students. Just as the Assistant Program Director for Clinical Affairs oversees the clinical faculty on campus, the DASE oversees the clinical site faculty who are also responsible to the MHSA Program. The DASE helps to recruit and recommend for appointment new clinical site faculty and to assure the clinical site faculty are appropriate for the curriculum they are to teach. The DASE is responsible to the Assistant Program Director for Clinical Affairs in assuring quality and consistency of the clinical site program.

In oversight of students, the DASE may require attendance at scheduled conferences, grant leave of up to four days per year under the excused absence policy, and assign additional requirements such as written papers, attendance at special events, presentation at rounds, etc. The DASE also addresses any student and preceptor concerns. In the event the DASE determines that a student may constitute a threat to the welfare of themselves, fellow students, staff, or patients, the DASE may suspend the student or place the student on leave. The DASE, just as the Assistant Program Director for Clinical Affairs, has the authority and responsibility to enforce VCOM, Bluefield University and the MHSA Program's academic policies in the clinical site.

The Director of Anesthesia Student Education is responsible to both the Assistant Program Director for Clinical Affairs and the Director of Clinical Rotations to assist in assuring each rotation is scheduled, all paperwork is completed, all evaluations are completed, and all schedules are implemented. They also assist students in navigating the hospital system, as well as the community (including personal difficulties such as car problems, health issues, and housing).

Clinical faculty are hired to teach within the clinical sites (as clinical faculty preceptors). All clinical rotations are arranged with clinical faculty in the regional sites who hold clinical faculty appointments with VCOM and who actively participate as a member of the department. The Division of Clinical Affairs meets annually with the core clinical faculty in their clinical site to exchange academic information. These meetings provide an opportunity for clinical faculty to have input into the curriculum, discuss readiness of most recent students, review how (collectively) the prior year students who completed training with the clinical faculty preceptor performed on Clinical Competency Examinations (CCEs), ITEs and boards, and offer one on one faculty development when requested or needed. The Assistant Program Director for Clinical Affairs also communicates with the clinical faculty throughout the year through conference calls, newsletters, and blogs.

## Early Clinical Experience (Block 2) Assignments and the Clinical Match

Students are assigned to a clinical site. While the placement is an assignment, the MHSA Program utilizes a Match System to attempt to make clinical site assignments based on the best match for students. Within the Match System, students rank their hospital choices and provide a written reason for their top choices. Students should be aware that the site assignments are made to provide the largest number of students with their first choice collectively and to assure meeting the student's educational needs. Students who feel their circumstances meet criteria for hardship or special consideration may complete a separate form and provide necessary documentation. A student-to-student trading mechanism is provided for student use after a preliminary match is announced. Hardship, special consideration, and trade requests are adjudicated by the selection committee and approved by the Assistant Program Director for Clinical Affairs and the Medical Directors. All decisions are confidential and private.

The Division of Clinical Affairs then performs the match. The MHSA Program attempts to match students in their top choices; however, this is dependent on the capacity of site. When the number of students exceeds the capacity of a site, a committee composed of the Dean, Assistant Program Director for Clinical Affairs, the Director of Clinical Rotations, the Medical Director(s) and additional members as appointed by the Dean; places the students according to need, desire, and capacity. Students receive their match assignment to the site in the spring of their Foundation Phase year and receive their clinical rotation schedule prior to the first day of orientation to the clinical site.

### **Orientation to The Clinical Site**

The Clinical Site Coordinator arranges an orientation to the clinical site. The orientation is mandatory and often includes information on how to utilize the electronic medical systems, academic event schedules, and other materials necessary to begin rotations. Missing orientation may result in a delay in the student's academic year.

### **Integrative Phase (Blocks 4-7) Rotation Selection**

Scheduling of Integrative Phase rotations is very important for the student in both obtaining a broad-based education and in assuring exposure to future employers of interest. Students are required to meet with the Assistant Program Director for Clinical Affairs and/or Medical Director(s) for planning. Students are also strongly encouraged to meet with the Clinical Site Coordinator(s) in the geographic area the student is interested in for practice.

Integrative Phase students complete a Clinical Rotation Schedule Form in the spring of the Foundation Phase. The form identifies at least two and up to three regional areas the students is interested in for rotation. The student then ranks their geographic areas of interest or has the option to indicated equal interest or undecided as to rank. Once completed, the student submits their form to the Director of Clinical Rotations for approval. Students are required to turn in the rotation schedule for the first semester of the Integrative Phase no later than March 1 of their Foundation Phase and their rotation schedule for the second semester of the Integrative Phase no later than May 1 of their Foundation Phase to assure the student will be able to schedule their elective rotations in time.

The Assistant Program Director for Clinical Affairs will meet with students in the spring of their Foundation Phase by phone or in person to review the student's choices and approve the schedule. The Assistant Program Director for Clinical Affairs must approve the student's Integrative Phase schedule. For those students located away from campus and who wish the meeting to be in person, the student should attempt to schedule the meeting to occur when returning to campus for scheduled events or during other times convenient for the student. The Assistant Program Director for Clinical Affairs may also meet with the student by teleconference.

Students must consider factors such as the ability to obtain suitable, financially affordable housing; transportation; impact on significant others; impact on ability to interview at other potential practice locations; weather; workload; and certification exam dates in advance of scheduling the Integrative Phase. Some non-MHSA elective or selective sites may charge a rotation fee, parking fee, or other administrative fee and it is the student's responsibility to make sure they are aware of these fees. The financial burden associated with these fees will not be considered a reason to change a rotation as this should be determined in advance.

### ***Requesting an Integrative Rotation at a Non-Core Training Site***

Once a schedule has been approved, the student must personally contact non-core sites if they wish to participate in a clinical rotation at that site. The Division of Clinical Affairs will send your immunization history, CV, certificate of liability insurance and your Letter of Good Standing to the non-core clinical site, which includes verification of background check, drug screen, HIPAA and OSHA training, universal precautions training and verifies permission to complete and elective rotation. If the site requires additional information, the student must provide the requested material to the Director of Clinical Rotations.

### *Request for Integrative Phase Rotation Change*

The MHSA Program realizes students may change their geographic desires or areas of interest. If the student does change the area of interest, they must notify the Assistant Program Director for Clinical Affairs and the Director of Clinical Rotations to request schedule changes. Changes may not be possible for rotations that the office does not know about 30 days in advance.

Students should recognize that signing up for clinical rotations represents a commitment by the student that they intend to be present during the scheduled rotation period. This commitment in turn is a component of professionalism that all members of the osteopathic profession must understand and honor. The collaborative relationship the Program and prior MHSA students have built with hospitals, residency programs, and individual preceptors is one of trust and respect, which includes honoring our commitment to scheduled rotations. Disrupting that trust could adversely affect students' ability to rotation with the site in the future.

The following guidelines have been established for any request for changes to the rotation schedule:

- Requests for a change in rotation schedule must be submitted using the Change of Rotation Request Form.
- Students may not request more than three schedule changes to during the Integrative Phase and must make all requests to the Director of Clinical Rotations a minimum of 30 days in advance of the rotation to be considered for approval by the Assistant Program Director for Clinical Affairs (the limit of three changes does not apply to rotations that have been denied by the site).
- The student may not make changes, without Assistant Program Director for Clinical Affairs approval, as the required rotations are balanced with other students within the region. Students should contact the Director of Clinical Rotations if requesting a change to the approved schedule. The Assistant Program Director for Clinical Affairs and Director of Clinical Rotations will make the final decision based on advanced notice, the hardship reason for the request, and availability of the rotation the student is requesting.
  - A Change of Rotation Request Form must be completed, and students must designate the nature of extreme hardship on the form. In addition to the Change of Rotation Request Form, students must write a letter describing the necessity of the change. Students are required to verify all information leading to an extreme hardship request and falsification of any information during this process will result in review by the Progress & Promotions Committee. A student may discuss their circumstances to determine if they qualify for an extreme hardship, in advance, with the Assistant Program Director for Clinical Affairs. Upon receipt of the Change of Rotation Request form, the Assistant Program Director for Clinical Affairs will review the information and decide. If the student is not satisfied with the outcome of the decision, they may appeal the decision to the Dean whose decision will be final. It is important to note that the primary choice of core clinical training sites is made based on the Mission of the MHSA Program and the best educational resources available.
- Submission of a request for a change in a rotation, even if submitted within the above guidelines, does not guarantee approval of the request.
- Students may not cancel or change any scheduled rotation until official approval is granted by the Assistant Program Director for Clinical Affairs. The Director of Clinical Rotations will then notify the student as to the approval or disapproval of the request.
- Failure to show up for a scheduled rotation will result in an F grade for that rotation and the student will be required to repeat the entire rotation, causing a delayed graduation.



- o Rotations which are required to be repeated due to a violation in rotation change policy will be scheduled at a site assigned by the Assistant Program Director for Clinical Affairs.
- o The requirement to repeat a rotation may also affect the student's ability to obtain financial aid on time if in the first half of the year.
- o Depending upon the student's notification of the Division of Clinical Affairs and the reason for not showing up for a rotation, the Assistant Program Director for Clinical Affairs may request the Dean convene a hearing by the Progress & Promotions Committee.
- The Director of Clinical Rotations will then notify the student as to the approval or disapproval of the request.

#### *Notice of Site/Rotation Changes Initiated by the Site and/or Clinical Affairs*

Hospital sites are subject to change based on the hospital resources, clinical faculty resources, student training needs, and/or administrative changes in hospitals. As neither VCOM nor Bluefield University own the clinical training sites, site changes may occur based on changes in hospital ownership, educational needs of the student, changes in hospital and affiliation agreements, loss of a teaching preceptor(s) at a specific hospital, and/or a change in resources of the hospital. When this occurs, the MHSA Program will provide notice to the student as soon as the Division of Clinical Affairs is made aware, and the students will be contacted individually in order to schedule the best possible alternate site for the rotations.



**VCOM | BLUEFIELD**  
MASTER OF HEALTH SCIENCE IN ANESTHESIA PROGRAM

**Academic  
Assistance**

## Academic Assistance

Bluefield, VCOM and the MHSA Program are committed to providing academic assistance for each student. Students of the MHSA program benefit from the combined academic assistance services of both Bluefield University and VCOM, providing multiple avenues of academic support for students, each of which are outlined below. The Center for Institutional, Faculty, and Student Success serves to advance the quality of teaching and learning by promoting an institutional culture where the learning community works collaboratively to champion educational excellence. Through the combined resources of VCOM and Bluefield University, the MHSA Program is committed to providing academic assistance for each student through multiple avenues, each of which are outlined below. Students experiencing difficulty with academics or who are simply seeking assistance with assuring a high level of academic success should seek assistance through the Center for Institutional, Faculty, and Student Success (CIFSS).

The dedicated Director of Student Academic Success provides counseling for students who are struggling with academics, relationship issues, anxiety, life transitions, organizational skills, and stress management. These are the most common issues that students tend to encounter; however, this list may include anything else that surfaces as a barrier to success in graduate school like substance use, grief, and perfectionism. Sometimes students just feel overwhelmed and are unsure of the next best steps to take.

### Academic Assistance

Students of the MHSA having trouble with academic success will be able to benefit from the assistance resources of both Bluefield and VCOM. Bluefield's Academic Center of Excellence (ACE) is the primary resource for MHSA students and has the capability through distance technologies to provide most academic counseling services to students at the Auburn offsite location. Additionally, should a student require an immediate intervention or prefer on-site assistance, students also have full access to VCOM's Center for Institutional, Faculty and Student Success (CIFSS) advisors on the Auburn campus. All students, whether struggling academically or just wanting to improve GPA, are welcome. Students are required to participate in academic assistance services by referral of MHSA Program faculty once they fail three exams in an academic year, their GPA falls below 3.0, or they must remediate a course. Students may also be required to participate in academic support services for other reasons in which lack of academic progress is determined.

The referral "triggers" described above will be used across the entire program curriculum. The Dean and Associate Dean for Academic Affairs will monitor student progress and refer a student for assistance should one of these triggers be experienced. This referral will occur in consultation with the Dean of the MHSA Program, who would deploy appropriate resources on behalf of Bluefield. As a rule, Bluefield academic support services that are available via distance or online will be utilized and engaged first and primarily. If students require (either at their own volition or referral by faculty) onsite or immediate needs, the onsite VCOM resources are available to those students on a case-by-case basis.

Students having trouble with academics or who simply seek assistance may also consult with the MHSA Director of Student Academic Success ("DSAS"). The DSAS provides academic assistance, free of charge, to all MHSA students. The DSAS assists students by helping to determine academic strengths, weaknesses, and challenges, and then aiding them in designing a study plan, choosing study strategies, and providing referrals to other resources.

### *VCOM Center for Institutional, Faculty & Student Success (CIFSS)*

Students having trouble with academics or who simply seek assistance with assuring a high level of academic success should seek assistance through VCOM's Center for Institutional, Faculty, and Student Success (CIFSS) via the dedicated Director of Student Academic Success for the MHSA Program.

CIFSS's number one concern is making sure students are academically successful. The center provides academic assistance, free of charge, to all MHSA students that is tailored to meet each student's specific academic needs. CIFSS assists students by helping to determine academic strengths, weaknesses, and challenges and then aiding them in designing a study plan, choosing study strategies, and providing referrals to other resources. All students, whether struggling academically or just wanting to improve your GPA are welcome.

In addition to referral or self-referral, CIFSS is proactive in its approach to academic success by constantly monitoring the student body's progress and reaching out to students early in their academic careers that are having trouble. CIFSS reaches out to students who score less than 70% on any exam with an offer to meet to discuss the student's progress. Students are required to participate in academic assistance services once they fail three exams in an academic year, their GPA falls below 3.0, or they must remediate a course. Students may also be required to participate in academic support services for other reasons in which lack of academic progress is determined.

The CIFSS offers assistance for the whole study body and provides all students with advice regarding a study plan for the NCCAA national certification exam, board preparation materials, and insight from former MHSA graduates on their board preparation. Students may also request individual support which will be tailored to meet each student's unique needs.

**Rebecca Hoyt, MEd, MSE**

*Director for Student Academic Success*

Center for Institutional, Faculty & Student Success

Office: 141

(334) 442-4061

[rhoyt@auburn.vcom.edu](mailto:rhoyt@auburn.vcom.edu)

***Bluefield University Academic Center for Excellence (ACE)***

The mission of the Academic Center for Excellence (ACE) is to provide resources and services that promote a culture of academic success among all students. The ACE staff are committed to meeting students where they are as learners. They seek to foster in them the skills, strategies, habits, and character necessary to becoming excellent students and transformational leaders. The ACE staff encourages students to take responsibility for both academic choices and achievements and to understand that academic planning and development occur throughout their lifetime. Tutoring services at Bluefield University are designed to help students improve their learning strategies to promote independent learning and success. Tutoring in all academic areas is coordinated through the ACE, including face-to-face and online tutoring. Tutoring appointments will be arranged for students in need of tutoring in any discipline as tutors are available.

The ACE offers academic coaching to all students who desire to improve their ability to succeed in their coursework by helping, free of charge, that is tailored to meet their specific academic needs. Academic Coaches can assist you by helping to determine your academic strengths and weaknesses and then aiding you in designing a plan, assistance with study skills and choosing strategies, time management, determining learning styles, test anxiety, and more. Academic Coaches can also assist students with problem-solving as well as provide recommendations for any outside services that may be beneficial. No issue is too big or too small, so don't hesitate to reach out.

The Dean of Academic Support and the ACE directs all ACE services as well as works with students on academic probation to help them achieve their academic goals. Students placed on academic probation are required to meet with the Dean of Academic Support and the ACE while they are working to improve their scholastic performance.

Academic accommodations are also available for students with documented disabilities. If any student desires assistance, he or she must contact the Assistant Director of the ACE at [ace@bluefield.edu](mailto:ace@bluefield.edu). The Assistant Director will consult with the student regarding any appropriate accommodations and their implementation.

**Darrin Martin, PhD**  
*Dean of Academic Support*  
Academic Center for Excellence  
(276) 326-4220  
[dmartin@bluefield.edu](mailto:dmartin@bluefield.edu)

## Counseling Services

### *VCOM Internal Counseling Services*

The MHSA program is privileged to use VCOM's Mental Health Counselors who aid students experiencing individual stressors and/or difficulty with personal levels of functioning and are available for any student seeking assistance with preserving or restoring their mental health. The assistance provided to students is conceptualized holistically with attention to contextual influences on persons' lives influenced by the stress of graduate school and in relationship to their family, societal, historical, cultural, and socioeconomic concerns.

The counseling sessions are available to address emotional and social issues that may be impeding the student's progress. The counseling services at VCOM focus on wellness and a holistic approach to mental health. All student information gained during the counseling sessions are confidential to the student and counselor (unless required by law for a student at considered at risk).

To schedule an appointment, students should call or email VCOM's Mental Health Counselor or contact CIFSS for assistance in making the appointment if needed. Appointments may be conducted as in-person meetings or via Zoom or phone if a student is located away from campus.

While VCOM provides confidential counseling services, students may also utilize the external counseling services outside of VCOM (see info below). These services include a 24-hour emergency counseling services hotline that is available to support students outside of regular hours. Students who require psychiatric support or physician's evaluation and support will be referred for external medical/counseling services.

**Auburn Campus**  
**Mary Ann Taylor, MS, PhD**  
Office: 250  
(334) 442-4037  
[mtaylor@auburn.vcom.edu](mailto:mtaylor@auburn.vcom.edu)

**Carolinas Campus**  
**Natalie Fadel, PsyD**  
Office: 123  
(864) 327-9875  
[nfadel@carolinas.vcom.edu](mailto:nfadel@carolinas.vcom.edu)

### *External Counseling Services*

In addition to VCOM's Mental Health Counselors who provide confidential counseling services, VCOM contracts with mental health providers in the campus community to assure that MHSA students have readily accessible mental health services when preferred by the student. The fee for the first four visits, per incident, are covered by the agreement between VCOM and these agencies and is free to students and their immediate families. Visits beyond this will be at the expense of the student (or the student's family member). The purpose of the sessions will be: (1) to provide crisis intervention and counseling services; (2) to determine the participant's need for assistance, counseling, and treatment; or (3) if appropriate, to refer the participant to one or more resources for assistance or treatment.

#### **Auburn Campus**

##### **Auburn Psychology Group**

861-D North Dean Road  
Auburn, Alabama 36830  
(334) 887-4343

*24-hour Crisis Telephone Service: (334) 524-5858*

#### **Carolinas Campus**

##### **Spartanburg Area Mental Health Center**

250 Dewey Avenue  
Spartanburg, South Carolina 29303  
(864) 585-0366

*24-hour Crisis Telephone Service: (864) 585-0366*

During the Integrative Phase, students who are near campus may continue to utilize the community-based counseling providers or any of the VCOM Mental Health Counselors. In addition, VCOM has also contracted with WellConnect for students to ensure that they have readily available access to counseling services while on clinical rotations. WellConnect is a confidential, voluntary counseling and resource referral service that can assist students with issues related to school/work/home/life balance, relationships and parenting, stress/anxiety/depression, health and wellness, and legal and financial concerns. Services are available 24 hours a day, 7 days a week. This mental health contracted counseling service provides behavioral healthcare services for the benefit of MHSA students and their immediate families (e.g., spouse and children) who reside with the student. Upon the request of a student and/or their immediate family, WellConnect will provide each participant with the necessary number of sessions per year. The fee for the first five visits, per incident, are covered by the agreement between VCOM and WellConnect and is free to MHSA students and their immediate families. Visits beyond this will be at the expense of the student (or the student's family member).

To utilize WellConnect visit [www.wellconnectforyou.com](http://www.wellconnectforyou.com) or call 1-866-640-4777. Students must provide WellConnect with the access code that has been previously provided to them. WellConnect also provides 24/7 emergency counseling services by calling 1-866-640-4777.

Additionally, MHSA student may utilize **HealthiestYou**, a national virtual counseling and psychiatric services available to all students who have United Health Insurance through VCOM. Services for non-subscribers also available at reduced fees. Video, phone, and text options are available for counseling. Students may set up a free appointment at 855-870-5858 (24/7 line) or register here <https://member.healthiestyou.com/register>. You can also download the HealthiestYou app.

Use the helplines as soon as you feel you or a friend are in crisis. Trauma, depression, substance abuse, difficulties with family, and high stress are all valid reasons to reach out. You should never feel your problem is too small or insignificant. The crisis counselor's goal is to help you make healthy decisions and feel safe. You will be asked some questions about your feelings, social situation, safety, and any thoughts of suicide that you or the person you are calling about might be having. Answering truthfully will help the crisis counselor connect you to the resources you need.

**CRISIS TEXT LINE: Text "HOME" to 741741**

Free 24/7 support for anyone in crisis. Text from anywhere in the United States, anytime, about any type of crisis. A live human will receive the text and respond from a secure online platform. This trained, volunteer, crisis counselor will help you move from a hot moment to a cool moment.

**NATIONAL SUICIDE PREVENTION LIFELINE: 1-800-273-TALK (8255)**

Free 24/7 support for anyone in suicidal crisis. Call from anywhere in the United States. Call for yourself or someone you care about. It is free and confidential.

**PHYSICIAN SUPPORT LINE: 1-888-409-0141**

Free, confidential support for physicians and health profession students. Calls are taken by volunteer psychiatrists 8AM-1:00AM EST.

Counseling is confidential between the student and counselor. Only in cases where the student is required by the Progress & Promotions Committee to seek counseling for the purpose of student or patient safety is communication required between the counselor and administration, and only upon approval by the student.

### **Faculty Advising Groups**

Each new student is assigned a faculty advisor group at the beginning of their Foundation Phase year. Students may seek advice from their advisor any time they are having trouble. Advisors are prepared to guide students on how to approach their studies (an adjustment in graduate school due to increased volume of content to learn), how to improve their performance, or how to balance their studies with their health and other activities. During the students' Integrative Phase, in addition to their faculty advising group, they are also assigned a clinical faculty advisor. The clinical advisor is able to provide guidance that is more specific to clinical content, future clinical rotations, and a clinical career.

Advisors act as a mentor, role models, and guide for students. Advisors have no responsibility in advising the student as to program policies and procedures and act as a mentor only. Advisors typically maintain an 'open-door' policy for communication with students, but students are strongly encouraged to request an appointment via email or phone in respect for the advisor's time and schedule.

Students may also request to meet with members of the administration who can typically be reached in their offices Monday through Friday from 9:00 a.m. to 5:00 p.m.; however, to assure sufficient time with the administrator, students are encouraged to make an appointment.

Students in their Integrative Phase may continue to seek guidance from their mentors; however, students may also seek advice on career choice Clinical Discipline Chairs, Assistant Program Director for Clinical Affairs, or the Medical Directors. Students may also seek specific hospital site advice from the Assistant Program Director for Clinical Affairs or site-specific Director of Anesthesia Student Education.

### **Peer Tutoring Program**

The MHSA program provides peer tutoring free to Foundation Phase students. Any student, regardless of academic performance, may attend a tutoring session. Program tutoring is offered in a study-group format. Sessions generally last 1 hour; however, may be longer or shorter depending upon the subject matter. The content of the peer tutoring session is designed to assist students in understanding the concepts covered in the curriculum, which in turn helps to prepare students for the upcoming examination. Peer tutors receive support and guidance from the Course Director, who may provide the peer tutor with a list frequently challenging concepts or topics to cover.

Peer tutors may offer additional study material or utilize practice questions; however, the questions are not provided as ones that will be covered on the exams. Students remain responsible for adequately learning all content on the exam. Students should come to the peer tutoring session prepared to participate by being aware of their areas of strength and weakness in relation to the curriculum and bringing suggestions for topics or questions.

Students are informed in the beginning of the year of the existence of the peer tutoring program and schedules are provided throughout the year. After the MHSA program publishes the block calendars, tutoring sessions are scheduled in preparation for upcoming exams, and published for the class.

### ***Recruitment of Peer Tutors***

Integrative Phase students are recommended by the Dean, Assistant Program Director for Academic Affairs, Medical Directors, Course Directors, and DSAS. Students are then recruited to be peer tutors. Ideally, peer tutors provide peer tutoring for the classes they excelled in during their Foundation Phase. This is important to ensure that the tutor is up to date on the curriculum being taught as well as being familiar with the current faculty expectations and teaching styles. This also prevents the peer tutor from being negatively impacted by the additional tutoring responsibilities. A tutor must carry a GPA of greater than 3.6 and not be in danger of failing any course. Any students interested in becoming a peer tutor must complete the "[Tutor Application Form](#)" which details expectations of the tutors. This form must be completed each academic year by the student wishing to become a peer tutor. A meeting for tutors is held once in the fall (for orientation) and once in the spring (for continued training). Orientation is provided by Director of Student Academic Success and the Director of Medical Education. Tutors must participate in orientation prior to their first tutoring session. The program keeps a record of students who serve as peer tutors and includes this information on the student's CASPE ("Dean's Letter"), which is provided as a part of the graduate portfolio.

### **Assistance for Matriculated Students with Disabilities**

Students should first refer to the *Technical Standards for Matriculation and Successful Completion of the MHSA Program* section of this Handbook. Each Technical Standard listed in this Handbook was derived from standards that the Anesthesiologist Assistant profession deems necessary for the safe and effective practice of the anesthetist and therefore, MHSA program faculty and administration require the Technical Standards to be met (mandatory). Students with disabilities must read and attest to understanding of the *Technical Standards for Admission and Successful Completion of the MHSA Program* in the Admissions Section of this Handbook.

The MHSA program recognizes that there are varying levels of disability and student needs to be successful. The program is committed to supporting those students with disabilities who, with accommodations, can meet the Technical Standards. VCOM has provided reasonable accommodations to many students with various handicaps that have enabled the student to be successful. Reasonable accommodations do occur if the student qualifies for such accommodation under Section 504 of the Rehabilitation Act and the accommodations allow the student to meet the Technical Standards designated to safely practice anesthesia and to be successful in the MHSA curriculum.

Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education. It prohibits discrimination against individuals who meet the definition of *disability* in the act, and it is applied to entities that receive federal funding. Under 504 and the ADA, a person is considered to have a disability if that person: has a physical or mental impairment that substantially limits one or more of such person's major life activities, has a record of such an impairment, or is regarded as having such an impairment.

The student is required to function with independence, to learn and perform all the skills described in the Technical Standards that include didactic coursework, clinical examination, and assessment experiences, learning laboratory and immersive simulation instruction, and clinical patient care. Students must also meet the Technical Standards to



provide safe and effective clinical care, with reasonable accommodations to complete clinical rotations in the hospital and ambulatory settings. The program is committed to assuring patient safety and to assuring a safe and effective environment that does not place patients and/or students, faculty, and staff at risk. The VCOM facilities are handicap accessible.

Students who require the use of a service animal or emotional support animal must be aware of the following:

- Service animals that provide life-saving services or monitoring to avoid serious medical complications are allowed in the classroom. Animals are restricted from the clinical environment, anatomy laboratory, simulation labs, and standardized patient encounters. Neither VCOM or Bluefield University own or operate the hospitals or clinics in which students train; therefore, student's experiences are subject to the hospital or clinic's approval for participation. For these reasons, VCOM will allow the use of a service animal in the classroom during the Foundation Phase and aid with reasonable accommodations to replace the use of a service animal where possible with alternate devices the student will need to use during their clinical education experiences. The student must be aware that the safety and well-being of the patient remains foremost, and accommodations cannot be provided in the majority of required clinical settings. If the animal is out of control and the handler does not take effective action to control it, or if it is not housebroken, that animal may be excluded. If the presence of the animal causes other students, faculty, and staff to experience serious allergic or asthmatic complications, the animal may be restricted to specific locations within the room or in severe cases, the student with the service animal or the student with the allergic or asthmatic complication will be provided a private room setting where the lecture can be observed live and/or recorded. Bluefield University and VCOM reserve the right to require the student to consult with specialists with specific expertise in assisting students with alternate accommodations for their chronic illness prior to the student entering clinical experiences.
- The use of a service animal is an accommodation that must be approved by Bluefield University in consultation with VCOM.
- Emotional support animals are not allowed in the classroom. While the MHSA Program supports the concept that animals may assist with emotional support, emotional stability is a technical standard that must be met without the accommodation of an animal.
- VCOM and Bluefield University are supportive of the use of an animal in the home to provide emotional support for a student; however, a student should be aware that there are students, faculty, and staff that also require an animal free/dander free environment due to serious allergic reactions and asthma. For this reason, emotional support animals are not allowed in VCOM's facilities and/or clinical housing.
- Students must notify the Director of Clinical Rotations of the need for a service or emotional support animal in the home setting in advance of the Integrative Phase. Students must provide appropriate physician verification of the need for the support animal. If a student requires the use of a service or emotional support animal in the home setting, the student will be placed at a clinical site where the student does not require VCOM housing for out-of-town rotations. These placements are performed outside of the regular scheduling process and the program reserves the right to place any student requiring a service or emotional support animal in the home, in a clinical site that does not require the student to utilize VCOM housing. Should a student fail to notify the program of the need for a service or emotional support animal in the home setting before the Integrative Phase, the program reserves the right to re-assign the student to an appropriate site of the program's choosing. If the need for a service or emotional support animal is not known to the program prior to clinical assignments being made and a student must do an out-of-town rotation, VCOM student housing for the animal is still not provided, which may result in a delay of the completion of the clinical program to accommodate the student for the out-of-town rotation.

## *Requesting Accommodations*

The process for determining eligibility and arranging accommodations is lengthy and follows the guidelines of Bluefield University in consultation with VCOM; therefore, whenever the student knows in advance of a need for

accommodations, he or she should begin the process as soon as possible. Students are requested to notify the program of any disability that is diagnosed after admission immediately so that a request for accommodations may be made as early as possible. Students have the obligation to self-identify if they believe that they do not meet the technical standards. Students who fail in the curriculum or who are suspended or dismissed may not claim failure due to disability not previously identified prior to the failures or for one that is in the process of evaluation. For this reason, students **MUST** request reasonable accommodations prior to any curricular failure for the condition to be considered as a part of reason for academic failure.

Students who believe they may need accommodations should contact the Academic Center for Excellence at Bluefield University or the MHSA Director of Student Academic Success for a Request for Eligibility Form. Students requesting accommodations for a disability will be required to submit appropriate supporting documentation and may be required to undergo additional evaluation prior to the program considering their request. Obtaining and providing proper documentation is the student's responsibility and all evaluations will be at the student's expense.

Students who are seeking accommodations must submit documentation showing evidence of the disability, the degree to which the student's activities are affected (functional limitation), and the need for the specific accommodations requested. The purpose of the documentation is to determine eligibility for academic accommodation(s) and the type of accommodation(s) VCOM and/or the MHSA program can reasonably provide. A student requesting accommodations must submit the following:

1. **Section 504 Request for Eligibility Form** – This form is completed in full by the student and can be obtained from the Center for Institutional, Faculty, and Student Success at VCOM or directly from the Director of Student Academic Success.
  
2. **Documentation of the Disability, Functional Limitation, and Recommended Accommodations** - Because disabilities change over time, medical, psychiatric, or educational testing must be no more than three years old. Also, because the provision of reasonable accommodations is based upon an assessment of the disability on current academic programs, recent documentation and appropriate evaluations are required. Obtaining proper documentation is the student's responsibility and all evaluations will be at the student's expense. A written note on a prescription pad or doctor's notes are not considered adequate evaluation or documentation of a disability and do not substantiate a request for accommodations.
  - The diagnosis must be made by a specialist with appropriate professional credentials for the area of the disability and with experience in that disability.
  - Documentation must clearly state the physical or intellectual disorder as diagnosed with reference to the current edition of The International Statistical Classification of Diseases and Related Health Problems (ICD) and/or Statistical Manual of Mental Disorders (DSM).
  - Documentation must describe the comprehensive testing and techniques used to arrive at the diagnosis. Specific testing requirements depend on the student's disability and need for accommodations. Students with learning disorders or ADHD must include a full psychoeducational assessment that includes intelligence and achievement testing, in addition to specialized tests tailored to their area of disability. Students with physical or medical disorders will be asked to provide documentation from a recent medical evaluation.
    - Tests used to diagnose learning disorders or ADHD/ADD should be:
      - Comprehensive cognitive and academic assessments

- Individually administered
  - Nationally normed
  - Administered under standardized conditions
  - Both timed and untimed/standard time measures if extended time on exams is requested
- Documentation must provide clear and specific evidence of the presence of a disability. The diagnosis should be in direct language and avoid such terms as “suggests” or “is indicative of.” If a disability is not present, that should be clearly stated in the report. However, conclusive statements without supporting information are neither helpful nor adequate. The full evaluation report must be submitted, be legible and be received directly from the evaluator. The report should include the following:
    - A summary of the assessment procedures and evaluation instruments used to make the diagnosis;
    - A narrative summary of the evaluation results;
    - Test results with subtest scores (standard or scaled scores); and
    - Testing norms.
  - Documentation must explain how the disability impacts the student’s daily functioning and ability to participate in the curriculum. Functional limitations should address the student’s performance in an environment specific to an osteopathic medical school. Functional limitation can be documented in a variety of ways:
    - Psychoeducational evaluations, including both test scores and narrative. Use norms to support both the diagnosis and functional limitation.
    - Standardized test scores, including standard and scaled scores. Use national norms to support both the diagnosis and functional limitation.
    - Summary of the student's developmental, educational, and/or medical history. Information about the student’s history of receiving academic and/or testing accommodations helps the program understand the nature and severity of the student’s disability and the need for accommodation. This may include documentation of previous accommodations in the academic setting (i.e., Individualized Education Plan or a 504 Accommodation Plan). The provision of previous accommodations by another academic institution, or determination of accommodation need by Bluefield University, even if for the condition reported, does not guarantee the provision of accommodations at VCOM. Further, when presented alone, such documentation is inadequate documentation of a disability; however, it can be provided as a supplement to documentation.
  - Documentation must describe the specific accommodations requested and explain why they are needed. The reason for requesting a particular accommodation is not always evident from the diagnosis. Be sure the rationale for specific accommodations focuses on the following:
    - Connection between the student’s disability and the requested accommodations;
    - Current needs of the student; and
    - Reasons requested accommodations are needed in the curriculum and/or exams.
  - Bluefield University or VCOM may request a second opinion or an independent evaluation of the disability if the college believes there is a need for an evaluation by a specialist with knowledge of advances in the field or if the college deems the provided reports incomplete. This may be at the student’s expense.
3. **Signed statement** from the specialist evaluating the student that verifies they have read the Technical Standards and that the student will meet the Technical Standards with reasonable accommodations.

4. **Release of Information Form** - Students applying for accommodations may be asked to sign a release of information form that allows program administration and the health care provider/evaluator to discuss the accommodations needed.

### *Determining Eligibility for Accommodations*

Once a student submits the completed Section 504 Request for Eligibility Form and required documents, the Progress & Promotions Committee will meet to review the request, Bluefield University will determine the student's eligibility, and VCOM will adjudicate the accommodation necessity based on required physical plant alterations or impact on the operations of VCOM facilities.

To be eligible for services under Section 504 and the ADA, a student must have a physical or mental impairment that substantially limits a major life activity. The determination of whether a disability substantially limits a major life activity is subjective, and Section 504 and the ADA do not provide any operational criteria of substantial limitation. Bluefield University, in consultation with VCOM Facilities Management, must use their collective, professional judgment to make this determination. "Substantially limits" can be defined as being unable to perform a major life activity that the average person in the general population can perform; or significantly restricted as to the condition, manner, or duration for which an individual can perform a particular major life activity as compared to the condition, manner, or duration for which the average person in the general population can perform that same major life activity. When determining whether the substantial limitation requirement is met, Bluefield University will consider the nature and severity of the impairment, the duration of the impairment, and any long-term impact of the impairment. Students should be aware that simply because they are considered for Section 504 and ADA services and protections it does not mean the student is eligible. Likewise, just because a student is determined to have a disability does not automatically result in eligibility for Section 504 and ADA services and protections; a substantial limitation must result from the physical or mental impairment. As previously noted in the definition of substantial limitation, the standard used to determine whether a physical or mental impairment results in a substantial limitation is average performance in the general population. Therefore, the standard used is not the optimal performance level for a person, but the average performance of individuals found in the general population.

Using the above guidelines, Bluefield University may find the student eligible for accommodations, find the student ineligible for accommodations, or postpone a decision regarding eligibility pending submission of additional required information, which may include further evaluation. If the student is found eligible for accommodations under Section 504, Bluefield University will proceed with drafting a proposed Section 504 Accommodation Plan for the student that will be presented to VCOM-Auburn for congruence if alterations to building or physical plant are necessary requirement of the Plan. If the accommodation for the condition reported and confirmed is not readily available, the MHSA Program has the right to delay the student's program for a period not greater than one year while such accommodations are arranged so that the best and most reasonable accommodations may be provided for the student. The Bluefield University Dean of Institutional Effectiveness and Research will notify the student, in writing and verbally, of the decision of the University. Students will receive a copy of the Section 504 Eligibility Summary Form, and if accommodations are provided, will receive a copy of the Section 504 Accommodation Plan.

Upon receiving written notification of the decision of the Campus Section 504 Committee, the student, within seven calendar days, may appeal to the Dean of the Anesthesiologist Assistant Programs to reconsider the recommendations. The appeal must be made in writing and be based upon new and significant information that was not available to the MHSA Program, Bluefield University or VCOM. The Dean of Institutional Effectiveness and Research will appoint members for a new Section 504 eligibility meeting. The members will be individuals who were not involved in the initial eligibility decision. The new eligibility meeting will be held within 14 working days of the notice of the appeal. The Dean of Institutional Effectiveness and Research shall Chair the eligibility meeting and shall vote only in case of a tie. In addition to the documentation submitted with the appeal, the members shall

also review the documentation from the first eligibility meeting. The Dean of Institutional Effectiveness and Research will notify the student, in writing, of the decision within 14 working days following the meeting. The Dean may find the student eligible for accommodations, find the student ineligible for accommodations, or postpone a decision regarding eligibility pending submission of additional required information, which may include further evaluation.

Upon receiving written notification from the Dean, the student, within seven calendar days, may appeal the Dean's decision to the Provost of Bluefield University. The appeal must be made in writing and be based upon new and significant information that was not available to the Dean of Institutional Effectiveness and Research or the Dean of Anesthesiologist Assistant Programs. The provost may or may not meet with the student prior to receiving the written appeal material. The provost will consider the request for appeal and will notify the student, in writing, of his/her decision within 14 working days of receiving the written appeal or specify or will specify a later date for the determination should further investigation be required. The provost may find the student eligible for accommodations, find the student ineligible for accommodations, or postpone a decision regarding eligibility pending submission of additional required information, which may include further evaluation. The provost's decision is final.

# VCOM | BLUEFIELD

MASTER OF HEALTH SCIENCE IN ANESTHESIA PROGRAM



Academic Grading  
& Promotion

# Academic Grading and Promotion

## General Academic Policies

Students of the Master of Health Science in Anesthesia program are evaluated for promotion and graduation based on core competencies consistent with core professional competencies required of a Certified Anesthesiologist Assistant. The competencies include communication skills, problem solving skills, clinical skills in patient care, system-based learning, medical knowledge, and professionalism. Throughout the curriculum, examinations (written and performance) are used to test student's medical knowledge, while standardized patient exams and simulation-based assessments are used to test communication, clinical reasoning, differential diagnosis skills, and physical diagnosis skills. Students are also evaluated during early clinical experiences. Knowledge of systems-based learning and problem-solving are tested through both written examinations, reflective writings, and practical exams. Knowledge regarding professionalism and ethics is also tested by examinations and small-group projects.

In the Integrative Phase these same competencies are measured in the application to patient care and medical knowledge exams. Through observation, clinical faculty complete the Clinical Rotation Evaluation Form and the Student Milestones Assessment. The student is evaluated on knowledge, clinical decision making and problem-solving skills, communication skills, professionalism and ethics, physical assessment, and anesthetic plan development. Students are expected to show progressive improvement in holistic clinical skills throughout the curriculum, which is assessed by skills 'check-off' and simulation-based case management. Additional MHSA values of servant leadership, altruism, and empathy in caring for those from underserved populations are also evaluated. Medical knowledge is also assessed through Comprehensive Competency Examinations (CCEs). Students have end of block testing following the Block 3 and Block 5 to assess comprehensive medical knowledge and clinical performance. Grades are issued and become a part of the permanent record.

Throughout the 28 months of the program students are assessed as to whether they are making academic progress based on their performance of assignments, written and practical examinations, their evaluations in the clinical setting, their performance on Comprehensive Competency Examinations, and performance on the NCCAA national board examination. Students are evaluated for promotion at the end of each block and the end of each academic year based on meeting all requirements of the academic year. Students may be given an In Progress (IP) or Incomplete (INC) grade but require a passing grade for full promotion.

Grades are recorded on the transcript at the end of each block and the end of each year. Enrolled students in good standing may download their own unofficial transcript at any time, free of charge, through the BC Central student information system. The student academic progress records, transcripts, portfolio, and diploma copy are maintained as a part of the permanent record for lifetime. The Family Educational Rights and Privacy Act gives a student the right to inspect his or her education records (hard copy and electronic) and to request amendment of those records if they are inaccurate, misleading, or otherwise in violation of the student's privacy rights. To inspect his or her education records, a student must file a written request with the individual who has custody of the records that the student wishes to inspect, and the request must be honored within 45 days after the records custodian receives it. To request amendment of his or her records, a student first discusses the matter informally with the records custodian, and if the custodian does not agree to amend the records, he or she will inform the student of applicable appeal rights. While the MHSA does provide a grading system, the program does not rank students supporting the idea of collaboration rather than competition.

## Grading and GPAs for Foundation Phase

| Foundation Phase Grading Scale and GPAs |        |     |              |             |
|---|--------|-----|--------------|-------------|
| Traditional Grading Scale               |        |     | Other Grades |             |
| A                                       | 90-100 | 4.0 | IP           | In Progress |
| B+                                      | 85-89  | 3.5 | INC          | Incomplete  |
| B                                       | 80-84  | 3.0 | R            | Repeat      |
| C+                                      | 75-79  | 2.5 | RM           | Remediated  |
| C                                       | 70-74  | 2.0 | Au           | Audit       |
| D                                       | 67-69  | 1.0 | P            | Pass        |
| F                                       | <66    | 0.0 | F            | Fail        |

Campus courses are eligible for the receipt of all traditional grading assignments. For the Foundation Phase, most courses have a traditional letter grade (A, B+, B, C+, C, D, and F) and are calculated into the GPA.

The grade point average (GPA) is the sum of earned grade points divided by the sum of credit hours passed and failed. Foundation Phase students receive exam grades following each exam and receive course grades at the end of each block or at the end of year for courses integrated throughout multiple blocks, through the student information system.

### Satisfactory Academic Progress

In line with the academic policies of Bluefield University, satisfactory academic standing for the MHSA program requires that students must maintain a minimum grade point average of 3.0 on a 4-point scale. If a student's GPA falls below 3.0 at the end of any block, the student may not be allowed to continue in the program. In order to continue in the program, students must petition the Dean, who will convene a Progress & Promotions Committee hearing to decide the student's status in the program. If approved to continue in the program, the student must create a plan for completion to be approved by the Dean of the Anesthesiologist Assistant Programs. Grade appeals and grade changes will be consistent with the institution's existing academic policies and can be found in the Bluefield University Catalog.

Students are required to pass all courses in each block to progress to the next block. On occasion, upon the recommendation of the Progress & Promotion Committee and approval of the Dean, a student may carry an "IP" grade forward into the end of the next block or carry an "INC" grade into the next year. Students must pass each course with a "C" (70%) or better. For a student to be deemed as making satisfactory academic progress in the Foundation Phase, they must pass all courses in all blocks, successfully complete curricular requirements in the blocks, pass all components of the comprehensive competency testing, and meet all requirements set forth by the college. Students must also demonstrate appropriate professional and ethical behaviors in all environments, including but not limited to, the classroom, clinical setting, and community.

Students who are not performing well are initially referred to the Bluefield University Academic Center of Excellence or the MHSA Director of Student Academic Success (see the Academic Assistance section of this *Handbook*). Once a student fails three exams in an academic year, their GPA falls below 3.0, or they have to remediate a course they are required to meet with a staff member from ACE, DSAS, or CIFSS. Students may also be required to participate in academic support services for other reasons in which lack of academic progress is determined. The Center meets with each student to identify academic strengths and weaknesses and develop an individualized academic plan. These students should also arrange a meeting with the Course Director. Those students who continue to be unable to make satisfactory progress in passing all courses and requirements are



evaluated by the Progress & Promotions Committee. The Committee, in the process of determining eligibility for promotion or graduation, may consider the results of the student assessments, attendance, conduct and potential professional attributes in making final determinations.

## Course Remediation

Students are required to pass all courses in each block to progress to the next block. Students must pass each course with a C (70%) or better. A final course grade of less than 70% will normally require remediation of the entire course material during the one-week period provided for professional conferences or scheduled time off between blocks. If the course has multiple components (i.e., lecture and laboratory), the student must receive a grade of 70% or greater in the overall course and in each component. If the final course grade is collectively 70% or greater but includes a grade of less than 70% in any of the components, the failed component must be remediated to pass the course. Students must follow the guidelines for remediation set forth by the Associate Dean for Academic Affairs, Dean, and/or Progress & Promotions Committee, including remediating on campus during the hours specified unless otherwise instructed. A single, comprehensive written or practical exam covering the material of the overall course or the entire component from the course will be administered during this week and must be completed prior to the first class of the next Block.

In the case of having to remediate the overall course, if the student successfully completes the remediation exam with a 70% or higher score, they will receive a 70% for the final course grade. The remediated grade will not be higher than 70%, regardless of the exam score achieved. If the student receives less than 70% on the remediation exam, they will receive an “F” grade for the course and be referred to the Progress & Promotions Committee. The numeric remediation exam grade is not reported to the student, instead, students will be notified either of a Pass or Fail. In addition, remediation exams are not released or reviewed, and students do not have the ability to challenge questions.

In the case of having to remediate a component of the course, if the student successfully completes the remediation exam with a 70% or higher score, they will receive a 70% for that component to be averaged into the final course grade. The remediated grade for the component will not be higher than 70%, regardless of the exam score achieved. If the student receives less than 70% on the remediation exam for the component, they will receive a 66% (F course grade) for the course, regardless of their overall final course average, and be referred to the Progress & Promotions Committee.

Any student who is required to go before the Progress & Promotions Committee due to the need to remediate a course(s) may not remediate until and unless the remediation has been approved by the Progress & Promotions Committee and Dean.

If the Progress & Promotions Committee does not recommend the student be allowed to remediate the course(s) and the student is in the appeal process when the remediation exam is scheduled, the student will be allowed to study and take the exam while waiting on the results of the appeal; however, the exam will not be graded unless or until the Dean or Provost grants the appeal.

Should the appeal process extend into the next block, students on appeal may attend class and sit for exams; however, the exams of a student on appeal will not be graded or recorded until/unless the appeal is granted. The student is only allowed to sit for exams to allow a student, who may be successful in their appeal, to not fall behind in the curriculum and testing.

### *D Course Grade*

A student in the Foundation Phase who earns a “D” course grade and who is eligible to remediate the course, will have the course grade reported as an “IP” (In Progress) on his/her transcript until the prescribed remediation is attempted and a new grade is issued. As the only acceptable grade to progress in the curriculum is 70% or higher, and the “D” course grade awarded is a temporary status for those students who are allowed to remediate, “D” course grades are not awarded as a permanent grade, and are therefore, not recorded on the transcript.

If the student successfully completes the remediation exam with a 70% or higher score, they will receive a 70% for the final course grade. If the student receives less than 70% on the remediation exam, they will receive an “F” course grade and be referred to the Progress & Promotions Committee. The remediated course grade will not be higher than 70%, regardless of the exam score achieved.

Once an “IP” course grade has been officially changed to a letter grade on the transcript, the Registrar will not retain a record of the “IP” course grade as part of the academic record.

The Medical Education Director will report “IP” grades to the appropriate Associate Dean at the time the “IP” course grade is assigned. The Associate Dean for Academic Affairs maintains a listing of previously satisfied “D” grades in courses and will report such grades to the Promotion Board as needed for assessment of the student's overall academic performance and progress for the year.

### *F Course Grade*

A student in the Foundation Phase who receives an “F” course grade will be referred to the Progress & Promotions Committee, who will assess the student’s academic progress and provide a recommendation of action to the Dean. The Progress & Promotions Committee may then make any of the following recommendations to the Dean:

- Allow a one-time remediation of the course that includes a study period and re-examination;
- Allow a one-time remediation of the course that includes additional and/or repeated curriculum re-examination;
- Allow the student to repeat an entire academic year (rare); or
- Dismissal of the student.

If the student receiving the “F” course grade is recommended by the Progress & Promotions Committee to be allowed to repeat a failed course, the “F” course grade will remain on the transcript and will be GPA accountable until the failure is successfully remediated. If the “F” course grade is successfully remediated, the transcript will show the new course, which will have the letters “RM” at the end of the course number to reflect that it is a remediated course, and new course grade (the remediated course grade will not be higher than 70%, regardless of the exam score achieved).

The initial course and grade will also appear on the transcript but will then become non-GPA accountable.

### *IP Course Grade*

A grade of In Progress “IP” may be assigned when a student has completed the majority of the work required for a course but is unable to complete the remaining work prior to the end of the course for a good cause as determined by the Associate Dean for Academic Affairs, Assistant Program Director for Clinical Affairs, and Medical Director(s) or when work is incomplete due to the need to remediate the course if eligible, but the remaining work is designated to be completed prior to the start of the next semester. Students will be given an opportunity, as prescribed by the Office of the Dean, to complete the outstanding course requirements. Once those requirements are successfully completed, the “IP” grade will be changed to the grade earned, will be recorded on the transcript, and be GPA accountable. Students who do not successfully complete these courses are awarded an “F” course grade and will be referred to the Progress & Promotions Committee.

### ***INC Course Grade***

A grade of Incomplete “INC” may be assigned when a student has completed most of the work required for a course but is unable to complete the remaining work prior to the next semester for a good cause as determined by the Associate Dean for Academic Affairs, Assistant Program Director for Clinical Affairs, and Medical Director(s). Students will be given an opportunity, as prescribed by the Office of the Dean, to complete the outstanding course requirements. Once those requirements are successfully completed, the “INC” grade will be changed to the grade earned, will be recorded on the transcript, and be GPA accountable. Students who do not successfully complete these courses are awarded an “F” course grade and will be referred to the Progress & Promotions Committee.

### **Repeated Course(s)**

Foundation Phase students may be allowed to repeat a course(s) or an entire academic year, if recommended by the Progress & Promotions Committee and/or approved by the Dean or Provost upon appeal. The grade earned for a repeated course(s) will be the grade recorded on the transcript and will be GPA accountable, regardless of whether the initial or repeated course grade is higher. Once repeated, the transcript will show the repeated course, which will have the letter “R” at the end of the course number to reflect that it is a repeated course. The initial course and grade will also appear on the transcript but will not be GPA accountable.

Exact stipulations as to repeated course requirements will be outlined, in writing, for the student prior to repeating a course.

### **Audited Course(s)**

The Dean may require the repeat of an entire academic year and may require the student to audit a course(s) the student has already passed. In this case, the student may be required to attend the course(s) and pass all exams for the audited course; however, the initial course grade will remain on the transcript and be GPA accountable. Once audited, the student’s academic record will show the audited course with a grade of “Au” but will not be recorded on the transcript or GPA accountable. Tuition is not charged for audited courses.

Exact stipulations as to repeated course requirements will be outlined, in writing, for the student prior to repeating the academic year.

## Grading and GPAs for Integrative Phase

| Integrative Phase Grading Scale and GPAs |        |     |                          |           |              |             |
|--|--------|-----|--------------------------|-----------|--------------|-------------|
| Clinical Rotation & CCE Grades           |        |     | Clinical Rotation Grades |           | Other Grades |             |
| A  | 90-100 | 4.0 | H                        | Honors    | IP           | In Progress |
| B+                                       | 85-89  | 3.5 | HP                       | High Pass | INC          | Incomplete  |
| B  | 80-84  | 3.0 | P                        | Pass      | R            | Repeat      |
| C+                                       | 75-79  | 2.5 | F                        | Fail      | Au           | Audit       |
| C  | 70-74  | 2.0 |                          |           |              |             |
| F  | <70    | 0.0 |                          |           |              |             |

### Clinical Grading for Integrative Phase

Anesthesiologist Assistant students are assessed during the Integrative Phase as described below:

1. **Clinical Rotation Competency Evaluation:** Competency-based rating forms are utilized by clinical faculty when evaluating each student's clinical skills performance and application of medical knowledge in the clinical setting. The rating forms are completed by the primary clinical faculty member who is precepting the student. The MHSA Program uses a competency-based evaluation form which includes the following core competencies:
  - a) Medical knowledge;
  - b) Communication and interpersonal skills;
  - c) Patient care;
  - d) Practice-based learning and clinical decision making;
  - e) Professionalism and ethics;
  - f) Servant leadership;
  - g) Systems based learning; and
  - h) Additional MHSA values and outcomes.

Student competencies are judged by the clinical skill performance. A student's clinical skills are rated on the form as: unacceptable, below expectation, meets expectation, above expectation, or exceptional. These ratings are compiled and result in a numerical clinical rotation grade based on a Likert Scale and calculated into the clinical practicum grade for that Block. Additionally, the MHSA Program reports a relative performance scale that uses the Honors, High Pass, Pass, Fail system which are calculated based on standard deviation analysis against the cohort performance; these ratings are not calculated in the GPA. During the clinical practicum portions of the curriculum, students receive clinical rotation competency grades at the end of each rotation through the MyBU Portal.

In alignment with the requirements of programmatic accreditation, we categorize the outcomes into psychomotor (skill-based), cognitive (learning) and affective (behavior) domains and then further contextualize the specific learning outcomes to define progressive levels of performance for each competency, with the expectation that each student will achieve specific milestones before graduating from the program and taking the national certification examination. Within each of the primary competency dimensions listed above, the program defines skills, behaviors and knowledge expected of a competent Anesthesiologist Assistant that students should be able to perform upon entering clinical practice. These 'entrustable professional activities' provide a framework as a practical approach to assessing competence in real-world settings and impact both learners and patients.

Additionally, in the clinical practicum portion of the curriculum, the Clinical Rotation Competency Evaluation is matrixed against definable qualities of the Certified Anesthesiologist Assistant. Outcome measures will be developed based on the performance objectives and core competencies and will include ongoing assessment of knowledge, clinical, procedural, and communication skills, and professionalism. The evaluation system (CREDO) allows real-time assessment of twenty-five milestones mapping to the six core competencies by multiple evaluators during different rotations so that responses can be synthesized into a continuum of trainee skill acquisition and professional development (*AA Student Milestones*).

- Educational Modules:** In addition to being assessed on clinical performance skills during the rotation, students are also assessed on the basic science and medical knowledge acquired through educational modules. The educational modules utilize online cases, required reading assignments, BluefieldTV recordings, and other forms of delivery to provide the medical knowledge for the Integrative curriculum. Students are expected to complete all the assigned materials to complete the entire curriculum assigned for the clinical module. The Integrative Phase modules are assigned a traditional letter grade (A, B+, B, C+, C, and F) based on the end-of-rotation exam score and are calculated into the GPA. Integrative Phase students receive the clinical modules grade through the MyBU Portal system posted after each rotation.
- Comprehensive Competency Exams (CCE):** A total of ten Comprehensive Competency Exams (CCEs) are given during the program to evaluate long-term retention. One exam is the In-Training Exam (ITE) administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA). The ITE is administered during at the mid-point of both the first and second years and is a summative evaluation of anesthesia and medical knowledge to measure cumulative medical knowledge required for progressing through the Program, as well as that needed for the NCCAA Certification Exam. The student is provided with feedback on areas of weakness in their knowledge base.
- Documentation:** Students are required to maintain a log to identify the procedures performed, and to log the ICD 10 codes of the patient cases seen by diagnosis, to assess the number of essential patient encounters in each core specialty. The faculty member will verify the information at the end of the rotation either online using a password signature, or by signing the log.
- Research and Capstone Project:** During the Integrative Phase, students are required to complete research and produce a thesis or scholarly paper of publishable quality. This scholarly activity provides students the opportunity to further develop research, critical thinking and writing skills, all while working in collaboration with a clinical faculty member. The Capstone Project is assigned a traditional letter grade (A, B+, B, C+, C, and F) and is calculated into the GPA. Integrative Phase students receive the paper grade through the MyBC Portal system at the end of the academic year.

### Satisfactory Academic Progress

For a student to be deemed as making satisfactory academic progress during the Integrative Phase, they must successfully complete clinical rotations and clinical modules, and all other curricular requirements, pass the ITEs and Comprehensive Competency Examinations, and/or meet the requirements as set forth by the Progress & Promotions Committee. Students should refer to the Graduation Requirements section in this *Handbook* for more information about graduation requirements.

Those students who continue to be unable to make satisfactory progress in passing all rotations and requirements are evaluated by the Progress & Promotions Committee. The Progress & Promotions Committee, in the process of determining eligibility for promotion or graduation, may consider the results of the student assessments, attendance, conduct and potential professional attributes in making final determinations.

## **Student Involvement and Expectations in Clinical Rotation Grading**

Rotation evaluation begins the first week of the rotation. At the end of the first week, students should ask, "How am I doing?" and "Are there things I should improve?" Students should ask for an informal evaluation at the end of each week thereafter to continually improve and so not to be surprised by a poor evaluation at the end of the rotation. Students bear the total responsibility of seeking ongoing feedback. It is the student's responsibility to schedule the final evaluation to ensure that the evaluation is completed online or in hard copy. If in hard copy, the student should supply the preceptor with the evaluation form and an envelope addressed to the site coordinator or the Director of Clinical Rotations. The clinical faculty member is to turn the form in to the local site coordinator or mail the form to the Clinical Affairs Office at the completion of each rotation. If completed online, the student should assure the preceptor is completing the form online at the time of the evaluation. It is MESA policy for the student not to leave the rotation site without the evaluation being performed, discussed, and signed by the preceptor. Students should check with the site coordinators monthly to assure there are no evaluation forms outstanding.

It is the student's responsibility to inform the Director of Clinical Rotations and/or the Assistant Program Director for Clinical Affairs of any difficulty in obtaining an evaluation by the preceptor on or by the final day of the rotation (not several months later). The Director of Clinical Rotations may assist the student in the process of obtaining an evaluation if a preceptor is negligent in his/her responsibility to complete the evaluation form or to turn the form in. The student may also contact the Clinical Site Coordinator, the Assistant Program Director for Clinical Affairs, or the Medical Director(s) if prior attempts do not resolve the issue. If an evaluation form is not completed and turned in to the Director of Clinical Rotations within 60 days of the conclusion of the rotation, the Assistant Program Director for Clinical Affairs or the Medical Directors will intervene with the preceptor to acquire the evaluation.

If an evaluation form is not completed and turned in to the Director of Clinical Rotations within 60 days of the conclusion of the rotation or by the end of the semester (whichever occurs first), the student will receive an "IP" (In-Progress) or "INC" (Incomplete) grade for the rotation. If the rotation evaluation is not turned in within 90 days of the conclusion of the rotation, the student may receive an "F" grade for the rotation and may be required to repeat the rotation. Further, students with "IP" or "INC" grades will not be promoted to the next academic block or graduate until the "IP" or "INC" grade is resolved. Once repeated, the transcript will show both the initial clinical rotation competency evaluation course and the repeated clinical rotation competency evaluation course. The repeated clinical rotation competency evaluation course will have the letter "R" at the end of the course number to reflect that it is a repeated clinical rotation competency evaluation. Both the grade earned for the initial clinical rotation competency evaluation course and the repeated clinical rotation competency evaluation course will be recorded on the transcript.

## **Clinical Rotation Competency Evaluation Failure**

If a student receives a failing grade on any clinical rotation competency evaluation the student will receive an "F" grade for the entire rotation and will be brought before the Progress & Promotions Committee. Prior to the Progress & Promotions Committee meeting, the Assistant Program Director for Clinical Affairs, or the Medical Director(s) will interview the student and either the appropriate Clinical Site Coordinator or the preceptor. A written record of these interviews will be kept. The Assistant Program Director will review the student's failure based on overall performance and overall knowledge content that was gained or missed. The Assistant Program Director may enlist the appropriate Clinical Site Coordinator or Medical Directors to assess the student's difficulties and the terms of the repeated rotation. If the student is allowed to repeat the rotation, all components of the rotation must be repeated.

If the Progress & Promotion Committee does not recommend the student be allowed to repeat the rotation and the student is in the appeal process when the next rotation begins, the student will be allowed to attend the rotation while waiting on the results of the appeal. However, the rotation nor the associated Comprehensive Competency Exam of a student on appeal will be graded or recorded until/unless the appeal is granted. The student is only

allowed to sit for exams to allow a student, who may be successful in their appeal, to not fall behind in the curriculum and testing.

### **Clinical Rotation Repeated Performance Issues**

Repeated poor or failing performance in a specific competency area on the evaluation form across more than one rotation may also be a reason for a required remediation at the discretion of the Assistant Program Director for Clinical Affairs in consultation with the Medical Director, the preceptor, and the Progress & Promotion Committee. In general, rotations should show a progression of improvement in clinical performance. Those students who receive a mere "Pass" on multiple rotations will be counseled about overall performance and may be required to complete an additional rotation at the end of the year. Any additional curriculum or required remediation will be based on the performance measure. In general, rotations should show a progression of improvement in performance. Those students who continually score in the "unsatisfactory" category or repeated "performs some of the time but needs improvement" consistently and do not improve over time or who fail one or more rotations may be deemed as not making academic progress and, as a result, may be referred to the Progress & Promotion Committee and be required to complete additional curriculum. Multiple rotation failures may result in dismissal.

Poor ratings on the clinical rotation evaluation in the professional and ethical areas of the assessment are addressed by the Assistant Program Director for Clinical Affairs and/or Medical Director. The Assistant Program Director may design a remediation appropriate to correct the behavior or if needed may refer the student to the Progress & Promotions Committee. In the case of repeated concerns in a professional and/or ethical area, the Assistant Program Director for Clinical Affairs may refer the student to the Dean for a Progress & Promotion Committee hearing. The Dean will act upon this referral depending on the severity and the area of the performance measure. Poor ratings in this area will include comments as to the exact nature of the rating.

### **The Comprehensive Anesthesia Student Performance Evaluation (The Dean's Letter)**

The sixth and seventh blocks are a time when students begin to apply and audition for their eventual employment. As a part of this process, students must have on file, a summary statement, referred to as the Comprehensive Anesthesia Student Performance Evaluation (CASPE), of their performance while a student with VCOM-Bluefield MHSA Program. The CASPE is a cumulative document that includes the student's transcript; rotation evaluation summaries; summary paragraphs from the Assistant Program Directors, Medical Directors, and the Associate Dean for Academic Affairs; and attestations made by the Registrar that you have or have not experienced a suspension (academic or behavioral), which culminates in a final one-page letter from the Dean. The student will also complete a short CV of their student participation in organizations, volunteer history, awards, positions held, two letters of recommendation by faculty, and a patient log of cases the student participated in during the Integrative Phase. The Comprehensive Anesthesia Student Performance Evaluation is utilized by employers, HR Directors and medical licensing boards when assessing candidates for employment.

### **Academic Probation**

Any student who is demonstrating failure to make academic progress will be placed on academic probation and will be so informed in writing by the Associate Dean for Academic Affairs, the Program Director, or the Dean.

The status of Academic Probation indicates that the student has not met the minimum threshold to be in good academic standing and is failing to make academic progress. Thus, the status of Academic Probation is assigned to a student to signify that the student needs to improve academically and must work to meet or exceed the minimum academic standards. The purpose of academic probation is to alert the student, faculty, and administration to the fact that the student has experienced academic difficulty and that special consideration might need to be given such as counseling, tutorial assistance, special scheduling, or other activities to help the student resolve academic deficiencies. The Progress & Promotion Committee will set the length of academic probation. Academic Probation is

not reported on the transcript; however, academic probation is required to be reported as a component of the Comprehensive Anesthesia Student Performance Evaluation (CASPE).

The Associate Dean for Academic Affairs, the Program Directors and the Dean will review the record of each student on academic probation each block/rotation to evaluate the student's academic progress. At the end of any block where a student on academic probation does not make academic progress (by earning additional grades below 70% or failing to pass the clinical rotation evaluation), the Progress & Promotions Committee will meet again regarding the student's future with the Program.

## **Altered Degree Plan of Study**

The Dean, the Program Directors, or the Associate Dean for Academic Affairs may place students who are having trouble in successfully completing the MHSA curriculum after failing a Comprehensive Competency Exam, failing a rotation, or by falling behind in the Foundation Phase of curriculum on an Altered Degree Plan of Study (ADPOS).

Students placed on an ADPOS must sign and agree to comply with the ADPOS that has been approved by the Dean. If the student is completing the ADPOS and making satisfactory progress they will maintain full-time status. Students who are not making academic progress in an ADPOS will be brought before Progress & Promotions Committee and are at high risk for dismissal.

The ADPOS is designed by the Associate Dean for Academic Affairs to provide the student with the best opportunity for successful academic progress. The ADPOS may include additional preparation for Comprehensive Competency Exams and may modify the timeline for clinical rotations.

### **Failure to Make Academic Progress While on an Altered Degree Plan**

Students who do not follow the Altered Degree Plan of Study or who do not make academic progress while on an ADPOS will be referred to the Progress & Promotions Committee.

Students who do not comply with the ADPOS may be suspended at any time by the Dean for failure to follow the plan. If a student has difficulty in following the ADPOS, they are required to meet with the Dean to report this prior to failing to follow the plan. The student not following the plan may be referred to the Progress & Promotions Committee for this type of failure to make academic progress.

## **Progress & Promotion Committee**

The Progress & Promotion Committee monitors the academic progress achieved by students throughout the academic program and makes recommendations to the Dean regarding students' academic progress. The Progress & Promotion Committee is convened at the end of each block in which a student has failed to make academic progress (see Reasons to Call a Progress & Promotion Committee Hearing below). The Dean, the Associate Dean for Academic Affairs, and/or Program Directors may also call a meeting of the Progress & Promotion Committee in cases where the academic progress of a student is affected by leaves of absence or other similar factors.



## **Progress & Promotions Committee Membership**

Members of the Progress & Promotions Committee are appointed at the discretion of the Dean. A simple majority of voting members must be present to assure a quorum. As this is not considered a legal hearing and is instead an academic proceeding, attorneys, or other representatives are not allowed.

### ***Progress & Promotion Committee Voting Members may include:***

- Chair: Program Director
- Associate Dean for Academic Affairs
- Assistant Program Director for Clinical Affairs
- Medical Directors
- Assistant Program Director for Simulation
- Clinical Faculty Preceptor
- Didactic Faculty Member
- Director for Medical Education

### ***Progress & Promotion Committee Non-Voting Members may include:***

- Student Representative
- Director for Student Affairs
- Director for Student Academic Success
- Course Director for the failed course\*
- DASE (or designated Clinical Faculty Preceptor) for the failed rotation
- Medical Education Specialist as Recorder

\* If a voting member of the Progress & Promotion Committee is also a Course Director for a failed course or a Clinical Faculty Preceptor for the failed rotation, that member will be counted towards the quorum and may participate in discussion, but is excluded from voting upon a student who failed their course or rotation.

All student attendees and the student who has been brought before the Progress & Promotion Committee are dismissed prior to deliberation and voting.

## **Procedures for Calling a Progress & Promotions Committee Hearing**

A Progress & Promotions Committee hearing is held at the end of each block/rotation, after all grades have been determined by the Associate Dean for Pre-Clinical Education, the Assistant Program Director for Clinical Affairs, and/or the Medical Directors. The Associate Dean will call for a Progress & Promotions Committee hearing and serve as the Chair of the Progress & Promotions Committee if a student has:

### ***Reasons to Call a Progress & Promotion Committee Hearing***

The Associate Dean for Academic Affairs will refer to the Progress & Promotion Committee any student who has:

- D Course Grades:
  - Received more than one D course grade in any one Block
  - Received more than one D course grade in any one academic year
  - Received more than one D course grade in two consecutive blocks across academic years
- F Course Grades:
  - Received an F course grade
  - Failed to pass remediation for a course resulting in an F course grade
  - Failed to remediate a Standardized Patient Exam and/or Standardized Patient Optimization Test

- Repeated D or F grades of a required component of a course (i.e., anatomy lecture, skills lab practical, SP, simulation) more than one time within an academic year, even if they have successfully remediated the component from the previous block.
- Multiple D or F grades of required components of different courses (i.e., anatomy lecture, skills lab practical, SP, simulation) during an academic year, even if they have successfully remediated the component from the previous block, and a very low GPA.
- A cumulative GPA of 2.79 or less
- Demonstrated inability to make academic progress while on Academic Probation
- Placement in the curriculum of a student who has been suspended or on a leave for an extended period or readmitted by the Admissions Committee after withdrawal to determine appropriate placement in the curriculum
- Failed a clinical rotation
- Failed a Comprehensive Competency Examination twice
- Multiple first attempt failures on a Comprehensive Competency Examination, even if the student has successfully remediated prior CCE on the second attempt, and a very low GPA.
- Failed to complete their Capstone research requirement in the timeframe required
- Demonstrated inability to perform a minimum level of competency in any one area that is repeatedly marked low across multiple rotations may also be a sign of inability to make academic progress (repeated seldom or never ratings that are below expectation).
- Demonstrated inability to make academic progress while on an Altered Degree Plan of Study
- When the student scores low or repeatedly low in the duty or professional and ethical behaviors, this may be a reason for calling a Progress & Promotions Committee at the discretion of the Associate Dean for Academic Affairs
- Other referrals by the Dean, Associate Dean for Academic Affairs and/or Program Directors

### ***Special Meetings of the Progress & Promotion Committee***

Special meetings of the Progress & Promotion Committee may be convened by the Dean, the Associate Dean for Academic Affairs or the Medical Directors and will be chaired by the Associate Dean for Academic Affairs. The role of voting and non-voting members and meeting procedures will be the same as specified above. A representative of the Student Council or a similar representative may be invited to clarify issues related to the specific case being discussed. Special meetings of the Progress & Promotion Committee may be called for the following:

1. To determine placement of a student who has taken an approved extended leave or has been on suspension to determine where the student will be placed in the curriculum and to determine if any additional curriculum is needed.
2. To determine if academics will be impacted for a student who has taken an unplanned and/or unapproved leave and is being brought before the Honor Code Council.
3. Other reasons as determined at the discretion of the Dean.

### **Progress & Promotions Committee Procedures**

1. At the conclusion of the academic block the Associate Dean for Academic Affairs or Medical Directors may convene the Progress & Promotions Committee:
  - The Associate Dean for Academic Affairs convenes and chairs the Committee for all Foundation Phase cases.
  - The Associate Dean for Academic Affairs or a Medical Director convenes and Chairs the Committee for all Integrative Phase cases.
2. Once a student has been deemed to be having trouble in making academic progress that warrants a Progress & Promotions Committee meeting, the Associate Dean will notify the student that he/she will be brought before the Progress & Promotions Committee.

- The Associate Dean for Academic Affairs will contact the student to inform them of the procedures of the Committee and the student's responsibilities in the process. This includes making the student aware that:
    - Prior to the Progress & Promotions Committee meeting, each student coming before the Committee must submit a letter presenting any issues or considerations that they wish to make known to the Progress & Promotions Committee. The student must submit any information they plan to present in the proceeding in advance.
    - The student's attendance at the Progress & Promotions Committee meeting is required. Students in the Integrative Phase who are at distant clinical sites may attend via phone or Zoom.
3. The Associate Dean will report the reason the student has been brought before the Progress & Promotions Committee, the academic progress of the student, any assistance that the student has received or has been offered, and efforts by the student to improve performance.
  4. The academic representative for the Bluefield Academic Center of Excellence and/or the MHSAs Director of Student Academic Success will report on the academic support that the student has received or has been offered and the student's participation in the support process.
  5. The Director of Medical Education will report on any documentation that the Office of Student Affairs may have which may be relevant to the student's academic progress.
  6. The Registrar will report on the student's academic record including GPA, any prior failures or repeated courses, and any other information relevant to the student's academic progress.
  7. The Course Director or Clinical Faculty Preceptor will report the facts surrounding the grade, including the student's course/rotation performance, attendance, professionalism, and efforts to improve performance (i.e., seeking assistance). The Course Director or Clinical Faculty Preceptor will also explain course procedures, grading, and clarify any remediation processes as requested by the Committee.
  8. The Student Representative will be invited into the meeting to discuss and answer any questions on course issues or block issues that the class has experienced that may have impacted the student.
  9. Following the above steps, the student will be invited to present. The student will be asked if they give permission for the Student Representative to remain in the meeting while they present or if they would like them to be dismissed prior to their presentation. The student will be then allowed to make a 10-minute presentation to the Committee regarding their performance and any additional considerations the student believes pertinent to the deliberations. Following the student's presentation, the members of the Progress & Promotions Committee may ask further questions of the student.
  10. All student attendees and the student who has been brought before the Progress & Promotions Committee are dismissed prior to deliberation and voting.

### **Progress & Promotions Committee Recommendations**

The Progress & Promotions Committee will deliberate based on the information presented to them. Progress & Promotions Committee recommendations are made by examining the student's comprehensive academic performance. Each block and each academic year, the student is expected to meet several milestones. These milestones provide a collective picture of making academic progress for promotion to the next block and to the next academic year. Therefore, it is the review of the student's collective academic progress that is considered, as well as a review of the specific course/rotation failed when the student is brought before the Progress & Promotions Committee.

In addition to being placed on Academic Probation for a period of no less than one calendar year, recommendations made by the Progress & Promotions Committee to the Dean include, but are not limited to:

- Course remediation;

- Required academic assistance and peer tutoring;
- Required academic counseling;
- Completion of an additional rotation in the same specialty as the failed rotation (the additional rotation requires all components of the rotation to be repeated with a different preceptor);
- Additional coursework or clinical work with testing prior to progression to the next block/rotation, semester, or the next academic year;
- Performance requirements such as requiring a 70 percent or greater for all remaining courses within the year or requiring satisfactory performance on all remaining clinical rotations to be considered making academic progress;
- Repeat of an entire academic year (this is only recommended where the Progress & Promotions Committee strongly believes the student would be successful if the year were repeated); or
- Other requirements as proposed by the Associate Dean, by ACE or CIFSS following failure of a CCE
- Suspension until recommendations or requirements by the University have been followed; or
- Dismissal (dismissal is generally recommended by the Progress & Promotions Committee when the student demonstrates failure to make academic progress, especially if the failure is repeated or consistent or there is an overall low GPA, multiple D or F grades, or if the student has been previously required to perform at 70% or greater for all remaining courses and failure). It should be noted that a student who fails more than one clinical rotation in the Integrative Phase is generally dismissed. In the case of allowing the student with two failed clinical rotations to continue, a repeat of a significant amount of the core year may be required.

The Progress & Promotions Committee may make other recommendations not listed above to the Dean when a student who is not making academic progress is not following the Program's policies or the academic instructions of the Associate Dean, the Progress & Promotions Committee, and/or academic services (e.g., ACE or CIFSS).

While the Progress & Promotions Committee may not consider undiagnosed impairments for grades already received, for those students who continue in the curriculum, the Progress & Promotions Committee may require further assessment, including but not limited to psychological evaluations, drug or alcohol screening / testing, or other evaluations. Such testing, if recommended, will be at the student's expense. The Progress & Promotions Committee will require a written evaluation from the party of the referral to determine if the student is at risk or presents a risk to the institution, students, or patient care and the results will be provided to ACE/CIFSS and the Dean.

The Progress & Promotions Committee may also recommend an Altered Degree Plan of Study that will delay promotion until satisfactory progress through a directed remediation program has occurred.

### **Request for Special Considerations and/or the Need for Special Accommodations**

Students may not request special consideration by the Progress & Promotions Committee or by the Dean on appeal for a current exam/course/rotation failure or prior exam/course/rotation failure for a condition that was diagnosed or brought to the college's attention after the failures have occurred. Considerations may not be retro-active; therefore, considerations for a diagnosed condition will only be considered for future coursework and require the student to be found eligible for accommodations through Bluefield University in consultation with VCOM.

Students who are approved by the Progress & Promotions Committee to continue in the curriculum and who believe that they are in need for special accommodations or those who are referred by the Progress & Promotions Committee to seek accommodations should contact the Bluefield University Academic Center of Excellence or VCOM Center for Institutional, Faculty, and Student Success to learn more about the accommodation's eligibility process.

## Progress & Promotions Committee Recommendations Notification and Appeals Processes

The Chair of the Progress & Promotions Committee will report the Committee's recommendations to the Dean within three working days of the Progress & Promotions Committee Hearing. The Dean will review the recommendations of the Progress & Promotions Committee with the Chair to assure the recommendations follow University policy and are legally appropriate. If the recommendations follow policy, the Chair will notify the student, in writing or verbally, of the recommendations of the Progress & Promotions Committee within 7 calendar days following the Progress & Promotions Committee Hearing.

The Dean will then delay final action for an additional seven calendar days providing the student time to appeal the recommendations of the Progress & Promotions Committee. If no appeal is made, the Dean will render his or her decision within seven calendar days. The Dean may uphold the recommendations of the Progress & Promotions Committee or may modify the recommendations.

If a student appeals, the appeal must be made in writing and be based upon new, relevant, and material information that was not available to the Progress & Promotions Committee. The Dean will not accept or act upon an appeal that does not contain new, relevant, and material information and must be accompanied by a statement on how the student believes the information would impact the decision. The Dean will not meet with the student prior to receiving the written appeal material; however, the student should schedule a meeting with the Dean when submitting the written appeal materials.

- After receiving the written appeal, the Dean will consider the request and will notify the student, in writing, of his/her decision within 14 calendar days of receiving the written appeal.
- The Dean may specify a later date for the determination should further investigation be required.
- The Dean may deny the appeal or grant the appeal.
- If the Dean grants the appeal, he/she may require further sanctions or requirements for the student, including but not limited to a learning contract.
- If the Dean denies the appeal, the Dean will render final action. The Dean may uphold the recommendations of the Progress & Promotions Committee or may modify the recommendations.
- The student must attend all classes or required clinical rotation during the appeal.

Upon receiving written notification from the Dean, the student, within seven calendar days, may appeal the Dean's decision to the provost. The appeal must be in writing and be based upon new, relevant, and material information that was not available to both the Progress & Promotions Committee and the Dean.

- After receiving the written appeal, the provost will consider the request and will notify the student, in writing, of his/her decision within 14 calendar days of receiving the written appeal.
- The provost may specify a later date for the determination should further investigation be required.
- The provost may request a meeting with the student if warranted.
- The provost may deny the appeal or grant the appeal.
- If the Provost grants the appeal, he/she may require further sanctions or requirements for the student, including but not limited to a learning contract.
- If the Provost denies the appeal, the provost will render final action. The provost may uphold the recommendations of the Dean and/or the Progress & Promotions Committee or may modify the recommendations.
- The student must attend all classes or required clinical rotation during the appeal.
- The provost's decision is final.

During the Foundation Phase, while the student is awaiting the Progress & Promotions Committee hearing or the Dean or Provost's decision, the student must attend class and must take exams; however, the exams and grades will not be recorded unless the Progress & Promotions Committee allows continuation and/or the student's appeal to continue is approved. The student may also take a remediation exam during this time; however, the exam and grade will not be recorded unless the Progress & Promotions Committee allows continuation and/or the student's appeal to continue is approved. During the Integrative Phase, while the student is awaiting the Progress & Promotions Committee hearing or the Dean or Provost's decision, the student must attend the rotation(s) and take the end-of-rotation exam(s); however, the exams and clinical performance grades will not be recorded unless the Progress & Promotions Committee allows continuation and/or the student's appeal to continue is approved.

**VCOM | BLUEFIELD**  
MASTER OF HEALTH SCIENCE IN ANESTHESIA PROGRAM



**Student Professional  
& Ethical  
Expectations**

## Student Professional and Ethical Expectations

Upon acceptance, students of the Master of Health Science in Anesthesia program become a part of the Anesthesiologist Assistant profession as an anesthetist student. As such, students enrolled in the MHSA Program are held to the professional and ethical expectations of a future anesthetist. Current or accepted students to the program are held to the highest standards of society. Society must hold a certain confidence in the student and future clinician to feel assured they are receiving the best possible medical care, free from clinician (or student) error or impairment, and that all decisions are made in the best interest of the patient/public. Students at the MHSA Program are held to professional and ethical standards from the time of acceptance and through graduation.

### MHSA Student Code of Professional and Ethical Conduct

During orientation, the MHSA students agree, by signing the below statement, to abide by the MHSA Student Code of Professional and Ethical Conduct throughout the entirety of their education.

#### Honor Code Agreement

*(Adapted from the VCOM Honor Code)*

As a student in the Master of Health Science in Anesthesia Program, I accept the responsibility for my conduct and expect the highest standards of myself. I will also support others in upholding these standards. I commit to the following:

##### Honesty and Integrity

- I will demonstrate truthfulness in academic and clinical activities, including examinations, evaluations, and any other representation of my work.
- I will not participate in or be a party to unfair advancement of academic standing.
- I will be truthful in all interactions with patients, peers, and faculty.
- I will always be honest in the collection, interpretation, and reporting of data pertinent to academic work or patient care.

##### Respect for Others

- I will demonstrate the highest standard of ethical and professional behavior in the academic setting.
- I will not discriminate based on age, gender, sex, race, color, creed, national origin, religion, ancestry, marital status, ethnicity, disability, sexual orientation, gender identity, or status as a protected veteran.
- I will display and expect non-discriminatory behavior toward and from my supervisors, my peers, and staff with whom I work.
- I will protect (patient) confidentiality and uphold the dignity of all.
- I will never talk about patients outside of the confidential medical setting verbally or through social media, even if I don't use names, knowing that I must abide by HIPAA standards and that I represent the MHSA Program, Bluefield University and VCOM in all interactions

##### Reliability and Responsibility

- I will acknowledge my strengths as well as my limitations and will help when able and seek assistance when necessary.
- I will not be under the influence of alcohol or other drugs while performing academic or clinical responsibilities.
- I will not exhibit alcohol or drug related misconduct including addiction, driving under the influence, or other illegal or unethical acts to maintain the ability to practice my competencies and skills.



- I will not use illicit drugs or misuse prescription drugs and will maintain the highest levels of competencies and skills when learning and when caring for patients.
- I will be dutiful in carrying out all academic and clinical responsibilities arriving on times expected and not leaving until all tasks assigned to me are completed.
- I will not misrepresent myself as other than a “student anesthetist” in the learning process and not extend my professional activities as an Anesthesiologist Assistant student outside of the supervised setting in which I am training or beyond what is expected of an AA student in a supervised setting.

### **Commitment to Self-Improvement**

- I will continue to strive to attain the highest level of knowledge, skills, and competence.
- I will assess my progress and identify areas for improvement and issues for continued learning.
- I will demonstrate a willingness to share and participate in the learning process with peers, faculty, and staff and promote the student-teacher relationship.
- I will seek assistance from colleagues or professionals for any problems that adversely affect my education.

I understand the expectations above and am choosing to enter the Master of Health Science in Anesthesia Program and committing myself to the professional and ethical duties described above, in preparation for a future as a Certified Anesthesiologist Assistant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **American Academy of Anesthesiologist Assistants’ Guidelines for the Ethical Standards of the Anesthesiologist Assistant**

The American Academy of Anesthesiologist Assistants (AAAA) has formulated these Guidelines to inform its members in their professional lives. The standards presented are designed to address the Certified Anesthesiologist Assistant’s ethical and professional responsibilities to patients, to society, to the AAAA, to others involved in healthcare and to self. The AAAA Guidelines for Ethical Standards have been adopted for all Certified Anesthesiologist Assistants and students when acting in the student anesthetist role.

As an accredited Anesthesiologist Assistant educational program, the Master of Health Science in Anesthesia program requires that all students follow the Guidelines of Ethical Standards as adopted by the American Academy of Anesthesiologist Assistants and is adapted for students as listed below. During orientation, the MHSA students agree, by signing the below statement, to abide by the AAAA Guidelines for the Ethical Standards of the Anesthesiologist Assistant throughout their education. Students also recite the Oath of the Anesthesiologist Assistant during the white coat ceremony.

### **Statement of Values**

Certified Anesthesiologist Assistants are expected to act both legally and morally. They are responsible for knowing and understanding the laws governing their practice and the ethical responsibilities of being a health care professional.

The practice of anesthesiology involves many complex factors relating to the standards of patient care. As such, the Academy recommends its members adhere to the basic set of ethical standards outlined below:

**Value 1**

The CAA shall, while caring for the patient, regard responsibility to the patient as paramount, thereby putting the interests of the patient foremost and acting as a patient-advocate.

**Value 2**

The CAA shall dedicate to providing competent medical care with compassion and respect for human dignity.

**Value 3**

The CAA shall maintain standards of professionalism in all patient interactions and always acting in the best interests of the patient.

**Value 4**

The CAA shall respect the law

**Value 5**

The CAA shall respect the rights of the patients under their care, colleagues and other health care professionals with whom they interact and shall safeguard the confidentiality of patients' medical and personal information within the constraints of the law.

**Value 6**

The CAA shall uphold the right of every patient to the ethical right to self-determination, and therefore not coerce any portion of the decision-making process and shall facilitate the informed consent process. CAAs shall be committed to the concept of shared decision-making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

**Value 7**

Certified Anesthesiologist Assistants shall have the inherent responsibility to observe and report any potentially negligent practices or conditions which compromise patient safety or present a hazard to health care facility personnel.

**Value 8**

Certified Anesthesiologist Assistants render high-quality patient care without prejudice as to race, religion, age, sex, nationality, disability, social, economic, or insurance status.

**Value 9**

Certified Anesthesiologist Assistants should not misrepresent, directly or indirectly, their skills, training, professional credentials, title, or identity.

**Value 10**

Certified Anesthesiologist Assistants shall strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the public.

**Medical Direction**

Anesthesiologist Assistants' practice encompasses a unique relationship involving the CAA, the physician anesthesiologist, and the patient. CAAs practice with physician anesthesiologist medical direction in the Anesthesia Care Team (ACT). Within the ACT, a physician anesthesiologist and CAA work together to provide high-quality care in the belief that the interests of patient safety are best served with a physician anesthesiologist's involvement in the delivery of every anesthetic. The responsibility for medical direction lies with the physician anesthesiologist, who may then delegate aspects related to the implementation of an anesthetic plan to the CAA. Delegation of any aspect

of patient care to a CAA is at the discretion of the physician anesthesiologist, in accordance with established state regulation and local credentialing guidelines.

Medical direction should include ongoing communication between the physician anesthesiologist and the CAA regarding patient care and management.

I understand the expectations above and am choosing to enter the Master of Health Science in Anesthesia Program and committing myself to the professional and ethical standards as listed in the AAAA Guidelines for the Ethical Standards of the Anesthesiologist Assistant as they apply to students above in preparation for a future in healthcare.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Oath of the Anesthesiologist Assistant

*“With gratitude for the privilege of becoming a Certified Anesthesiologist Assistant, I pledge this oath to myself, my patients, my colleagues, and my community:*

*I pledge to care for my patients with all that I have to offer, knowing that when I take care of myself, I have the most to give. I will use my knowledge and compassion to empower patients to be champions of their health and well-being. I will care for patients with cultural competency and respect. Recognizing the power and responsibility of being an Anesthesiologist Assistant, I will meet vulnerability with humility. I pledge to see the person behind the disease.*

*I pledge to exemplify the integrity and the virtues that sustain the Anesthesiologist Assistant profession. I aspire to excellence while being mindful of my limitations and open to the voices of others. I will nourish my practice with a commitment to lifelong learning. I pledge to honor the passions and obligations that define me as a person, both in medicine and life.*

*I pledge to learn diligently from my patients, colleagues, and communities, to advance the art and science of healing. I will strive for excellence through innovation in evidence-based medicine, respecting its utility and acknowledging its limitations. I pledge to bridge scientific advancement and social equity. I will challenge the barriers that keep my patients from care, and I will raise my voice to call out injustice and celebrate progress.*

*With this oath, I pledge to honor the traditions of those who came before me, and the hopes of those I serve. May I long experience joy in the healing of those who seek my help.”*

## General Professional and Ethical Policies

### Academic Freedom

Students in the MHSA Program have the right to express their ideas and opinions free from political, religious, or institutional restrictions, even if these are not popular, if those opinions are aligned with professional and ethical expectations and behaviors consistent with those of an anesthetist student and Certified Anesthesiologist Assistant. It is expected that when expressing their viewpoint, students will do so in a professional manner with respect to all those who may have differing points of view, assuring that their opinion avoids any discrimination against another student, faculty, or staff.

## Consensual Relationships Policy

Consensual relationships between student and faculty are not allowed. Consensual relationships between students and staff members who have access to the student's records or who has any role in the student's supervision or evaluation are not permitted. Those consensual relationships between students and staff members who do not have such access or roles should be pre-approved by the Dean or a University Officer. Administration, faculty, and staff who do not follow this policy are subject to dismissal. Students who do not follow this policy are subject to review by the Honor Code Council.

Consensual relationships between patients and students, which extend beyond supervised patient care requirements are also not allowed. Sexual activity is not permitted in the clinical settings. If a student, faculty, or staff member has access to information that is considered confidential through a relationship outside the academic setting, this is considered unethical behavior and a violation of FERPA.

Students having questions regarding such relationships should direct them to the Dean.

## Dress Code

The MHSA Program is a professional program and VCOM is a professional medical school; therefore, students are expected to dress and conduct themselves in a professional manner. The dress of a student in the classroom, laboratory, or small group should be one that demonstrates use of good hygiene, appearing clean, and without unpleasant body odor. Those students who are not dressed appropriately in the pre-clinical years will be informed so by the MHSA Program or VCOM Student Affairs. If the issues are recurrent or not resolved, the student will be referred to the Honor Code Council. See further information below.

### *Dress Code in the Classroom*

Students in the classroom should dress in a business casual, non-provocative manner and one that demonstrates respect for fellow students and faculty. Males should wear shirts with collars and sleeves and long pants. Females should wear shirts that are professional in appearance and are not considered T-shirts or tank tops. Females may wear skirts of appropriate length or pants that are considered appropriate dress. Business-casual dress is acceptable. Shorts, jeans, and hats are not allowed in the classroom. Any hood on a shirt should be worn as collars only and not to cover the head as a hat. Flip-flops are not appropriate dress in classroom or clinical setting. Closed toe shoes are recommended and often required for clinical settings.

In the classroom, anatomy lab, conference rooms, auditoriums, or other similar venues, hats should not be worn. If a student has a compelling reason to wear a hat or head covering, they should speak to the Associate Dean for Academic Affairs in advance. Scarves or headdress that appear professional and are worn for religious purposes are allowed.

### *Dress Code in the Anatomy, Simulation & Skills Lab*

While in the anatomy lab, students must change into scrubs and closed-toe shoes. Hats may not be worn in the anatomy lab. Scarves or headdress that appear professional and are worn for religious purposes are allowed.

### *Dress Code in Clinical Settings*

In clinical settings, professional dress is always expected while on duty. Students should be clean and neatly dressed. Students should be aware they are working with the public and personal hygiene is of the utmost importance. Please be aware that unpleasant odors including strong colognes and perfumes may trigger sensitivities in some patients and students may be sent home by the precepting faculty.

Except in the surgical suite, delivery room, or emergency room where hospital scrubs may be worn, professional dress is required. Hospital-owned scrubs but may not be worn when commuting to and from the hospital.

When arriving to and leaving from the clinical rotation sites, foot attire for students should include casual dress shoes or closed toe shoes. Casual sandals are not allowed in the clinical setting. Jeans are not allowed in the clinical setting. Male students should wear a collared shirt and tie and a white coat. At the discretion of the precepting faculty, a collared shirt or sweater may replace a tie. Female students should wear a dress or skirt of appropriate length so to not be considered provocative and to be considered professional. Dress slacks are also appropriate with a professional appearing shirt and a white coat.

Dress in the clinical setting should never be provocative for male or female students to assure there are no mixed messages to patients or hospital staff. Students should use good judgment here, if there is a question as to the appropriateness of the dress, the student should ask the precepting faculty prior to wearing.

Students dressing inappropriately may be sent home with an unexcused absence requiring remediation. Repeated episodes may result in the problem being referred to the Progress & Promotions Committee.

### *Tattoos and Piercings*

Tattoos and multiple piercings are considered by some as an at-risk health behavior due to possible infectious disease exposure during the process. The tolerance for tattoos and multiple piercings is also dictated by the cultural consideration of the patients the clinical preceptors or clinical sites care for. Many patients remain opposed to tattoos and multiple piercings, especially in pediatric practices where patients are especially sensitive to tattoos and multiple piercings, as parents believe the student may serve as a role model for their children. As such, at the request of the preceptor, hospitals and/or clinical sites, clothing must be worn that covers the arms and neck if tattoos are present. In addition, students should avoid wearing piercings other than a simple piercing of the ears. Spacers in ear lobes are to be avoided and piercing jewelry should be limited to the ears and must not be considered excessive.

### *The Requirement of Touching and Examination Using Peer-to-Peer Learning*

General medical and anesthesia patient care requires touching. All MHSA students are expected to become comfortable and skilled in their ability to inspect, auscultate, percuss, and palpate a variety of body regions in both male and female subjects. These are core requirements and are included in the Technical Standards. Such palpation should always be done in a respectful and professional manner, so that both the patient and clinician are comfortable with the exam.

Participation in the clinical skills lab sessions on campus requires hands-on physical examinations, the ability to make a diagnosis based upon the physical examination, and the ability to apply and adjust various monitors and instruments in contact with the body. All MHSA applicants and students are hereby informed of the basic requirement to touch other persons (male and female) and to be touched as a part of the technical standards.

In the clinical skills laboratory, the student is required to take on both the role of an examining (student) anesthetist and as the patient who is being examined or palpated. Students are therefore required to perform the physical examination and certain treatments in the physical diagnosis and clinical skills laboratory settings where other students will practice performing such examinations and treatments on them. This is known as peer-to-peer learning and is necessary for learning the osteopathic examination and manipulation. In addition, to assure the findings and techniques of the students are correct and to demonstrate technical and non-technical skills, MHSA faculty will perform certain may appropriately touch students as a part of assessing student performance and in the demonstration of examinations and treatments to students.

## Fundraising

All fundraising endeavors by students for student organizations or for any other purpose must have prior approval by the Dean. No student may sign any contract or make any commitment on behalf of Bluefield University or VCOM, or represent himself or herself as a Bluefield University or VCOM student while fundraising unless such events have been approved by the Dean. Students may not use the Bluefield University, VCOM or MHSA Program name, logo, or likeness in any official capacity or on printed merchandise or documents without approval from the Dean.

## Information Technology and Copyright

Students in the MHSA Program must observe the rights and privileges of copyright holders, obey the United States Copyright Act, and honor the integrity of the internal network systems of VCOM and other affiliated network systems. Any intentional misuse of the information technology system will result in loss of privileges and may result in a behavioral sanction. Student Internet and email access on all campuses is monitored for student downloads of shared files such as music, videos, etc. which is in violation of copyright laws is enforced by federal, state, and local agencies. If a student is reported to Bluefield University or VCOM as having performed an illegal download, the student will be issued a warning and be required to present their computer to the IT Department staff who will verify shared/copyright questionable files are removed. A second violation will result in an honor code reporting plus temporary loss of computer access privileges up to seven days. Students need to be diligent to not violate digital and non-digital copyright laws. If a student loses their computer access, they may not be able to complete their academic requirements, which could jeopardize their continued progress in the MHSA Program.

The MHSA Program adheres to the policies of both Bluefield University and VCOM. Click the following links to see the policy on the [VCOM Policy on the Use and Misuse of Digital Copyrighted Materials](#) and the [Bluefield University Information Technology Acceptable Use Policy](#), which are also distributed to all faculty, staff and students annually.

## Publications and Media Relations

The printing, distribution of publications, or the use of the name of the institution by students, faculty, or staff requires approval of the provost. Student publication requests may be submitted to the Dean. Please submit requests 14 days in advance. Requests for the use of affiliated University or partner institution logos (including the university's mascot images) must also be made through these same channels and may require a longer lead time. Since those logos are the copyright of those schools, approval is less likely to be granted. Bluefield University and/or VCOM's name, logo or seal may not be used, amended, or altered without approval of the Dean.

## Social Media Policy

The MHSA Program adheres to VCOM's Policy on Social Media Usage (Policy #U006), which are provided as clarification on how to best enhance and protect personal and professional reputations of students when participating in the social media environment. When on various social media platforms we encourage you to refer to these guidelines found at: <http://www.vcom.edu/handbooks/policies/index.html#352>

## Test Administration and Classroom Etiquette Policy

During any designated testing, examination or assessment period, the classroom, skills laboratory, or simulation room are considered a secure environment and should be maintained in a 'sterile' condition. During testing, examination, or assessment the testing environment shall be cleared of all materials, technology, study implements or any other instrument that could be construed as an implement to aid performance on exam. The following procedures for examinations include, but are not limited to:

- Backpacks, laptop sleeves, handbags, purses, etc. are to be placed on the tables in the hallway and cannot enter the testing room.
- Students may not enter the testing room until five (5) minutes prior to the designated exam time (e.g., 7:55 AM the morning of the exam with the exam time starting at 8:00 AM sharp). Any student not seated by the designated exam start time (e.g., 8:00 AM for an 8:00AM exam), will be denied entry to the room, required to meet with the Course Director and the Program Director, and referred to the Honor Code Council for adjudication of the violation.
- No drinks, snacks, outside papers, phones, iPad, digital watches, etc. may enter the classroom.
- Students will be provided disposable foam ear plugs for use during the exam, but may not wear headphones, ear buds, AirPods, or any such similar noise-cancelling auditory device.
- Students may bring their one (1) testing device and charger.
- Students will be issued a single expo marker and small white board with eraser for notetaking, calculations, etc. during the exam. This whiteboard shall not be erased after the exam and shall be placed in the provided bin outside of the testing location.
- Students will be required to leave any hallway, room, or space immediately outside of the testing location once they have exited the testing area.
- Students shall not be provided with raw score results immediately following exams, and all exam challenge inquiries may only be designated on the exam software platform during the exam.

## Clinical Professional and Ethical Expectations

MHSA students are expected to always conduct themselves in a professional and ethical manner while on clinical rotations or in the clinical setting. The highest professional standards are expected to be consistent with those of the Anesthesiologist Assistant profession. Students on rotations are working in both the academic community and the health care team. Honesty, integrity, and patient confidentiality are expected in all situations. In addition, compliance with institutional rules and regulations, city, state, and federal laws is required.

If precepting faculty suspects or identifies problems with a student's progress, performance, or professional behavior they are to contact the Medical Directors or the Assistant Program Director for Clinical Affairs.

A student may be removed from the site by hospital administration and unable to complete his or her clinical education at the site following a professional and ethical infraction. The hospitals and clinical sites dictate whether the student may continue clinical training in their facility, and this is outlined in the mutually agreed upon affiliation agreements with all sites. The student is always considered an invited guest or learner in the facility in which he or she is training and must therefore, become familiar with and follow all clinical site policies and procedures. All reports of unprofessional or unethical behaviors will be thoroughly investigated and, should action be taken, the appropriate procedures will be followed as outlined by the Honor Code Council and/or the Progress & Promotions Committee. Examples of such problems may include, but are not limited to:

- Poor interpersonal skills or deficient clinical skills for a student
- Below average academic and/or clinical performance
- Unprofessional behavior in medical reporting or documentation
- Tardiness and/or Unexcused absenteeism
- Medical or psychological illness
- Suspected substance abuse (alcohol and other drugs) by behavior or positive drugscreen
- Suspected illegal behavior

- Suspected physical, sexual, or emotional abuse
- Disruptive behavior as a member of the medical team
- Use of alcohol, illegal drugs, or prescription drugs that alter cognition while on duty
- Other areas of professional concern

### Performing Patient Care Activities

Student involvement in patient care is permitted when authorized by the Program and the assigned clinical faculty member. Supervision by a physician anesthesiologist or authorized anesthesia/medical professional (i.e., CAA, CRNA, resident in training, etc.) who are under the supervision of the faculty physician anesthesiologist is required. In certain cases, such as PACU or ICU, a nurse, or Advanced Practice Provider (APP) is an appropriate supervisor. The student's supervising faculty/preceptor is the faculty member that is responsible for the patient's care. The Director of Clinical Rotations and the Assistant Program Director for Clinical Affairs assure all core clinical faculty have the appropriate credentialing for student supervision. Students may not perform any patient treatment or procedures without appropriate supervision and that is not appropriate for his or her level of training. The faculty member/preceptor should be present for any treatment or invasive procedure. **Students are not to take the place of qualified anesthesia staff.**

Students may not write patient care orders independently and all such orders must be reviewed and approved by the faculty member/preceptor. Students may not accept payment or remuneration for services.

### Supervision of Students

A student on clinical rotations must be supervised in patient care situations. Supervision involves a responsible licensed physician anesthesiologist to:

- Be physically located in the facility where patient treatment is rendered;
- Grant authorization of services provided by the student anesthetist;
- Examine all patients seen by the student anesthetist;
- Witness procedures when performed by the student anesthetist;
- Be physically present during any invasive procedure; and
- Assure that the documentation in the patient's medical record is appropriate.

### Assurance of Student's Health Prior to Involvement in Patient Care

Upon admission, students are required to obtain and to provide the required documentation indicating that they do not have conditions that would endanger the health and well-being of patients. The documentation includes immunizations and titers for immunity, verification from a physician who has performed a medical history and physical examination as to the health of the student and background checks for a legal history. Students must also sign a document that they are free from contagious disease prior to caring for patient. When this is in question, the student and college must follow CDC guidelines. The presence of a communicable disease may limit a student's participation in clinical care. If a student has a communicable disease this must be shared with the appropriate personnel at the clinical site and the clinical site has the final determination in the student's ability to participate in certain areas of clinical training. A student must be able to demonstrate that his or her health and abilities will enable them to meet the technical standards of the program. A copy of all immunizations and laboratory tests will be obtained and shared with the clinical site. See Technical Standards for Admission and Successful Completion of the MHA Program, Health Requirements, Screening and Occupational Exposure of Students, and Alcohol and Drug Testing in this *Student Handbook*.



## White Coats and Identification Badges

The MHSA short white coat and identification badge identifies the individual as an Anesthesiologist Assistant student. Students must wear their MHSA issued white coat and ID badge in all designated clinical settings and to designated and approved events. Students should not wear their white coat or ID badge or verbally represent themselves as representing VCOM, Bluefield University or the MHSA Program for non-Program sponsored events. These include, but are not limited to, shadowing experiences that are not part of the MHSA curriculum, volunteer activities that are not MHSA sponsored, or functions that are not MHSA events such as those that are of a political or social nature.

Students should not give their white coat or ID badge to another student or to an individual who is not a MHSA student. If the white coat or ID badge is missing or stolen, the student must report this to the Associate Dean for Academic Affairs as soon as possible. Not wearing the white coat and ID badge as required, wearing the MHSA white coat or ID badge to non-MHSA sponsored events, or giving or loaning these items to others is considered unprofessional behavior and subject to disciplinary action. Any questions or clarification should be directed to the Associate Dean for Academic Affairs.

## Patient Confidentiality

During the Program, students will meet a patient's confidential information. Special laws, such as the Health Insurance Portability and Accountability Act (HIPAA), govern the release of confidential patient information to others. In general, students are permitted to discuss patient information with medical personnel who are directly involved in providing the patient's care. In some cases, in making a medical presentation, a patient's condition may be discussed but must be presented without any personally identifiable information.

Students must obtain permission for presentations and should not divulge a patient's name or other identifying information that is considered confidential information. Students should not divulge a patient's confidential information whether in formal or in casual comment in any other arena in which they do not have the patient or physician's permission to do so.

Any discussion of a patient, peer, physician or healthcare facility should be a professional discussion and not cause misunderstanding or distrust of the medical care offered at the site. Failure to adhere to this professional behavior constitutes a violation of the MHSA Honor Code.

## Medical Records/Charting

The responsibility given to students for medical records varies among the hospitals and clinics. Some sites allow students to write notes and complete anesthesia records directly into the patient's chart. When this is allowed, notes must be immediately co-signed by the supervising physician anesthesiologist and that physician anesthesiologist must follow this with her or her physician note. At no time do the student notes serve as the preceptor's notes. If dictation or computerized entry is allowed by students at a particular hospital, the resulting notes must also be reviewed and approved by the attending physician. The student is responsible for obtaining charting instructions from the preceptor or rotation coordinator.

Medical records that are falsified or that are left uncompleted when it is the responsibility of the student to complete, are considered a professional or ethical violation and the student will be subject to the policies and procedures in the student handbook that apply to the violation.

**NOTE: The student is responsible for knowing proper procedure and must sign and date all entries on the medical record by name and educational status (e.g., John Doe, SAA).**

## Arrests, Illegal Behavior, and Background Checks

### Background Checks

A background check is mandatory prior to matriculation and will be required on one or more occasions during enrollment in the MHSA Program. A background check is required to assure the applicant is not a risk to fellow students, faculty, staff, or patients and to assure the applicant or student has the appropriate insight and judgment to participate in clinical care and to become a physician professional with ethical behaviors. Applicants and students should also be aware certain violations on a background check may be an impediment to licensure or obtaining a residency position upon graduation. Failure to report an arrest or criminal charge during the application process that is later found on a background check will result in a Progress & Promotions Committee hearing.

MHSA students have periodic background checks performed during curricular continuum. Current or accepted students involved in an arrest or criminal charge for any illegal behavior (whether guilty or not guilty) while in the Program must be reported to the Associate Dean for Academic Affairs within 72 hours from the time of the incident.

Students who do not report an arrest or criminal charge while a student are considered as acting in an unprofessional and/or unethical manner and may be suspended until a Progress & Promotions Committee hearing is held. The student is advised that a recommendation by a third party (such as a lawyer or fellow student) to not report an arrest or criminal charge is not an acceptable excuse to not follow this policy.

### Arrests and Illegal Behavior

The MHSA Program recognizes that students may be arrested for a minor offense such as a traffic violation. Students are required to report of arrests or criminal charges of any type as a part of their application and any arrest or criminal charge after acceptance that may occur prior to enrollment.

After enrollment, a student must report any arrest or criminal charge. The requirement to report includes arrest or criminal charges of any time including but not limited to a ticket or criminal summons. The Program administration recognizes minor driving offenses may occur (such as exceeding the speed limit by more than 10 miles per hour) and will make the decision as to whether the charge or arrest warrants further investigation.

Current students and accepted students awaiting enrollment must report an arrest or charge for any illegal behavior whether guilty or not guilty to the Associate Dean for Academic Affairs within 72 hours from the time of the incident. Students who do not report such an arrest or charge are considered as acting in an unprofessional and/or unethical manner and may be referred to Honor Code Council or the Progress & Promotions Committee.

A Progress & Promotions Committee hearing may be called to review illegal behavior even if a criminal charge has not been made if the illegal action or behavior becomes known to the administration.

### Alcohol and Drug Testing

VCOM and the MHSA Program promote a safe, healthy, and productive learning and working environment free from the influences of drugs and alcohol and to ensure the safety and welfare of students, faculty, staff, and patients. MHSA Program policy requires students, faculty, and staff to be free from illicit drug use and free from addiction.

This policy, while in place to ensure safety of students, faculty, staff, and patients, does not preclude criminal action by means of other institutional policies and/or state and federal law.

Any student, faculty member, or staff member may be required to submit to drug and/or alcohol testing based upon what the faculty and administration consider to be reasonable suspicion, including, but not limited to:

- Direct observation of drug or alcohol use or possession;
- Physical symptoms related to the influence of drugs or alcohol;
- Abnormal or erratic behavior that is disruptive or a risk to others;
- Arrest or conviction of a drug or alcohol related offense on- or off-campus;
- Documented information from a credible source submitting a complaint;
- Evidence that a previous drug or alcohol test was tampered with; or
- Possession of drug paraphernalia.

Testing will be done by order of any member of VCOM, Bluefield University or MHSA Program administration and will be performed at a qualified designated laboratory site identified by the Program. In general, the site will carry a forensic certified testing program certified by the College of American Pathologists for testing.

**Random drug screening is performed on one or two occasions during enrollment at the MHSA Program and may also be done by order without notice from any member of VCOM, Bluefield University or MHSA Program administration. Presence of any illegal substance or of any prescription drug not prescribed directly to the student will result in immediate suspension until a Progress & Promotions Committee hearing can be held.**

Random drug and/or alcohol testing may be given by school personnel. When VCOM personnel perform the test, a positive drug test will be repeated within a forensic laboratory as arranged by administration. Any student who fails the alcohol or drug test will be subject to disciplinary action as designated and described in this *Handbook*. For patient, faculty, and/or student safety, compulsory expulsion may result if a student refuses to consent to testing. All testing is done in confidence except for use by the Progress & Promotions Committee and in cases where it is required for long term monitoring by the State Medical Board; all results are held in confidence.

Students who require controlled substances that will show positive on the drug screen must notify the MHSA Program in advance of the drug screen and complete the required paperwork for an accommodation for testing positive for that substance on the drug screen. The Program may require further evaluation and testing for continued use of controlled substances and for the student's appropriateness to participate in patient care while on the medication. This is completed at the student's expense.

### ***Positive Drug Screen or Arrests for Illegal Drug Usage or Sales***

Students who test positive on a drug screen, demonstrate illegal or disruptive actions related to drug or alcohol use, demonstrate abnormal or erratic behavior that is disruptive or a risk to others and who test positive for drugs or are known to be consuming alcohol, have an arrest for drug paraphernalia or other illegal use of drugs, or demonstrated dependence to alcohol will be subject to a Progress & Promotions Committee hearing and likely dismissal if found guilty.

### ***Self-Identification for Drug or Alcohol Dependence***

Self-identification as a substance abuser will result in the student being assisted in obtaining an approved treatment program. This should be done confidentially with the VCOM counselor, CIFSS Director or the Director for Student Academic Success. The student will generally require inpatient treatment and professional monitoring throughout their education. The cost of treatment is the responsibility of the student. Monitoring of successful completion will be the responsibility of the Assistant Program Director for Clinical Affairs or other member of MHSA administration. The student treatment records will be held in confidence except where required by the State Board

of Medicine or under subpoena. Withholding of information regarding substance abuse until after identified by MHSA Program administration is considered unethical behavior and the student in this case may be subject to dismissal.

### ***Drug and Alcohol Abuse Prevention***

Information is distributed annually to students and employees regarding the use of illicit drugs and the abuse of alcohol, including health risks and legal sanctions. A copy is available from VCOM-Auburn Student Affairs and is also found online. Confidential counseling services for drug and alcohol dependence is available for all students. To ensure student confidentiality, such counseling is provided through an off-site provider. Students may contact the VCOM-Auburn Mental Health Counselor for referral, or the student may make contact on their own using one of the providers listed below. The student may be responsible for some of the costs of such treatment.

**Auburn Campus**  
**Clinical Psychologists, P.C.**  
334-821-3350

**Carolinas Campus**  
**Spartanburg Area Mental Health Center**  
334-821-3350

Student education on drug and alcohol abuse is also provided in the Block 1 Professionalism and Servant Leadership Theme Week.

## **Acts of Discrimination, Harassment and Violence**

All students or employees reporting acts of discrimination, harassment, and/or violence should meet with HR, administration, or faculty support administration to assure they are free from any further insult that could occur. The MHSA Program seeks to strengthen the right to a workplace free of discrimination, harassment, and violence. VCOM maintains records of any discrimination, harassment, or violence complaints in the Human Resource office and discloses statistics of crimes reported to campus security authorities and local police agencies when they involve significant crimes against persons and personal property. In addition, VCOM provides this information for prospective students, families, and employees and potential employees of the institutions, so they may be better informed about the campus's safety and procedures. VCOM policies include an annual notification of these policies and periodic faculty and staff development for all faculty and college officials on issues related to dating violence, domestic violence, sexual assault, and stalking.

The MHSA Program considers discrimination, harassment and violence serious concerns on any campus. The Program provides for prompt, fair, and impartial disciplinary proceedings by assuring that, among other protections:

- officials are appropriately trained and do not have a conflict of interest or bias for or against the accuser or the accused;
- the accuser and the accused have equal opportunities to have others present, including an advisor of their choice;
- the accuser and the accused receive simultaneous notification, in writing, of the allegations, grievance process, the result of the proceeding and any available appeal procedures;
- the proceeding will be completed in a reasonably prompt timeframe;
- the accuser and accused are given timely notice of meetings at which one or the other or both may be present; and

- the accuser and the accused, and appropriate officials, are given timely access to information that will be used after the fact-finding investigation but during any informal and formal disciplinary meetings and hearings.

## **Violation of the Discrimination, Harassment, and Violence Policy**

Any individual violating the policy against discrimination, harassment, and violence may be subject to disciplinary action including but not limited to, reprimand suspension, dismissal, or termination. Failure by anyone vested with the responsibility to report allegations of discrimination, harassment, or violence is considered a violation of this policy. It is the intent of this policy to comply with the requirements under Title VII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments, the Title IX Final Rule, as well as other applicable statutory laws and regulations of the State of Alabama.

### **Discrimination**

The MHSA Program recognizes, values, and affirms that diversity contributes richness to the university and enhances the quality of education. Students, faculty, staff, and administrators are valued for their diversity. The Program is committed to providing an academic and employment environment in which students and employees are treated with courtesy, respect, and dignity. It is the policy of the MHSA Program that no student or employee shall, based on sex, be discriminated in, or be denied the benefits of, any education program or activity that it operates. This requirement not to discriminate is required by Title IX and Part 106 of Title 34 of the Code of Federal Regulations and extends to admission and employment. Inquiries about the application of Title IX and Part 106 may be directed to the VCOM Title IX Coordinator, to the Assistant Secretary of the Department of Education, or both.

The MHSA Program's commitment to the principles of nondiscrimination includes and extends far beyond the federally protected classes and includes, but is not limited to, age, gender, sex, race, color, creed, national origin, religion, ancestry, marital status, ethnicity, disability, sexual orientation, gender identity, status as a protected veteran or any other category protected by federal, state, or local law. Bluefield University, VCOM and the MHSA Program have a commitment to nondiscrimination against any individual or group of individuals and have no tolerance to any inappropriate behavior exhibited as an act of discrimination.

### ***Sexual Discrimination***

Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 (amending the Higher Education Act of 1965) prohibits discrimination based on sex, including in education programs and activities that receive federal funding. Title IX states: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal assistance." (20 U.S.C. section 1681)

### **Harassment**

According to the U.S. Equal Employment Opportunity Commission, harassment is a form of discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA). Harassment is unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability, genetic information, or another protected category. Harassment becomes unlawful where 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets, or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or putdowns, offensive objects or pictures, and interference with work performance. Any harassment, whether based upon a protected category or not is a violation of MHSA policy. Harassment can occur in a variety of circumstances, including, but not limited to, the following:

- The harasser can be the victim's supervisor, a supervisor in another area, an agent of the employer, a co-worker, a fellow student, or a non-employee.
- The victim does not have to be the person harassed but can be anyone affected by the offensive conduct.
- Unlawful harassment may occur without economic injury to, or discharge of, the victim.

## Sexual Harassment

Bluefield University affirms a commitment to Christian values and works to provide a community environment free from harassment. Bluefield University also is committed to recognizing, upholding, and enforcing the laws of the United States and the State of Alabama. Violation of those laws shall not be condoned on the campus or at any activity held off campus by any constituency. It is the policy of the University, in keeping with its efforts to establish an environment in which the dignity and worth of all members of the community are respected, that any sexual harassment of students and employees is unacceptable conduct and will not be tolerated. Sexual harassment is defined by the Title IX Final Rule as “Conduct based on sex that satisfies one or more of the following:

- An employee of the Program, University or College conditioning the provision of an aid, benefit, or service of the Program, University or College on an individual’s participation in unwelcome sexual contact; or
- Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the Program, University or College’s education program or activity; or
- Sexual assault, dating violence, domestic violence, or stalking.”

Sexual harassment includes unwanted sexual advances, requests for sexual favors, and other intimidating verbal or written communications, or physical conduct of a sexual nature toward a student and/or employee, by a person of authority or influence over that student or employee.

Sexual harassment may also extend to the above actions when the behaviors are from student to student or employee to employee if such action is repetitive or interferes in any way in the ability of the student or employee to continue success in their education or position. Sexual misconduct, including, but not limited to the following, will be considered sexual harassment, and will be regarded as a violation of this policy when such sexual misconduct occurs between a student and employee or between a faculty member and a student. This may also apply to situations between two students or among more students in which the harassment interferes with a student’s success:

- Submission to such conduct is made an explicit or implicit term or condition of the person’s employment or continued student status.
- Submission to or rejection of such conduct is used as the basis for employment or academic decisions such as retention, promotion, performance evaluation, pay adjustment, discipline, work assignment, or any other condition of employment, career development, or academic standing.
- Such conduct has the purpose or effect of unreasonably interfering with work performance or of creating an intimidating, hostile, or offensive working or learning environment.
- Such conduct emphasizes the sexuality or sexual identity of the employee or student in a manner that prevents or impairs that person’s full enjoyment of employment or educational benefits, climate, or opportunities.

Harassment violates federal and state laws, including, but not limited to, Title VII of the Civil Rights Act of 1964, which prohibits harassment in the workplace, and Title IX of the Education Amendments of 1972, which prohibits harassment of students as a form of discrimination that denies or limits a student’s ability to participate in or benefit from the University’s programs. Inquiries about the University’s sexual harassment policy should be directed to the Title IX Coordinator.

The Title IX Coordinator, Deputy Coordinators, and Investigators are the designated agents of the University with primary responsibility for coordinating Title IX compliance efforts. The Title IX Coordinator's responsibilities are crucial to the development, implementation, and monitoring of meaningful efforts to comply with Title IX legislation. The coordinators are responsible for developing and implementing the grievance procedures recommended by Title IX legislation. Those procedures include notification and investigation of complaints; providing educational materials and training for the campus community; coordinating investigations of complaints; safeguarding a fair and neutral process for all parties; and monitoring all other aspects of the University's Title IX compliance.

Adoption of procedures to provide prompt and equitable resolution of complaints is a critical function of the Title IX Coordinator. The coordinator can assist persons alleging sexual harassment or discrimination in filing their grievance(s) and/or oversee the step-by-step procedure to be sure that appropriate time frames are met, or such persons may work directly with the university officer who directly handles sexual harassment and discrimination cases.

For those actions that have been determined to meet the specific guidelines of a possible Title IX violation please refer to the Title IX website ([www.bluefield.edu/title-ix](http://www.bluefield.edu/title-ix)).

## **Violence**

Violence is the unlawful exercise of physical force and includes physical contact through any act of violence, physical control, and/or intimidation through threat of violence. Violence of any type is a violation of Bluefield University, VCOM, and the MHSA policies. Sexual violence includes unwanted sexual contact through intimidation, physical control, and extends to an act of sexual contact with a person who is incapacitated to the point of being unable to voice consent or their lack of consent. Sexual violence encompasses several categories including rape, sodomy, and sexual assault by a person or with an object and includes the crimes of dating violence, domestic violence, sexual assault, and stalking.

Sexual assault for purposes of this policy is any type of sexual contact or sexual behavior that occurs without the explicit consent of the recipient. Sexual Harassment, as defined herein, is a form of sexual violence.

## **Reporting Acts of Discrimination, Harassment, or Violence**

Any person (whether the person reporting is the person alleged to be the victim and including parents or guardians of any party who is a minor or legally disabled), may report discrimination, harassment, or violence in person, by mail, by telephone, by electronic mail or by any other means that results in the VCOM-Auburn Title IX Coordinator or a MHSA Program administrative officer receiving the person's verbal or written report. The Director of Human Resources at the VCOM-Auburn Campus serves as the Title IX Coordinator. Such a report may be made at any time without regard for business hours. Any MHSA Program administrative officer receiving such a report shall notify the Title IX Coordinator of the report. In the event the Title IX Coordinator is the accused, the President of the College shall designate a properly trained employee as temporary Title IX Coordinator for purposes of completing the appropriate grievance process. The Title IX Coordinator for each campus may be contacted at:

**Auburn Campus**  
910 South Donahue Drive  
Auburn, Alabama 36832  
Office: 221  
Phone: 334-442-4031

**Carolinas Campus**  
350 Howard Street  
Spartanburg, South Carolina 29303  
Office: Building 364  
Phone: 864-327-9841

Except as provided below, all VCOM and Bluefield University employees and students are considered mandatory reporters and must report known or suspected acts of discrimination, harassment, or violence to the Title IX Coordinator or a MHSA Program administrative office. Licensed mental health professionals, on-campus healthcare providers, and others with a legal duty of privileged communication are exempt from being mandatory reporters except in cases of immediate threat or danger. If a reporting party is unsure of a resource's ability to maintain confidentiality, the reporting party is advised to ask the individual before talking to them.

### **Grievance Procedure for Claims of Discrimination, Harassment, or Violence**

The MHSA Program takes all claims of discrimination, harassment, or violence seriously and has established policy and procedures to handle such claims. Students and employees wishing to learn more about the grievance procedure should reference Policy U011: VCOM Discrimination, Harassment, and Violence Policy and Procedures in the VCOM Institutional Policy and Procedure Manual at: <https://vcom.cld.bz/VCOM-Institutional-Policy-and-Procedure-Manual>.



## Honor Code of Conduct

The Master of Health Science in Anesthesia Program adheres to the posits and premise of the Honor Code developed by the Edward Via College of Osteopathic Medicine as a code of conduct as it relates to the practice of the Certified Anesthesiologist Assistant. The MHSA Honor Code of Contact embodies a spirit of mutual trust, intellectual honesty, and professionalism between the Program and the student body, and it is the highest expression of the values shared by the MHSA community. The Honor Code is based on the fundamental belief that every student is worthy of trust and the students holding themselves and the student body accountable for that trust is an integral component of making them worthy of trust. The Student Honor Code of Conduct is based upon the professional and ethical expectations of an Anesthesiologist Assistant student and future anesthetist in training. The Honor Code of Conduct is maintained by the students for the student body to protect their right to participate in an academic environment free from injustice caused by dishonesty and a health professions environment that embraces professionalism and ethical behavior. The MHSA Student Honor Code is upheld by the Student Council.

It is not possible to enumerate all examples of expected academic and professional behavior, nor is it possible to enumerate all behaviors that would be considered inappropriate, unprofessional, unethical, or not in keeping with the standards of a MHSA student. Specific examples of behavior that may constitute a violation of the Honor Code of Conduct include, but are not limited to, the following:

- A. Cheating: Providing or receiving any unauthorized assistance or unfair advantage on any form of academic work or attempt thereof. Sharing information from testing/exams is also considered a form of cheating.
- B. Plagiarism: Copying the language, structure, ideas, algorithms, or computer code of another and representing it as one's own work on any form of academic work or attempts thereof.
- C. Falsification: Fabrication of information on any form of academic work or attempt thereof.
- D. Disruptive Behavior: Any inappropriate etiquette or inappropriate disturbance repeated often enough to establish a disrespectful trend. Inappropriate disturbances include, but are not limited to, the following:
  1. Repeatedly arriving late for class, or leaving class while in progress;
  2. Disrupting class with cell phones or use cell phones for personal reasons in the academic setting;
  3. Disrupting class with computers, computer games, or website surfing;
  4. Disrupting class with loud talking, or other activities that create a distraction;
  5. Leaving trash in classrooms or academic areas;
  6. Bringing food into unauthorized areas or hosting food functions without permission;
  7. Posting unapproved materials or approved posting in inappropriate areas;
  8. Parking in inappropriate or reserved spaces; or
  9. Repeated dress-code violations.
- E. Discrimination: Student expectations include the expectation not to discriminate based on age, gender, sex, race, color, creed, national origin, religion, ancestry, marital status, ethnicity, disability, sexual orientation, gender identity, status as a protected veteran, or any other category protected by federal, state, or local law. Bluefield University, VCOM, and the MHSA Program have a commitment to nondiscrimination against any individual or group of individuals and uphold a zero tolerance to inappropriate behavior exhibited as an act of discrimination.
- F. Involvement in the development of, airing of or distribution of sexually explicit or other unprofessional forms of media, including but not limited to, pornography, unclothed pictures of children, or other media that would be considered immoral to the public.
- G. Unacceptable use of technology: Any violation of the acceptable use guidelines as published by the VCOM IT department. In addition, unacceptable uses of technology include, but are not limited to, the following:

1. Using computers for purposes that are considered unprofessional or immoral;
  2. Accessing pornographic material at any time while on any campus of the VCOM community or using any equipment of the VCOM community to access such material.
  3. Using technology in the academic setting that is for purposes other than academic and in a manner that is disruptive for the professor or classmates.
- H. Unprofessional or unethical behavior: Is defined as behavior on or off the VCOM community campus that would or could cause a loss of respect or confidence in the offending student or in the VCOM community by the public, faculty, staff, colleagues, or the-community-at-large. Examples of unprofessional or unethical behavior include, but are not limited to, the following:
1. Entering or using the facilities of the VCOM community without appropriate authorization or during inappropriate times;
  2. Knowingly and purposely disrupting teaching, research, administrative, or student functions of the VCOM community;
  3. Abusive or disrespectful conduct toward members of the faculty, administration, staff, students, patients, or visitors to the VCOM community;
  4. Failure to appear before the Student Council, Progress & Promotions Committee or meetings with administration when called to appear, or failure to answer fully and truthfully during any such appearances;
  5. Disclosure of privileged information from campus committee hearings when instructed on the confidential nature of such information;
  6. Breach of confidentiality and/or patient information against hospital and clinical site rules and/or HIPPA rules;
  7. Improper relationships or activities involving persons entrusted to a student as part of their education including patients or other students under supervision;
  8. Improper sexual advances toward faculty, staff, administration;
  9. Unwanted sexual advances toward students or others (see “Sexual Harassment”); or
  10. Excessive absences or falsified excuses for absence.
- I. Breach of Integrity: Any behavior at any time that is considered a severe lapse in judgment and damages the professional, ethical or moral integrity of the MHSA community. Suspected violations in this category are:
1. Harassment, harm, abuse, or damage to any person or property in the VCOM community. This includes knowingly or purposely causing damage to or vandalizing VCOM property;
  2. Conviction of a criminal offense (other than a minor traffic offense);
  3. Participating in academic or clinical endeavors under the influence of alcohol or controlled substances. This includes alcohol in the VCOM building or in the international environments where alcohol is prohibited.
  4. Use, possession, or distribution of illegal drugs on or off the VCOM campus at any time. This also includes a positive drug test and may include the student’s verbal or written discussions regarding the use of illegal drugs, the verbal or written promotion or encouragement of use of illegal drugs by a MHSA student, or similar types of activities.
  5. Communicating or posting of sexually explicit information or unclothed images in a public arena (includes written or electronic/Internet communications), which would result in a loss of respect by patients or other members of the public toward the offending student or toward Bluefield University, VCOM, or the MHSA Program.
  6. Knowingly failing to follow any of MHSA, Bluefield University or VCOM Policies and Procedures for students.
  7. Actions that may be viewed as harassment of any type that would interrupt a fellow student, faculty, administration, or staff member’s success.
  8. Sexual harassment or unwanted sexual advances, and to avoid any sexual acts that may be against the recipient of such action’s will. (See “Sexual Harassment” and “Sexual Violence” section of this handbook for additional information).

9. To extend one's medical treatment to a situation that is unsupervised and/or beyond one's medical knowledge, training, and approval by supervising faculty.

## Rationale for Community Life

Bluefield University is committed to developing servant leaders who understand their life calling and transform the world. We celebrate and pursue this mission in all we do, both inside and outside the classroom. Our community exists to uncover, study, share, and practice what is true. We strive to understand the world considering the life, death, and resurrection of Jesus Christ.

As a community, we choose to pursue biblical qualities and habits of the heart that should mark the lives of all believers, such as love that is genuine, abstaining from evil, pursuing good, being fervent in spirit and constant in prayer, hospitality, patience, kindness, living in harmony with one another, humility, and compassion (Romans 12:9-21). We also reject those practices that the Bible teaches are destructive, such as anger, malice, slander, profanity, dishonesty, greed, drunkenness, and sexual impurity (Col. 3:5-8, 1 Cor. 6:9-10).

Relationships are an integral part of our expression of the wisdom and truth contained within the gospel message. Jesus commands us to love God with all our heart, soul, and mind and to love our neighbors as ourselves (Matthew 22:37-40). We are also commanded to consider the needs of others before our own (Phil. 2:3). These are essential practices of our common life together.

While we live, learn, work, and play together at Bluefield University, we promise to honor a specific set of values and expectations designed to help everyone thrive and succeed. While informed by Scriptures, our Code of Conduct also includes practices that have been adopted by our community because we believe they contribute to the flourishing of all students.

We recognize that Christians may hold divergent views regarding these expectations. However, we believe these values are essential to our time together at Bluefield University. Therefore, all students are responsible for abiding by the Honor Code of Conduct for the entire duration of their enrollment.

Life in community is a worthy, but challenging endeavor. No one does it perfectly. Part of our commitment to students is to walk alongside them through a process of grace-infused accountability. As a community of Christ-followers, we understand that the gift of forgiveness and the offer of a second chance are important realities in the growth process. When a student makes a behavioral choice that does not align with our community values, the student is encouraged to confess and seek assistance and support through the Office of the Dean.

## The Honor Code Committee (HCC)

The HCC is a standing committee of the Student Council charged with three (3) fundamental responsibilities:

- A. *Education.* The Honor Code Committee will continually serve the Program through education:
  1. by review and education for faculty and administration on issues that impact the Honor Code,
  2. by providing incoming students with an orientation to the Honor Code.
  3. by promoting knowledge about the Honor Code and the HCC.
- B. *Preservation.* The HCC will continually serve the Program by preserving the Honor Code. The HCC may propose recommendations on amendments or changes to the Honor Code to the Dean as necessary to maintain the spirit of trust, honesty, and professionalism embodied by the Honor Code. Amendments or changes shall be made only with the approval of the Dean.
- C. *Interpretation.* The HCC exemplifies a lifelong commitment to professionalism and peer review to maintain the highest level of community trust. The HCC will impartially investigate suspected violations of the Honor

Code and present their findings to the Dean. The HCC will ensure consistency in procedures and protect the rights of all involved parties.

### ***The Honor Code Committee (HCC) Membership***

The HCC is comprised of 5 members, with at least one member from each class cohort and at least one member from the Alabama and Northeast Georgia student cohorts.

- A. *Appointment.* At the beginning of each school year, the Dean and the Medical Directors shall choose the members of the HCC. The Dean and the Medical Directors shall appoint one member as Chair, one member as Vice Chair, and a Recorder. All members of the HCC shall be trained in the procedures of the HCC to include a thorough understanding of the Honor Code and an acknowledgement and signature of agreement to confidentiality. Training is performed by the Associate Dean for Academic Affairs.
- B. *Members.* The members of the HCC shall be responsible for maintaining the integrity of the Honor Code by fulfilling the HCC's primary responsibilities and shall be responsible for maintaining the integrity of the HCC by always striving to be fair and just in their decisions.
  1. *Chair.* The Chair of the HCC will serve as the point of contact for the administration and shall be responsible for convening committee meetings.
  2. *Vice Chair.* The Vice Chair of the HCC shall be responsible for fulfilling the duties of the Chair if the Chair is unavailable and assisting the Chair with his or her duties in overseeing HCC meetings and hearings.
  3. *Recorder.* The recorder is responsible for accurately recording all minutes of the meetings of the HCC, of creating a confidential transcript of that recording and assuring accuracy and final approval by the Chair, Vice Chair, and Associate Dean for Academic Affairs.
  4. *Executive Committee.* The executive committee of the HCC shall consist of the Chair, the Vice Chair, the Recorder.

### ***Intervention Activities***

Recognizing that the goals of the Honor Code Committee (HCC) include the education and preservation of the Student Honor Code of Conduct, the HCC has developed a set of intervention activities on professional and integrity matters to educate a student and to prevent them from repeated behaviors that may rise to the level of a HCC hearing.

- A. The HCC reviews complaints informally referred to the members of the HCC from students, faculty, and staff when the person providing the complaint believes the matter does not warrant a full HCC hearing to formally review and act upon the complaint; but believes the behavior is of concern and that repeated behaviors could lead to a HCC.
- B. Students, faculty, and staff must submit matters of concern within two (2) weeks of the date of discovery or suspicion and within two (2) calendar months of the date of violation; with both requirements being met.
- C. Matters that may be brought to the HCC include dress code violations; being repeatedly tardy and disturbing others; parking in undesignated areas on campus; eating in the classroom; disturbing classmates by talking in class; or other violations the reporter believes do not warrant a full HCC but if repeated would lead to a referral for a formal HCC. Repeated unprofessional behaviors are referred to the formal HCC. More serious honor code violations should be referred directly to the HCC.
- D. Intervention activities often address and resolve matters between the HCC and the student against whom the complaint has been made without the matter rising to formal hearing or administrative intervention.
- E. Intervention activities do not become a part of the Comprehensive Anesthesia Student Performance Evaluation (CASPE).

### *The Honor Code Committee Business Meetings and Quorum*

The HCC must establish a quorum to convene a business meeting and must maintain a quorum to vote on business or administrative panels. A quorum is a minimum of three members of the HCC. The members present must include at least the Chair or the Vice Chair for a business meeting to occur. The Chair may poll the members present to obtain the opinion of the council. All voting in business meetings shall be verbal. If it is not possible to meet quorum for a business meeting physically, it is acceptable to achieve quorum on HCC business meetings electronically or through telecommunications; however, this only applies to HCC business meetings and not administrative panels. Unless stated otherwise, voting shall be by a simple majority of the quorum. The Associate Dean for Academic Affairs (or his/her designee) will attend the business meetings serving as an advisor on Program policy.

### *Honor Code Investigation (HCI)*

The HCC Chair will initiate HCI proceedings upon receipt of a report of a suspected violation of the Honor Code in writing by a member of the faculty, staff or student body. Students, faculty, and staff must submit matters of concern within two (2) weeks of the date of discovery or suspicion and within two (2) calendar months of the date of violation with both requirements being met.

A. *Investigative Panel (IP)*. The Chair or the Vice Chair of the Honor Code Committee shall serve as the Chair of the three-person Investigative Panel.

1. The Investigative panel shall review the allegations to determine if a HCC is warranted according to:
  - a. the allegation being made, and
  - b. the policies of MHSA in addressing the allegation, (determining if the allegation is within the auspices of the HCC, administration, or falls within the realm of a Progress & Promotions Committee hearing.
    - i. The Investigative Panel shall meet with the Associate Dean for Academic Affairs to verify an agreement that the allegation falls within the realm of the HCC and not referred to the Progress & Promotions Committee according to MHSA policy.
2. After determining the allegations warrant action by the HCC, the investigative panel shall begin the investigation and conduct all interviews in a confidential manner.
3. The Chair of the Investigative Panel shall inform the student in question that a complaint has been filed and an investigation is in progress. The Chair shall also inform the student that the Investigative Panel process is confidential and that the members of the panel and the student accused are to keep all conversation and proceedings confidential. The Chair shall have the student sign an acknowledgement of his/her responsibility to remain confidential.
4. All persons interviewed by the panel shall also be informed that the student has only been accused of an infraction and may or may not be guilty and that the interview should in no way be considered as insinuating guilt. The Investigative Panel shall also inform all persons interviewed that the interview is confidential and shall have each person interviewed sign an agreement to remain confidential.
5. Upon completion of the Investigation, the Chair shall convene the Honor Code Committee to determine if a full Honor Code Hearing (HCH) is warranted. A quorum of not less than three members shall be present for this meeting. The Honor Code Committee may deem any of the following:
  - a. A full Honor Code Hearing is warranted;
  - b. A full Honor Code Hearing is not warranted, but a warning is issued to the student by the HCC that outlines the behaviors and that the behaviors are being viewed as unprofessional or unethical by classmates and that continuing such behaviors shall result in an HCH; or
  - c. The allegation is without evidence to warrant a full Honor Code Hearing.

6. The Dean or the Provost may immediately elevate any severe suspected violation of the Honor Code to the Progress & Promotions Committee at any time.

### *Honor Code Hearing*

Upon recommendation, a full Honor Code Committee will be convened for an Honor Code Hearing.

- A. *Quorum*. The members present for the Honor Code Hearing must include the Chair or the Vice Chair and at least two additional members of the Council. In the absence of the Chair, the Vice Chair shall serve as the acting chair with all the associated duties for that meeting.
- B. *Receipt*. The Chair, upon the vote of the Executive Committee of the Honor Code Committee that a hearing is warranted, shall convene a Honor Code Hearing.
- C. *Notifications and gathering of further evidence*. The Chair will:
  1. Send a Notification of the hearing date to the accused and any witnesses the panel wishes to include.
  2. Collect a written Statement of Defense (SOD) from the accused
  3. Collect written Statements of Response to all questions deemed as evidence for the hearing (prior to the hearing) from all witnesses.
  4. Notify the accused of his/her obligation to not converse or interfere with any witnesses or the interference shall be deemed as evidence of guilt

The Chair or Vice Chair will open a case by presenting the report from the Investigative Panel. The panel shall be recorded in its entirety by the Recorder and converted to a summary document following the meeting as final minutes. The Associate Dean for Academic Affairs shall review the minutes to assure Program policy is followed and provide final approval for the minutes. The recording is then destroyed, and the Chair shall sign the minutes, which shall be kept for a period of not less than five years in the office of the Associate Dean for Academic Affairs.

- D. Deliberations of the Honor Code Council.
  1. The Chair will convene the panel and introduce the panel members.
  2. The Reporter may make an opening statement summarizing the accusation.
  3. The Investigative Panel shall present the facts and written statements collected.
  4. The accused may make an opening statement summarizing his/her explanation.
  5. Any witnesses deemed necessary by the Investigative Panel shall be called in to present the accusations.
  6. There shall be an open time in which all parties may ask questions to clarify the facts presented.
  7. The Reporter shall make a closing statement summarizing the accusation.
  8. After excusing the accused and all witnesses, the chair will stop the recording for deliberations of the Committee.
  9. The Committee shall discuss the case until all members present are satisfied that the case is fully vetted.
  10. The Chair will poll the members present with the following questions:
    - a. Do you believe the accused is guilty of the suspected violation?
      - i. HCC members shall vote “yes” only if they believe there is a preponderance of reasonable evidence to support the accusation. HCC members shall vote “no” if they cannot reach this conclusion.
        - a.) If greater than 50% of the votes indicate that the HCC believes the accused to be not guilty of the suspected violation, the HCC will recommend the following: “No offense has occurred, and no action is recommended.”
        - b.) If greater than 50 % of the votes indicate the HCC believes the accused to be guilty of the suspected violation, the HCC shall vote “Yes, a preponderance of reasonable evidence supports that a violation of the HCC has occurred”.

- c.) If a determination cannot be made the HCC votes “Not enough evidence exists for the HCC to make the determination of guilty or not guilty”. In this situation, the case is referred to the Associate Dean for Academic Affairs.
- 11. If the HCC determines the accused to be guilty, the Chair will accept a motion and a second to the motion to classify the offense as a Class I Minor Offense, Class II Offense (includes a Repeated Offense), or a Class III offense.
  - a. The HCC shall make sanction recommendations to the Dean for students found guilty of Class I offenses.
  - b. Class II or Class III offenses are referred to the Dean for his/her determination of action.
- E. *Finalization and Notification*. The Chair will review the recommendation with the Associate Dean for Academic Affairs to assure that it aligns with Program Policy. The Chair will then revise or submit the final recommendation to the Dean.
  - 1. The Dean will accept the finding of guilty or not guilty and/or determine a need for further referral.
  - 2. The Dean will meet with the accused and provide a letter outlining all sanctions recommended by the Committee on all Class I offenses and those that will be imposed by the Dean.
- F. All proceedings and sanctions shall be confidential and shall be enforced by the administration only.
- G. The entire proceedings from accusation to hearing recommendations must not exceed 8 calendar weeks.

### *Classification of Offenses and Sanctions*

The HCC ranks violations according to class to help maintain consistency. The HCC recognizes the following classifications and recommended sanctions:

- A. *Class I Offense*
  - 1. Type of offense: Minor offense that does not include cheating.
  - 2. Recommended sanctions: HCC education on offense, directives on how to correct behaviors, and/or college or community service as assigned by the Campus Dean.
  - 3. The Dean may add sanctions as he or she deems necessary.
- B. *Class II Offense*
  - 1. Type of offense: Significant offense, including but not limited to cheating, unprofessional behavior in a professional environment (clinical or mission trip), unprofessional behavior toward faculty/staff/administration, and/or significant unprofessional behavior toward a fellow student or colleagues that warrants concerns over the integrity and trust of the individual as a future healthcare provider. If the HCC finds that a Class II offense has occurred, the case will be referred to the Dean for determination of sanctions.
  - 2. Recommended sanctions: Sanctions for Class II offenses are determined by the Dean.
- C. *Class III Offense*
  - 1. Type of Offense: A major offense of unethical, illegal, or professional misconduct. This category may also include an elevation of a prior offense after multiple or repeated Class I or II offenses occur following education and/or sanctions. If the HCC finds a major offense of professional or unethical conduct has likely occurred or elevates a prior offense to a Class III offense, the case will be referred to the Dean.
  - 2. Upon referral to the Dean, the accused will be referred to the Associate Dean for Academic Affairs for clarification of policies and procedures regarding hearings of Class III Offenses. At the Dean’s discretion, the student may select one of the following options:
    - a. The student may request that the sanctions be determined solely by the Dean. The Dean must be willing to hear the case without a Progress & Promotions Committee hearing. The decision of the Dean may be appealed to the President.

- b. The student may request the Progress & Promotions Committee hear the case. Additionally, if the student does not choose Option 1 or the Dean refuses to hear the case alone, a Progress & Promotions Committee hearing will be called.

### *Rights and Obligations of the Accused*

Any member of the student body who is accused of a Honor Code violation and brought before the HCC shall be granted these rights and shall be bound by these obligations:

#### A. *Rights of the Accused:*

1. To decline to speak about the suspected violation outside the HCC.
2. To be treated as if no violation has occurred until determined otherwise.
3. To speak on his/her own behalf and to refrain from serving as a witness against himself/herself.
4. To be advised by any member of the Program the accused chooses and who agrees to advise the student, to seek counsel from his/her advisor, and to expect confidentiality.
5. To receive written notice of initiation of investigation proceedings.
6. To hear all the evidence to be presented to the Honor Code Committee, to be present for the presentation of the evidence, and to have the decision of the HCC be based solely on the evidence presented at the hearing and not hearsay.
7. To present questions to the reporter to be asked of any witnesses at the time of the hearing.
8. To receive written notice of the recommendations of the HCC.
9. To receive no retaliation from any involved party at any time.

#### B. *Obligations of the Accused:*

1. To cooperate with the HCC.
2. To remain confidential and refrain from approaching any involved party or witness about the suspected violation or such action shall be considered as suspicion of interference based upon guilt
3. To be present at the hearing
4. To refrain from retaliation or speaking to any witness regarding testimony before or after the hearing

### *Rights and Obligations of the Reporter*

Any member of the faculty, staff or student body who submits an accusation to the HCC shall be granted the following rights and agrees to be bound by the following obligations.

#### A. *Rights of the Reporter:*

1. To remain anonymous until or unless an Honor Code Hearing is convened.
2. To decline to speak about the suspected violation outside the HCH.
3. To be kept informed of the HCH progress on the suspected violation.
4. To have the issue resolved in a timely fashion.
5. To be advised by any administrative member of the Program who agrees to advise the student.
6. To receive no retaliation from any involved party at any time.

#### B. *Obligations of the Reporter:*

1. To keep the matter confidential and discuss it only with appropriate HCC personnel.
2. To cooperate with HCC.
3. To be present at the hearing, and to face the accused at the panel.
4. To treat the accused as if no violation has occurred until determined otherwise.
5. To refrain from retaliation against any involved party at any time.



### *Rights and Obligations of an Advisor*

Any member of the faculty, administration, or student body who agrees to advise the student, with the exception that HCC members who may not serve as advisors, shall be granted the following rights, and agrees to be bound by the following obligations:

A. *Rights of an Advisor:*

1. To decline to speak about the suspected violation outside the HCC.
2. To decline advice or terminate advising at any time.
3. To receive no retaliation from any involved party at any time.

B. *Obligations of an Advisor:*

1. To keep the matter confidential and discuss only with advisee and HCC personnel if requested by the advisee.
2. To refrain from retaliation against any involved party at any time.

### *Rights and Obligations of an Announced Witness*

Any member of the faculty, staff or student body who appears as an announced witness shall be granted the following rights and shall be bound by the following obligations.

A. *Rights of an Announced Witness:*

1. To decline to speak about the suspected violation outside the HCC.
2. To speak on his/her own behalf and to refrain from serving as a witness against himself/herself.
3. To receive no retaliation from any involved party at any time.

B. *Obligations of an Announced Witness:*

1. To keep the matter confidential and discuss it only with appropriate HCC personnel.
2. To be truthful and cooperate with the HCC.
3. To be present at the administrative panel if called to appear.
4. To refrain from retaliation against any involved party at any time.

### *Appeals*

Students may appeal on one or more of the following grounds: (1) violation of rights granted by the HCC; (2) new, relevant, and material information not available at the time of the administrative panel; (3) arbitrary or capricious treatment by the HCC; or (4) other extenuating circumstances.

Students may appeal, in writing, the recommendations of the Progress & Promotions Committee within seven (7) calendar days of notification of the recommendation to the Dean. After speaking with the student, the Dean shall determine whether to follow the recommendations of the PPC or make a different decision. The Dean will notify the student, in writing, within 14 working days of receiving the appeal.

Students may appeal, in writing, the Dean's decision regarding Class I, Class II, or Class III offense sanctions within seven (7) calendar days of notification to the President. The President has discretionary power to affirm, modify, or remand the decision. The President reserves the right to obtain outside legal opinions on the review and the decisions that have been made, and to delay decision until such time that Counsel has responded. The student will generally receive written notice of the decision of the President within 14 calendar days of submitting the appeal. The President's decision is final.

### *Extenuating Circumstances*

In extenuating circumstances, the HCC may modify the regular procedure as necessary to uphold the spirit of the Honor Code along the following guidelines:

- A. *Call for Termination:* At any time in a committee meeting, the HCC may terminate proceedings on any open case. Any member may move to terminate proceedings and, following a second, the Chair will poll the members present with the question: "Shall proceedings be terminated in this case?" A unanimous vote is required to terminate proceedings and indicates that the HCC believes the accused to be not guilty of the suspected violation. If proceedings are terminated, all members voting will sign the Final Committee Recommendation (FCR) indicating their opinion with the following recommendation: "No offense has occurred, no action is recommended." The case will immediately proceed to Finalization, Notification, and Termination.
- B. *Recuse for Bias:* At any time, any member of the HCC may recuse himself/herself from committee proceedings on any open case to eliminate any source of perceived bias. Recused individuals may participate in committee proceedings but shall not investigate the case nor vote at the administrative panel. Recused individuals do not count toward quorum.
- C. *Remove for Bias:* At any time, any member of the HCC may remove himself/herself completely from all HCC actions on any open case to avoid perceived bias. Any member accused of a suspected violation shall be removed. Removed individuals shall not act as a member of the HCC in any capacity until recommendation is determined.
- D. *Call for Mis-Panel:* At any time, the Chair of the HCC may declare a mis-panel when the spirit of the Honor Code is not being upheld or the time periods extend past those permitted by policy.
- E. *Ability to Interpret Proceedings:* At any time, the Chair of the HCC may interpret any HCC procedure found to be questionable, ambiguous or in conflict. The Chair of the HCC will interpret the procedure in such a way as to uphold the spirit of the Honor Code until the procedure can be clarified.

## Definitions

- A. *Accused:* The student accused of a suspected violation of the Honor Code with all the rights and obligations thereof.
- B. *Reporter:* The member of the faculty, staff, or student body who reports a suspected violation of the Honor Code with all the rights and obligations thereof.
- C. *Advisor:* Any member of the faculty, staff, or student body who agrees to give advice with all the rights and obligations thereof. The advisor serves as a third party that an accused student, or a reporter can go to for confidential counsel. The advisor may come to panel to serve as support and guidance but shall not answer for other parties.
- D. *Announced Witnesses:* Any person who accepts an invitation to address an administrative panel of the HCC to speak about the case at hand with all the rights and obligations thereof. Members of the faculty, staff, and student body may be required to serve as announced witnesses. All announced witnesses must be arranged prior to the administrative panel and may be required to submit a written statement into evidence. The HCC believes all students are inherently trustworthy, and character witnesses are neither necessary, nor allowed.
- E. *Classification Alteration:* the possible but not mandatory alteration of the classification of an offense.
  - 1. *Premeditation:* Planning to do an act before the act is carried out. Premeditation assumes persistence in carrying out a plan decided upon before the act began. The ability to correct a spontaneous violation but a failure to do so does not indicate premeditation because premeditation requires intent before the act.
  - 2. *Recruiting:* Convincing another student to violate the Honor Code when it is reasonable that the other student would not have violated the Honor Code if not convinced.
  - 3. *Unauthorized Entry:* Entering the possessions of a member of the faculty, staff, or student body without permission. Possessions may include but are not limited to notebooks, computers, filing cabinets, offices, vehicles, and homes. It is not necessary to prove permission was required, only that it was reasonable to assume permission should have been obtained.

4. **Endangering or Threatening:** Endangering or threatening harm either physically or professionally.
- F. *Abstain:* To refrain from voting. To abstain does not count as a vote. In the context of a vote by simple majority, the member abstaining is not counted as a voting member.
- G. *Arbitrary or Capricious:* That which is impulsive, unpredictable, unaccountable, illogical, or without reason.
- H. *Date of Discovery or Suspicion:* The first date on which a violation of the Honor Code was suspected or discovered.
- I. *Date of Violation:* The date on which the violation of the Honor Code was committed.
- J. *Majority:* Greater than one half. Less than or equal to one half is not a majority. A tie vote does not have a majority either way and requires a final “tie-breaker” vote to determine a majority.
- K. *Preponderance:* Superiority in numbers or having greater weight; greater than 50%.
- L. *Recuse:* To disqualify oneself from proceedings to avoid any perceived bias.
- M. *Retaliate:* To take revenge for a perceived wrong. Retaliation is considered unethical behavior and constitutes a separate violation of the Honor Code.
- N. *Unanimous:* In complete agreement; all members vote the same. To dissent or abstain indicates a disputed HCC actions on any open case to avoid perceived bias. Any member accused of a suspected violation shall be removed. Removed individuals shall not act as a member of the HCC in any capacity until recommendation is determined.
- O. *Call for Mis-Panel:* At any time, the Chair of the HCC may declare a mis-panel when the spirit of the VCOM Honor Code is not being upheld or the time periods extend past those permitted by policy.
- P. *Ability to Interpret Proceedings:* At any time, the Chair of the HCC may interpret any HCC procedure found to be questionable, ambiguous or in conflict. The Chair of the HCC will interpret the procedure in such a way as to uphold the spirit of the MHSa Honor Code until the procedure can be clarified.

## Progress & Promotions Committee Disciplinary Hearing

A Disciplinary Hearing of the Progress & Promotions Committee (PPC) shall be convened if the Honor Code Committee either determines a Category II or Category III violation of the Honor Code has occurred, or if the Dean or Provost recommends suspension or expulsion. A Disciplinary Hearing may also be convened if the Dean or Provost determines a suspected violation warrants a direct referral to the PPC, instead of the Honor Code Council.

Upon the initiative of the Dean or at the request of any member of the faculty or administration, the Dean will designate a representative from administration to act on his/her behalf to investigate. If reasonable probability exists from that investigation that a violation has occurred, the Dean may initiate disciplinary proceedings against a student. If a member of the faculty or administration orally requests an initiation of disciplinary proceedings, the oral request must be confirmed in writing within 72 hours. In determining whether disciplinary action is warranted, the Dean and his/her representative from administration may conduct an informal investigation of the matter, which may include, but is not limited to, interviewing the affected student(s). If the Dean determines that disciplinary action is warranted, the PPC shall be convened.

### Notice of Possible Suspension While Under Review

Pending a formal review of the case, if the Dean or his/her representative determines that the presence of the alleged offender would be disruptive to the school or would endanger the institution, patients, or the public, the Dean or representative may suspend the student in question from the institution until all information is obtained.

## **Choices for Review by the PPC or Dean**

A student, in lieu of a formal PPC review, may elect to have the matter heard and decided solely by the Dean. The Dean may then accept or not accept the responsibility to hear the case solely by him/herself. If the Dean determines that he or she is not comfortable hearing the case solely, then the student must choose between having the case heard by the PPC.

As the review of a case by the PPC or Dean and the appeals process is an academic proceeding and not a legal proceeding, legal counsel is not allowed in the sessions. If a student believes a legal proceeding is warranted, this must be done through an outside court system.

## **Notice of Review by the PPC or Dean**

The PPC Chair or the Dean shall give written notice of alleged misconduct to the alleged offender at least five calendar days prior to the date of the proceedings unless the student agrees in writing to an earlier date. The notice shall set forth the following information: the time and date of the review and a clear and concise statement of the behavior that is alleged to constitute the misconduct. The notice shall state that the student has the right to present testimony and up to four witnesses on their behalf. The notice shall also state that the student, shall reply to the charges against them in writing, and shall set forth any defense against such charges and provide the reply to the PPC Chair or Dean no later than two calendar days prior to the review. The response by the student shall also provide a list to the PPC Chair or the Dean of any witnesses the student plans to call on their behalf. The time for the review may be changed at the discretion of the PPC Chair or Dean for good cause.

The PPC or Dean must determine that valid evidence is present to confirm a violation has occurred. A quorum of the PPC will consist of a majority of its voting members. All decisions require a simple majority vote of the members present.

## ***Review by the PPC***

Upon request of the student for his/her case to be heard by the PPC, the Dean will convene a meeting of the Progress & Promotions Committee. A representative from the Honor Code Committee and the Student Council President (or their designee) will also be present for the information gathering of the meeting but will not be present for deliberations or voting. The PPC Chair is responsible for conducting the review, for writing an accurate summary of the proceedings and decisions made by the panel, and for all correspondence with the Dean and the student. All members (except the Honor Code Committee and SC representatives) are voting members unless otherwise designated as non-voting by the Dean.

In the case of a PPC review, the PPC determines if a violation has occurred and the Chair notifies the Dean of the findings, verbally and in writing, along with their recommendations for action to be taken (if any) within 14 calendar days of the review. The Chair also provides a summary report of the PPC meeting that includes the evidence gathered and presented to the PPC in the meeting that was utilized by the PPC in their decision-making process. The recommendations (if any) provided by the PPC to the Dean are due on or before the fourteenth (14) calendar day following the review. The Chair of the PPC shall also provide a letter to the student with a succinct summary of the findings and the recommendations made to the Dean within the fourteen (14) calendar daytime period. When possible, the Chair will also notify the student by email that the letter is available, and the letter will be attached to the student email. Following the hearing, it is the responsibility of the student to be in touch with the Chair by email or phone to assure they receive the communication of the PPC recommendations to the Dean.

Following receipt of the recommendations of the PPC, the Dean then has discretionary power to affirm, modify, or remand the decision and will act on the PPC recommendations within fourteen (14) calendar days following receipt of the letter from the PPC. A letter will be sent to the student by the Dean on or before the fourteenth day informing the student of the Dean's decision. Upon receipt of the letter the student should make an appointment to

meet with the Dean to discuss the terms of the decision. The meeting between the student and the Dean must occur within seven (7) calendar days of the decision being sent. The Dean may request the student to come to campus to receive the letter in advance of mailing.

### *Review by the Dean*

Upon request of the student for his/her case to be heard solely by the Dean, and if the Dean is willing to hear the case, the Dean will determine if a violation has occurred and will determine the action to be taken (if any) within 14 calendar days of the review. In reviewing the case, the Dean will not only consider the current case but will also consider any previous violations that have occurred, which includes any existing behavioral probationary status. The alleged offender will be notified of the decision, in writing, within 14 calendar days. Upon receipt of the letter the student should make an appointment to meet with the Dean to discuss the terms of the decision. The meeting between the student and Dean must occur within seven (7) calendar days of the Dean's decision being sent. The Dean may request the student to come to campus to receive the letter in advance of mailing.

The student has the right to appeal the decision of the Dean to the Provost within seven calendar days of notification. The appeal must be submitted in writing and be based on new, relevant, and material information not available to the Dean at the time of determination. The provost has discretionary power to affirm, modify, or remand the decision. The provost reserves the right to obtain outside legal opinions on the review and the decisions that have been made, and to delay decision until such time Counsel has responded. The student will receive written notice of the decision of the provost within 14 working days of receiving the appeal. The provost's decision is final.

### *Appeal Process*

Students may appeal, in writing, the recommendations of the PPC or the Dean within seven (7) calendar days of notification of recommendation. The appeal must be based on new, relevant, and material information not available to the PPC at the time of their determination. After speaking with the student, the Dean shall determine whether to follow the recommendations of the PPC or make a different decision. The Dean will notify the student, in writing, within 14 working days of receiving the appeal.

Students may appeal, in writing, the Dean's decision within seven (7) calendar days of notification to the President. The appeal must be based on new, relevant, and material information not available to the PPC or the Dean at the time of their determinations. The President has discretionary power to affirm, modify, or remand the decision. The President reserves the right to obtain outside legal opinions on the review and the decisions that have been made, and to delay decision until such time that Committee has responded. The student will generally receive written notice of the decision of the President within 14 calendar days of submitting the appeal. The President's decision is final.



# Attendance Policies

## Observed Holiday

As a resident program at the VCOM-Auburn facilities, the MHSA Program observes the following holidays (certain holidays falling on the weekend will be observed either on the Friday before the holiday or the Monday after the holiday). During the Early Clinical Experience (Block 2) and the Integrative Phase, students will *only* observe the holidays as recognized by the individual clinical rotation site with which they are rotating at the time.

| Holiday                    | Date                                 |
|----------------------------|--------------------------------------|
| New Year's Eve             | December 31 <sup>st</sup>            |
| New Year's Day             | January 1 <sup>st</sup>              |
| Memorial Day               | Last Monday in May                   |
| Independence Day           | July 4                               |
| Labor Day                  | 1 <sup>st</sup> Monday in September  |
| Thanksgiving Day           | 4 <sup>th</sup> Thursday in November |
| Day After Thanksgiving     | Friday after Thanksgiving            |
| Christmas Eve              | December 24 <sup>th</sup>            |
| Christmas Day              | December 25 <sup>th</sup>            |
| Martin Luther King Jr. Day | Third Monday in January              |

## Attendance Requirements for Foundation Phase Students

The VCOM facilities provide a variety of venues to support high quality learning and teaching, which the MHSA attendance policy strives to support by honoring students' varied learning styles and by allowing faculty to maintain the integrity of the curriculum.

While all lectures are recorded and are available on Bluefield TV for flexible viewing, the Program offers many required academic activities that are not captured on Bluefield TV including class discussion, interactive sessions, I-Clicker quizzes, flipped classroom experiences, group discussions, laboratory experiences, and skills development activities. Participation in many of these activities; therefore, requires regular attendance to benefit from the full academic program.

Learning activities during the Foundation Phase have been designated as either Mandatory Learning Activities (MLA) or Asynchronous Learning Activities (ALA) and will be identified as such on the block calendars. It is the student's responsibility to be aware of the designations of learning activities to ensure proper attendance.

### *Mandatory Learning Activities (MLA)*

Mandatory Learning Activities are those that students are required to attend with 100% attendance. Mandatory Learning Activities include:

- **Specialty Lecturer Presentations/Lectures**  
Presentation of curricular topics utilizing a lecture format by certain specialty lecturers. Students will have the opportunity to engage in an interactive dialogue designed to foster explanation and clarification of critical concepts.
- **Basic Science Laboratories**  
Faculty led demonstrations and interactive sessions, including anatomy laboratories.

- **Clinical Skills Laboratories**  
Faculty supervised demonstrations and practical training of history and physical examination skills, including standardized patient experiences, clinical simulations, and clinical procedural skill laboratories.
- **Case-Based Learning**  
Faculty facilitated clinical application discussions of course materials self-studied in advance by the students.
- **Small-Group Learning**  
Faculty facilitated small group learning activities to solve various common basic science and clinical challenges.
- **Examinations and Quizzes**  
Assessment sessions including cognitive and psychomotor testing.
- **Early Clinical Experiences**  
Students will be assigned to a variety of clinical venues to gain insights into medical practice in the community and practice acquired skills.
- **Additional classes, Theme Week Activities and Labs** may be designated as mandatory from time to time.

### *Asynchronous Learning Activities (ALA)*

Asynchronous Learning Activities are those that students can complete on a flexible schedule to fit the student's individual learning needs; however, students must complete these activities prior to scheduled assessments. Although students are encouraged to attend Asynchronous Learning Activities on-campus, it is not required; however, students are required to complete Asynchronous Learning Activities through online or virtual methods. Students are encouraged to attend the following curricular activities that are designated as Asynchronous Learning Activities as follows:

- **Lectures**  
Faculty presentation of routine curricular topics utilizing a lecture format. Students will have the opportunity to engage in an interactive dialogue designed to foster explanation and clarification of critical concepts. Not all lectures are considered Asynchronous Learning Activities and students are responsible for knowing whether a lecture is or is not a Mandatory Learning Activity that requires 100% attendance.
- **Student Directed Learning**  
Learning activities designed to encourage self-instruction and exploration of a topic.

Lectures on the VCOM campus is digitally recorded for flexible viewing to meet the student's individual learning needs and schedule, to supplement learning, and for student review of information provided during the class. As technical difficulties do occur, there is no guarantee that every lecture will be recorded or that the lecture recording will be of a quality that can be utilized for primary learning.

### *Mechanism to Verify Attendance – Foundation Phase Students*

The MHSA Program will record attendance for all Mandatory Learning Activities. Additionally, the Program may utilize different forms of recording attendance including sign in sheets, check offs, and other attendance measures, especially for laboratory or early clinical experiences.



To assure attendance of lectures provided by specialty lecturers, the Program will assign seats in the lecture hall for each Foundation Phase student and utilize the cameras located in the classroom to take at least one random picture of the classroom during each lecture. The student's presence verifies that he or she was in attendance for that lecture. Students must be in their assigned seat to receive credit for attendance, if they are not present in their seat at the time the picture is taken, they will be marked as absent.

### *Foundation Phase Tardiness*

Tardiness is defined as arriving more than 5 minutes after the scheduled time the class or other educational activity begins. Tardiness or late arrival is disruptive to other students who arrived on time and who are already engaged in the academic activity. Repeated tardiness will be referred to the Honor Code Committee. Students must be in their assigned seat to receive credit for attendance, if they are not present in their seat at the time the picture is taken, they will be marked as absent.

### *Foundation Phase Excused Absences for Mandatory Learning Activities*

Excused absences apply only to Mandatory Learning Activities. Excused absences are those that may be expected or unexpected and that meet the criteria for an excused absence as outlined below.

Excused absences fall into two categories:

- Planned Excused Absences
- Unplanned Excused Absences

Students must request approval for a planned or unplanned excused absence of a Mandatory Learning Activity.

Excused absences for Mandatory Learning Activities requested after the activity occurs, may or may not receive approval by the Associate Dean for Academic Affairs and is considered on a case-by-case basis.

Foundation Phase students who are granted an excused absence will not be penalized for missing a class, laboratory, or exam but will be required to make-up all Mandatory Learning Activities on the dates required by the Associate Dean for Academic Affairs. Faculty are expected to make reasonable accommodations for make-up exams, assignments, etc. where excused absences have been granted.

### **Planned Excused Non-Medical Absences for Foundation Phase Students**

Planned excused non-medical absences are those that a student is aware of a minimum of 15 days prior to the absence and requires an absence from a Mandatory Learning Activity for a pre-approved non-medical event.

Reasons for planned excused non-medical absence includes the following: conference attendance, court appearance, weddings requiring participation, and other qualifying planned excused absences.

Students requesting a planned excused absence; whereby, the absence meets the criteria in the bullet points above must complete and submit the "Request for a Planned Excused Absence" form and submit all required documentation a minimum of 15 days (when possible) prior to the requested absence to assure all curricular requirements can be met upon returning. Students may obtain the form from the Director of Medical Education or the MHSA Program website and must return the form and required documentation to the Director of Medical Education. The student may be required to submit additional documentation upon returning from the planned excused absence. Examples of required documentation include proof of conference attendance, subpoena, proof of court appearance, wedding announcement, and other required verification as requested. Final approval may or may not be granted by the Associate Dean for Academic Affairs.

Planned excused non-medical absences will not be granted after the fact.

### *Foundation Phase Conference Attendance*

Foundation Phase students requesting to attend a conference (other than the AAAA or ASA Annual Meetings) must follow the policy and procedures for requesting a planned excused absence. Those who are granted permission to attend a conference are only allowed to attend one conference per academic year of not greater than three consecutive days. Conference attendance falls within the 20% of allowable absences for the block. All conference attendance must be pre-approved by the Dean and those conferences that qualify for consideration for excused absence will be determined annually by the Dean.

Only students who do not have any conditional or failing grades can request a planned excused absence for a conference and/or national meeting provided an absence from class does not interfere with the academic work of other students and does not result in the student missing a class assignment that cannot be remediated (as determined by the Associate Dean for Academic Affairs).

For Foundation Phase students who hold national leadership positions or for student officers who are required to attend greater than one conference per year, appeals to exceed the one conference per academic year may be made through the Director of Medical Education (who verifies the student's leadership position and occurrence of the required conference), Associate Dean for Academic Affairs (who assures the requirements of the academic program are met), and the Dean. Such appeals should occur at the beginning of the year so appropriate planning can occur to assure the student has a successful learning experience.

### **Planned Excused Medical Absences for Foundation Phase Students**

Planned excused medical absences are those that a student is aware of a minimum of 7 days prior to the absence and requires an absence from a Mandatory Learning Activity for a pre-approved medical procedure.

Reasons for planned excused medical absences include medical procedures known in advance. When a planned excused medical absence is for a medical procedure that does not require immediate attention and safely be planned for another date, the procedure should be scheduled so not to interrupt the student's Mandatory Learning Activities or testing schedule. Students should, wherever possible, plan these procedures to be done during block breaks.

Students requesting a planned excused absence; whereby, the absence meets the criteria in the bullet points above must complete and submit the "Request for a Planned Excused Absence" form and submit all required documentation a minimum of 7 days (when possible) prior to the requested absence to assure all curricular requirements can be met upon returning. Students may obtain the form from the Director of Medical Education or the MHSA website and must return the form and required documentation to the Director of Medical Education. The student may be required to submit additional medical documentation upon returning from the planned excused absence. Final approval may or may not be granted by the Associate Dean for Academic Affairs and/or the Dean.

### **Unplanned Excused Absences for Foundation Phase Students**

Unplanned excused absences are those that are unexpected that a student has no advance knowledge of and requires an absence from the Mandatory Learning Activities of the academic program.

Reasons for unplanned excused absences include the following: sudden illness or medical emergency of the student, non-medical emergency, or medical emergency of an immediate family member.

Students who are absent from the academic program for an unplanned absence; whereby, the absence meets the criteria in the bullet points above must complete and submit the "Request for an Unplanned Excused Absence" form and submit all required documentation within 3 days of returning to class. Students may obtain the form from the Director of Medical Education or the MHSA website and must return the form and required documentation to the

Office of Medical Education. Examples of required documentation include: the physician section of the “Request for an Unplanned Excused Medical Absence” form, obituary and/or funeral literature, and other required verification as requested. Approval for an unplanned absence to be recorded as an excused absence may or may not be granted by the Associate Dean for Academic Affairs and/or the Dean.

### *Sudden Illness or Medical Emergency of the Student*

The MHSA Program recognizes that absences related to sudden medical illness, or an emergency do occur. If the student has a medical illness or emergency where he or she is physically able to call, the student must contact the Director of Medical Education by 8:00 AM of the day they will be absent to notify them of the illness or emergency. If the student is physically unable to notify the Program of the illness or medical emergency, they must call as soon as they are able.

Within 3 days of returning to class, the student must submit the “Request for an Unplanned Excused Absence” form and any other required documentation. Students may obtain the form from the Director of Medical Education or the MHSA website and must return the form and required documentation to the Office of Medical Education. Approval for an unplanned absence to be recorded as an excused absence may or may not be granted by the Associate Dean for Academic Affairs and/or the Dean.

### *Non-Medical Emergency or Medical Emergency of an Immediate Family Member*

The Program also recognizes that absences related to a non-medical emergency or medical emergency of an immediate family member does occur. If the student has a non-medical emergency or medical emergency of an immediate family members where he or she is physically able to call, the student must contact the Director of Medical Education by 8:00 AM of the day they will be absent to notify them of the emergency. If the student is physically unable to notify the Program of the emergency, they must call as soon as they are able. Upon being contacted by the student, the Director of Medical Education will immediately notify the Associate Dean for Academic Affairs of the emergency. The Associate Dean for Academic Affairs will contact the student and the student and Associate Dean will agree upon the number of excused absence days needed for the situation.

Within 3 days of returning to class, the student must then submit the “Request for an Unplanned Excused Absence” form and submit all required documentation. Students may obtain the form from the Director of Medical Education or the MHSA website and must return the form and required documentation to the Director of Medical Education. Approval for an unplanned absence to be recorded as an excused absence may or may not be granted by the Associate Dean for Academic Affairs.

### *Foundation Phase Unexcused Absences*

An absence that is taken but is not granted as a planned or unplanned excused absence is considered unexcused.

### *Consequences for Not Meeting the Requirements of the Attendance Policy*

The Office of Medical Education maintains all attendance data. Students who have repeated requests for excused absences for Mandatory Learning Activities are required to meet with the Associate Dean for Academic Affairs. If a student is believed to be abusing the excused absence policy, they may be evaluated for an Honor Code violation.

If a student has unexcused absences for the block, he or she will be brought before the Honor Code Committee and/or a PPC as determined by the Associate Dean for Academic Affairs. The student should be aware that being brought before the Honor Code Council or PPC will become part of the permanent record of the student as reported on the Comprehensive Anesthesia Student Performance Evaluation (CASPE, also commonly known as the Dean’s Letter).

Students should also be aware that excessive unexcused absences may be presented as evidence during Progress & Promotions Disciplinary Hearings.

The MHSA Program follows the Department of Education withdrawal policy guidelines, which require that a student must be withdrawn from the academic program after missing 14 consecutive calendar days (including weekends and holidays) after the student's last date of known attendance.

### ***Remediation for Unexcused Absences for Mandatory Learning Activities***

Students who have unexcused absences for Mandatory Learning Activities for the block must make-up the academic requirement by attending an equal number of days missed during a designated remediation period (e.g., block break, Theme Week, and/or scheduled time off). Additional coursework will be assigned for these days by the Associate Dean for Academic Affairs and the Course Director.

Students who miss any of the mandatory learning activities must make-up those academic requirements as determined by the Associate Dean for Academic Affairs and the Course Director. If a student misses a clinical experience in the Foundation Phase year where the experience opportunity is not repeated during that year, the student may be required to return to campus the following year to make-up the academic requirement.

### **Remediation of the Professional Requirement**

In addition to the academic requirement, students who have unexcused absences for the block may be required to complete a professional development requirement for the remediation days. This requirement occurs to enrich the student's professional growth and includes, but is not limited to, college service or community clinical service in a professional environment.

### **Attendance Requirements for Integrative Phase Students**

Students in the Integrative Phase are expected to attend all clinical rotation days, didactics, case presentations, and simulation workshops with 100% attendance. However, students are allowed two (2) nonconsecutive day absences from a 12-week period and 1 day from a 4-week rotation, when 100% attendance is not required, without requesting an excused absence.

The clinical site will determine the assigned days and hours to be worked within the rotation period. Students are required to attend any orientation the clinical site sets as mandatory prior to any rotation or the clinical year. The orientation sessions vary by site and are required to maintain assignment to the site. Although the clinical site determines the assigned days and hours to be worked, the MHSA Program has established the following guidelines:

- 4-week rotations may not be less than 20, eight-hour days for a total of a minimum of 160 hours and often average 180 hours or greater.
  - Students may be required to work up to 24 days in a 4-week period or 25 days in a 1-month rotation, including call and weekends at the discretion of the clinical site.
  - If the clinical site requires longer daily hours or shift work, the student may complete the required hours in less than 20 days with the following specifications:
    - Students should not work greater than an average of 12 out of every 14 days
    - Student should not work more than 12 hours daily, exclusive of on-call assignments.
    - If on-call hours are required, the student should not be on duty for greater than 30 continuous hours.
    - Students may be required to work weekends but in general should have 2 weekends per month free an average of 2 of 7 days per week free.

- 2-week rotations may not be less than 10, eight-hour days for a total of a minimum of 80 hours and often average 100 hours or greater.
  - If the clinical site requires longer daily hours or shift work, the student may complete the required hours in less than 10 days with the following specifications:
    - Students should not work greater than 12 out of the 14 days.
    - Students should not work more than 12 hours daily, exclusive of on-call assignments, and may not complete the 2-week rotation in less than 1 week.
    - If on-call hours are required, the student should not be on duty for greater than 30 continuous hours.
    - Students may be required to work weekends but in general should have an average of 2 of 7 days per week free.

It should be noted that preceptors will have final determination of the distribution of hours, which may vary from this policy but should not in general be less than 160 hours for a 4-week rotation or less than 80 hours for a 2-week rotation. The institution's Clinical Site Coordinator and assigned clinical faculty determine clinical duty hours. Students are responsible to the assigned clinical faculty and are expected to comply with the general rules and regulations established by the assigned clinical faculty, and/or the core hospital(s), or facility associated with the rotation.

The average student clinical day begins at 6:30 am and ends at 6:30 pm. Students are expected to work if their assigned clinical faculty is working. Some rotations assign students to shifts and in such cases the student may be required to work evening or night hours. If on-call hours are required, the student must take the call; however, the student should not be on duty for greater than 30 continuous hours. Students may be required to work weekends, but in general should have two weekends per month free and two of seven days per week free. Student holidays are determined by the clinical site and follow those of other students and/or residents from the clinical site. Students must be prompt and on time for the clinical rotation.

### *Integrative Phase Tardiness*

Tardiness is defined as arriving more than 5 minutes after the scheduled time the preceptor designates as the expected arrival time. Students are expected to arrive on time to all clinical rotations. If a student is late, he/she must notify the Site Coordinator and the preceptor prior to arrival. Students must have a reason for being late such as illness or vehicle issues, and it is not anticipated that this would occur on more than one occasion. Repeated tardiness is considered as unprofessional behavior and is a reason for dismissal from a rotation. Students with repeated tardiness will be referred to the Honor Code Committee.

### *Didactic, Case Presentations, and Simulation Workshop Attendance*

Students are required to attend MHSA and clinical site didactics, case presentations, and simulation workshops as scheduled by the Program. It is the student's responsibility to be aware of this schedule and attend all required activities. The MHSA Program will publish a monthly didactic calendar. Responsibilities to the precepting faculty do not take precedence over required didactics unless so determined by the Assistant Program Director for Clinical Affairs or Medical Director. Students must be prompt to all didactics as well as rotations. In addition to the MHSA sponsored didactics, each rotation may have specific requirements such as case presentations, morning reports, etc.

### *Mechanism to Verify Attendance – Integrative Phase Students*

Clinical site coordinators and preceptors document attendance on the student's rotation evaluation form. This information is reviewed by the Director of Clinical Rotations, the Assistant Program Director for Clinical Affairs, and the Medical Directors.

Additionally, students are required to enable “Location Services” on their smartphones during all clinical practicum activities. The CREDO clinical skills platform can geo-map student’s location when entering procedures and cases. Failure to enable location services while participating in clinical practicum will result in unexcused absence. Repeated occurrences will result in referral to the Honor Code Committee and/or the Progress & Promotions Committee at the discretion of the Assistant Program Director and/or Medical Directors.

### *Integrative Phase Excused Absences*

Excused absences are those that may be expected or unexpected and that meet the criteria for an excused absence as outlined below.

Excused absences fall into two categories:

- Planned Excused Absences
- Unplanned Excused Absences

Students must request approval for a planned or unplanned excused absence for 1 or more days absent from the rotation. Regardless of whether an excused absence is granted, students must still complete a minimum of 160 hours for a 4-week rotation and 80 hours for a 2-week rotation to pass the rotation.

Excused absences will not be granted after the fact, except in emergencies as verified by the Assistant Program Director for Clinical Affairs or the Medical Directors.

Students should be aware that preceptors are not required to allow a student to make-up time missed during a rotation and therefore, the make-up requirement is at the discretion of the Clinical Site Coordinator and the Assistant Program Director for Clinical Affairs. Any time missed must be remediated during the rotation for credit to be issued. Students may remediate up to four missed days or 48 hours missed during any rotation period by working on normal days off (e.g., weekends or call shifts).

See below for the policies and procedures for requesting a planned or unplanned excused absence.

### *Planned Excused Absences for Integrative Phase Students*

Planned excused absences are those that a student is aware of a minimum of 30 days prior to the absence and requires an absence from the academic program for 1 or more days absent from the rotation.

Reasons for planned excused absences include the following: conference attendance, court appearance, medical procedures known in advance, weddings requiring participation, and other qualifying planned excused absences.

Students requesting a planned excused absence must complete and submit the “Request for a Planned Excused Absence” form and submit all required documentation a minimum of 30 days prior to the requested absence. Students may obtain the form from the Director of Clinical Rotations or the MHSA website and must return the form and required documentation to the Director of Clinical Affairs. The student may be required to submit additional documentation upon returning from the planned excused absence. Examples of required documentation include proof of conference attendance, subpoena, proof of court appearance, wedding announcement, and other required verification as requested. Final approval may or may not be granted by the Assistant Program Director for Clinical Rotations or the Program Directors.

Planned excused absences will not be granted after the fact.

### *Integrative Phase Conference Attendance*

Integrative Phase students requesting to attend a conference (other than the AAAA or ASA Annual Meeting) must follow the policy and procedures for requesting a planned excused absence. All conference attendance must be pre-approved by the Dean. Only students who do not have any conditional or failing grades can request a planned excused absence for a conference and/or national meeting provided an absence from a rotation does not interfere with the academic work of other students and does not result in the student missing an assignment that cannot be remediated (as determined by the Assistant Program Director for Clinical Affairs).

Integrative Phase students are not allowed to miss core rotations to attend conferences unless required to do so by the Student Council or other high-level position in a student or the AAAA organization. Those who are granted permission to attend a conference are only allowed to attend one conference per year of not greater than three consecutive days. Any time missed for the conference must be made up by the same number of clinical days that were missed by the student.

For Integrative Phase students who hold national leadership positions that require conference attendance, appeals may be made through the Director of Clinical Rotations (who verifies the student's leadership position and occurrence of the required conference), Assistant Program Director for Clinical Affairs or the Medical Director (who assures the requirements of the clinical rotation are met, including minimum number of days for that rotation and that the clinical site can accommodate the alternate schedule), and the Dean. Such appeals should occur at the beginning of the year so appropriate planning can occur to assure the student has a successful clinical learning experience.

### **Unplanned Excused Absences for Integrative Phase Students**

Unplanned excused absences are those that are unexpected that a student has no advance knowledge of and requires an absence from the academic program for 1 or more days absent from the rotation. Reasons for unplanned excused absences include the following: sudden illness or medical emergency of the student, non-medical emergency, or medical emergency of an immediate family member.

Students who are absent from the academic program for an unplanned absence must complete and submit the "Request for an Unplanned Excused Absence" form and submit all required documentation within 3 days of returning to the rotation. Students may obtain the form from the Director of Clinical Rotations or the MHSA website and must return the form and required documentation to the Director of Clinical Rotations.

Examples of required documentation include: the "Request for an Unplanned Excused Absence" form, obituary and/or funeral literature, and other required verification as requested. Approval for an unplanned absence to be recorded as an excused absence may or may not be granted by the Assistant Program Director for Clinical Affairs or the Medical Directors.

### *Sudden Illness or Medical Emergency of the Student*

The MHSA Program recognizes that absences related to sudden medical illness, or an emergency do occur. If the student has a medical illness or emergency where he or she is physically able to call, the student must contact the Director of Clinical Rotations, the Clinical Site Coordinator, and clinical preceptor by 6:00 AM of the day they will be absent to notify them of the illness or emergency. If the student is physically unable to notify the required parties of the illness or medical emergency, they must call as soon as they are able.

Within 3 days of returning to clinical practicum responsibilities, the student must submit the "Request for an Unplanned Excused Absence" form and any other required documentation. Students may obtain the form from the Director of Clinical Affairs or the MHSA Program website and must return the form and required documentation to

the Director of Clinical Rotations. Approval for an unplanned absence to be recorded as an excused absence may or may not be granted by the Assistant Program Director for Clinical Rotations or Medical Directors.

#### *Non-Medical Emergency or Medical Emergency of an Immediate Family Member*

The MHSA Program also recognizes that absences related to a non-medical emergency or medical emergency of an immediate family members does occur. If the student has a non-medical emergency or medical emergency of an immediate family members where he or she is physically able to call, the student must contact the Director of Clinical Rotations, the Clinical Site Coordinator, and the clinical preceptor by 6:00 AM of the day they will be absent to notify them of the emergency. If the student is physically unable to notify the required parties of the emergency, they must call as soon as they are able. Upon being contacted by the student, the Director of Clinical Rotations will immediately notify the Assistant Program Director for Clinical Affairs or the Medical Directors of the emergency. The Assistant Program Director for Clinical Affairs or the Medical Directors will contact the student and the student and Assistant Program Director for Clinical Affairs will agree upon the number of excused absence days needed for the situation.

Within 3 days of returning to clinical practicum responsibilities, the student must then submit the “Request for an Unplanned Excused Absence” form and submit all required documentation. Students may obtain the form from the Director of Clinical Rotations or the MHSA website and must return the form and required documentation to the Director of Clinical Rotations. Approval for an unplanned absence to be recorded as an excused absence may or may not be granted by Assistant Program Director for Clinical Affairs or the Medical Directors.

#### *Integrative Phase Unexcused Absences*

An absence that is taken but is not granted as a planned or unplanned excused absence or that exceeds the allowable absences for the rotation is considered unexcused.

#### *Consequences for Not Meeting the Requirements of the Attendance Policy*

The Director of Clinical Rotations maintains all attendance data.

Students who have repeated requests for excused absences on exam or required curricular days or whose total number of absent days is deemed excessive, are required to meet with the Assistant Program Director for Clinical Affairs or the Medical Directors. If a student is believed to be abusing the excused absence policy, they may be evaluated for an Honor Code violation.

If a student has absences that cause him/her not to meet the hours required by the rotation for multiple rotations, even if approved as an excused absence, has unexcused absences for the rotation, or has unexcused absences for simulation workshops he or she will be brought before the Honor Code Committee. The student should be aware that being brought before the Honor Code Committee will become part of the permanent record of the student as reported on the Comprehensive Anesthesia Student Performance Evaluation (CASPE, also commonly known as the Dean’s Letter).

Students should also be aware that excessive unexcused absences may be presented as evidence during Progress & Promotions Committee Hearings.

The MHSA Program follows the Department of Education academic withdrawal policy guidelines, which require that a student must be withdrawn from the academic program after missing 14 consecutive calendar days (including weekends and holidays) after the student’s last date of attendance.



## Leave of Absence Policies and Procedures

### Approval Process for a Leave of Absence

An approved leave of absence is defined as a temporary interruption in a student's program of study for a period of greater than seven consecutive days. An approved leave of absence is limited to a temporary absence from the curricular program with reasonable expectations that the student will return from the leave of absence. A leave of absence requires pre-approval, and the student must follow the college's policies in the leave application process. A Change of Status Form must be completed and submitted to the Associate Dean for Academic Affairs and the Registrar.

A request for a leave of absence may be made for the following reasons: administrative, educational, or medical.

### Time Limits for a Temporary Approved Leave of Absence

The curricular program of the MHSA Program is sequential by block and content, requiring students to complete all academic requirements for each block to proceed to the next block. Students must also follow attendance guidelines. An approved leave of absence must follow certain guidelines.

- An approved leave of absence that exceeds 10 days will result in a temporary withdrawal status unless the student is engaged in approved academic activity where the student is able to continue with the curriculum through Bluefield TV and make up all laboratories and examinations. The Dean will make the final determination as to whether the student may return, and any conditions required for the return. In addition, for lengthy leaves, the Dean may require the Progress & Promotion Committee to determine the appropriate placement in the curriculum upon the student's return.
- During the Integrative Phase, an approved leave of absence where the return date (from temporary withdrawal) exceeds 30-days, the student will be placed on an Altered Degree Plan of Study. The Assistant Program Director for Clinical Affairs and Medical Directors will design the Altered Degree Plan of Study with final approval by the Dean. Depending upon the length of the approved leave of absence, graduation may be delayed.
- If the student was temporarily withdrawn for an approved leave of absence and the student's cumulative absences exceed 180 days within a 12-month period, the student will be withdrawn with the ability to reapply. Depending on the conditions of the withdrawal and the length of the withdrawal, readmission is not guaranteed.

### Time Limits and Consequences for an Unapproved Leave of Absence

A student whose absence exceeds three days without an approval must meet with the Associate Dean for Academic Affairs and may be subject to a Progress & Promotions Committee disciplinary hearing for unapproved absences. According to the Department of Education a student may not miss greater than seven consecutive days without reporting such information; therefore, a student who takes an unapproved leave of absence that exceeds seven days will be subject to a Progress & Promotions Committee hearing. A student who takes an unapproved leave of absence that is 14 days or greater will be dismissed by the Program without the ability to reapply.

### Types of Approved Leaves of Absence

A request for a leave of absence may be made for administrative or medical reasons and must be pre-approved using the processes outlined.

### *Administrative Leave of Absence*

An administrative leave of absence is one that is granted by the Dean for a student who requires greater than 8 days and less than 180 days away from the curriculum. Reasons for an Administrative Leave of Absence include:

- Death of a spouse or child
- Critical illness of a child or spouse
- Severe circumstances the Dean believes warrants an interruption in the student's education
- Participation/completion of a required program or activity set forth by the Dean or the Progress & Promotions Committee for academic reasons or a behavioral infraction.

It should be noted that a cumulative Administrative Leave of Absence may not exceed a total of 180 days in any 12-month period. The 180 days begin on the first day of the student's leave of absence. After 10 days on an approved Administrative Leave of Absence, a student who is following the conditions of the leave will be temporarily withdrawn from the Program with the ability to return. A student on a temporary withdrawal who exceeds 180 days must reapply through the Dean. If the one or more leaves of absence exceed 180 days within a 12-month period, the leave of absence will result in an approved withdrawal from the program. The ability to return to MHSA Program is then determined by the Dean based on the student's academic status, behaviors, and academic progress and the total number of days of leave.

The Change of Status Form for requesting an Administrative Leave of Absence may be obtained online from the Bluefield University Office of Student Affairs. Upon return, the Dean, Associate Dean for Academic Affairs, or the Assistant Program for Clinical Rotations will determine the student's placement within the curriculum. In addition, for lengthy leaves, the Dean may require the Progress & Promotions Committee to determine the appropriate placement in the curriculum upon the student's return. The return may require repeating, or auditing of classes or rotations already taken.

### *Medical Leave of Absence and Medical Withdrawals*

An enrolled student whose medical condition requires absence from the curricular program for a period of less than 7 days falls under an excused absence requirements and this is not considered a medical leave if the missed coursework may be made up.

In circumstances where the medical condition warrants an absence that extends beyond 7 days the following statuses are applied:

1. If the Associate Dean for Academic Affairs and Course Instructor approve the absence and arrangements are possible for a Foundation Phase student to participate in the curriculum outside of the classroom or if special arrangements can be made for the student to complete the curriculum within the current block, a medical leave of absence will not be required, and the student may remain enrolled.
2. When the leave of absence is greater than 7 days and renders the Foundation Phase student unable to participate in the curriculum or that participation cannot be arranged by the Course instructor and Associate Dean for Academic Affairs within the current block, a medical leave must be taken.
3. When the leave of absence for an Integrative Phase student extends beyond 7 days and the clinical rotation may be made up during the current year, a medical leave is not required.
4. When the leave of absence for an Integrative Phase student extends beyond 7 days and the student is not able to make up the clinical rotation within the year, a medical leave is required.

The Associate Dean for Academic Affairs with approval of the Dean may grant a medical leave of absence. The student must provide the appropriate medical documentation, including but not limited to, a letter from the treating

physician clearly stating the nature of the medical condition and reasons it requires a leave of absence. The Associate Dean of Academic Affairs and/or Dean may require additional information from the treating physician to determine the appropriate timeframe for return. The Associate Dean for Academic Affairs and Dean reserve the right to require a second opinion if the reasons for the medical leave or withdrawal if the leave time is not common for the medical condition or to confirm that a medical condition exists or if the Dean believes a second opinion is warranted.

If the Foundation Phase student can complete the coursework he or she has missed during an approved Medical Leave of Absence during the “block breaks” following current or subsequent blocks, the student may continue with the current class. If the student misses a significant portion of the curriculum and is therefore unable to complete the coursework with the current class, the student is granted a medical withdrawal.

The student who receives a medical withdrawal from an approved medical leave of absence and is in good standing at the time of the medical withdrawal will be allowed to join the next academic class year if the medical leave is less than 180 cumulative days within a 12-month period. The Progress & Promotion Committee would determine the academic placement of the student.

If the medical leave or if cumulative medical leaves exceed a total of 180 days in any 12-month period, the student withdrawal is no longer considered temporary requiring the student to apply to be readmitted. If the student was in good standing at the time of withdrawal, and the withdrawal was medically approved, he or she is eligible for readmission for the next academic year. The student must be approved by the Admissions Committee and the Dean for readmission. If accepted, the Dean in consultation with the Progress & Promotions Committee will determine the academic placement of the student. The return may require repeating, or auditing of classes or rotations already taken.

Students who are applying to return from a Medical Leave of Absence or Medical Withdrawal must provide documentation from the treating physician that he or she has released the student, without restriction, and they are eligible to fully participate in the medical school program and that the student meets the technical standards for enrollment. The Dean and Associate Dean may require a second opinion. Students who do not comply with the requirements for the Medical Leave of Absence or Medical Withdrawal may be subject to dismissal by the Dean.

### ***Mandatory Medical Leave of Absence***

VCOM, Bluefield University, and the MHSA Program share concern for the general safety, health, and well-being of the campus community including students, faculty and staff and of the safety and well-being of patients and the clinical faculty and staff that are a part of the student clinical training.

On occasion, a student may experience a medical situation that significantly limits their ability to function safely or successfully as a student, or the student may, because of the condition, no longer meet the minimum technical standards of the program. In some cases, the student may be so severely disruptive as to interfere with the academic pursuits and other activities of the academic and/or clinical community or to be considered to pose a threat to the care of patients. Although a voluntary medical leave of absence is preferable, a Dean may place such a student on a Mandatory Medical Leave of Absence (MMLOA).

Prior to placing a student with a mental disability on MMLOA for reasons relating to that disability:

- a. Except in emergency circumstances, VCOM and Bluefield University collaboratively through its Individual Assessment Team (IAT), will conduct an individualized assessment of the student and will give careful consideration to the opinions and recommendations of the following persons:

- i. The student's treating physician or mental health professional, including opinions as to the student's ability to participate in the program and to any threat that may be posed to other individuals by that participation;
  - ii. An independent mental health professional, if warranted, who may be consulted to conduct an independent forensic evaluation;
  - iii. An independent academic evaluation, if warranted, to determine if the student is able to successfully participate in the program;
  - iv. The opinions and recommendations of other relevant healthcare professionals who may warrant consultation by either VCOM or Bluefield University.
- b. The MHSA Program will encourage and welcome any additional information the student believes to be relevant to making the determination.
  - c. All parties will respect the student's confidentiality, and only require the student to provide a medical release for access to the student's medical and mental health records as reasonably necessary to complete its individualized assessment. In the case the student is not comfortable in providing mental health records, the records may be provided to an independent mental health professional, who will be consulted to determine if a threat exists to the student, to the college community or to patient care by the student's continued participation in the program.
  - d. Based on the results of the individualized assessment, VCOM and Bluefield University will determine whether, and what, reasonable modifications can be made that would be effective to allow such a student to safely continue to attend classes and otherwise participate in its educational programs and/or to participate in patient care while undergoing treatment for or recovering from related medical or mental health conditions. The assessment will also include whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services would mitigate the risk.
  - e. The MHSA Program will require a student to take a MMLOA only if:
    - i. After the individualized assessment, and careful review and consideration documented concludes that the student's continued participation in its educational programs would require modifications that would be unreasonable or would fundamentally alter the nature of those programs;
    - ii. The student rejects all reasonable modifications and monitoring requirements offered by Bluefield University and VCOM and the student cannot meet the MHSA Program's essential eligibility requirements and technical standards to continue to participate in its educational and clinical care programs; or
    - iii. After the individualized assessment, even with the provision of all reasonable modifications that could be offered by VCOM, the student cannot meet the Program's essential eligibility requirements and technical standards to participate in the MHSA educational or clinical care programs safely and effectively.

In emergency situations, the Dean, in the exercise of reasonable judgment, may bypass some or all the above steps and considerations, to ensure campus safety or patient safety in the clinical sites, and/or the safety of other students. Nothing in this or other policies shall be construed to prevent VCOM or the MHSA Program from requiring students to, always, meet the Program's essential eligibility requirements and technical standards, and the policies and procedures that assure campus safety.

The imposing of a MMLOA is an academic decision and is not a disciplinary action; however, separate disciplinary action may also occur because of a separate action by the student or an action from an underlying behavior of the student, pursuant to this Handbook.

If the MHSA Program decides to impose a MMLOA, the Dean will advise the student, via official Bluefield University email, followed by a letter delivered via certified mail and verbally by the appropriate administrator, of the leave and duration of the leave, any restrictions from coming on campus or entering a clinical site, and available

grievance procedures should the student wish to challenge the decision. The MHSA Program shall document the decision, as well as the underlying facts, assessments, and determinations.

A student wishing to appeal the decision of the Dean to be placed on MMLOA shall do so within seven (7) days of receipt of the decision. The appeal shall be in writing to the provost and shall contain all grounds for appeal including all new, relevant, and material information not available to the Dean at the time of his/her decision. The decision of the provost is final.

### Individual Assessment Team

In situations where there is a need for a student to have an individualized assessment, the VCOM Campus Dean (or designee) shall appoint members of an Individual Assessment Team (IAT) to perform such individualized assessment. The IAT shall include, if possible, the Dean of the Anesthesiologist Assistant Programs; Medical Directors; the Bluefield University Dean of the College of Science & Health Sciences; the VCOM Director of Student and Institutional Academic Success; and the Associate Dean for Academic Affairs. The VCOM Campus Dean, within his/her discretion, may appoint different or additional members as the circumstances may require.

The IAT shall convene as soon as possible to conduct the assessment and provide a written report to the Dean of the Anesthesiologist Assistant Programs within seven (7) days of the conclusion of the assessment.

### MMLOA Reinstatement Procedures

MHSA students who have been on MMLOA must first seek approval from the Dean to submit an Application for Reinstatement. The Dean will then alert the student to all documentation required to reapply for a reinstatement, which may include additional documentation from the student, such as a release from the health professionals who are or were caring for the student, a criminal background check, immunization compliance, and any other documentation required by the college for consideration. Additional documentation and evidence may be required of students who are applying to return from a MMLOA, as determined necessary by the Individualized Assessment Team, for the team to make their determination based upon evidence that the student is ready to resume studies and academic responsibilities and to be involved in patient care. Such evidence may include, but is not limited to:

- a. Documentation of attempts to resolve issues that led to the MMLOA
- b. Release of academic records and reason for the MMLOA to the treating physician(s)
- c. Release by the student to treatment records that document the student's ability to return
- d. Consultation with, or clearance from, Bluefield University Health Services
- e. Consultation with the CIFSS to determine if reasonable accommodations are available
- f. Demonstrated ability to safely manage the stresses of academic study and to safely participate in patient care (safety of the patient and the student)

Class placement upon return may be determined by the Progress & Promotions Committee to assure the student gains all the required medical knowledge to become a safe, practicing, osteopathic physician. All returning students must meet the essential eligibility requirements and technical standards of the MHSA Program.

## Withdrawal and Dismissal Policies and Procedures

### Withdrawal

The Dean makes the final decision regarding withdrawals, as to permanent or temporary. All withdrawals are considered voluntary (the term dismissed is used for all non-voluntary withdrawals). Students must follow the procedures for withdrawal to avoid dismissal.

The written notice begins with a "Change of Status Form" and is required for all requests for withdrawal and may be obtained from the Office of the Dean of Anesthesiologist Assistant Programs. The student must return the form and any designated issued items to the Office of the Registrar before the student will be considered "withdrawn in good standing".

1. A student choosing to withdraw from school after the commencement of classes must provide a written notice to the Dean utilizing the "Change of Status Form". The notice must include the expected last day of attendance, must be signed, and dated by the student, and must obtain all required signatures to withdraw in good standing.
2. The date for a voluntary withdrawal will be the date the student turns in the completed form; meets with all required parties, including but not limited to, Student Affairs, the Registrar, Financial Aid, the Finance Office, and the Dean or his or her designee; and has turned in all required items on the form and may not exceed seven days from the last class attended.
3. Upon receipt of the completed Change of Status Form and issued items, the student will be voluntarily withdrawn.

To formally withdraw, the student must submit the "University Withdraw Form", available on MyBU to the Office of the Registrar. Failure to complete a Change of Status Form, obtain the proper signatures, and/or return any issued items will result in a hold placed on all academic records and/or a dismissal status being awarded and recorded on the transcript. Failure to provide documentation in a timely manner could result in a guaranteed readmission becoming void.

For any voluntary withdrawal, the MHSA Program recognizes and follows the date of determination as defined by the U.S. Department of Education in its Code of Federal Regulations.

There are two types of withdrawals from the MHSA Program, temporary and permanent:

### *Temporary Withdrawal*

A temporary withdrawal must be approved by the Dean. A temporary withdrawal may only be granted when there is substantial evidence that the student can return to the curricular program by the next academic year and in being successful upon the return. A temporary withdrawal may be granted for the following reasons:

- At the request of the Progress & Promotions Committee for the student to repeat an academic year,
- Medical Leave of Absence that requires a period of leave that would significantly interrupt the curriculum,
- A medical condition (including maternity leave) that requires a period of leave that would significantly interrupt the curriculum,
- Administrative Leave of Absence that requires a period of leave that would significantly interrupt the curriculum;
- Any approved leave that exceeds 180 days in a 12-month period.

If a student does not take the temporary voluntary withdrawal and a withdrawal period is mandatory, the student may be dismissed, with or without the ability to return.

### ***Permanent Withdrawal***

A permanent withdrawal is reserved for cases where substantial evidence exists that the student will not be capable of returning to the curricular program within the next academic year, or the student was not in good standing when the leave was taken, or if it is determined the student would not likely be successful on return. A permanent withdrawal may be made for administrative, medical, or academic reasons or by personal choice of the student. All requests for withdrawal must be made in writing to the Bluefield University Director of Student Affairs. Approved permanent withdrawals must be reviewed and approved by the Program Directors and the Dean.

### **Classifications for Withdrawal**

A withdrawal, whether temporary or permanent may be granted for military, personal, or medical reasons.

### ***Medical Withdrawal***

A temporary medical withdrawal is granted to a student who has:

- An approved medical leave of absence that is less than 180 days in any 12-month period, or
- An approved medical leave that substantially interrupts the curriculum, but the student is anticipated to return in the next academic year.

A medical withdrawal is granted to a student who has a medical condition that warranted a medical leave that exceeds 180 days in one academic year. A medical withdrawal requires re-application through the admissions process. The Admissions Committee will only grant readmission to applicants who left the institution from a medical withdrawal who were in good academic standing at the time of withdrawal and who are deemed to be eligible for and medically / academically capable of successfully completing the curriculum upon return. The Progress & Promotions Committee will meet on any student who was medically withdrawn in good academic standing to determine eligibility for reinstatement. The Progress & Promotions Committee determines any advanced placement in the curriculum if reinstated.

A student must be reinstated within eighteen months to be considered by the Progress & Promotions Committee for advanced placement, and student may be required to complete or audit courses depending upon the advanced placement.

### ***Military Withdrawal***

Military withdrawal is granted to a student whose military reserve obligations may require a period of absence from the academic program when they are called to extended active duty. Readmission is guaranteed pending proof of compliance with the minimal technical standards and the Student Honor Code of Conduct. If the student returns within five years, they will be placed in the curriculum as close to their current position as possible to provide them the appropriate continuum in the curriculum and the training required to be successful, competent, and able to perform well on their board exams. In any case, the student will not be charged any additional tuition from their original obligation. The Dean and Medical Directors will meet with the individual student to determine the appropriate curriculum to be completed in the remainder of the degree program that will bring the student to a competency level equal to his or her peer.

### ***Personal Withdrawal***

Personal withdrawal is granted to a student who wishes to voluntarily leave the MHSA Program for personal reasons. To be deemed withdrawing in good standing, the student must be in good academic standing, complete all paperwork, return all MHSA issued items, and follow all Bluefield University procedures during the withdrawal process.

## **Suspension**

Suspension is defined as a temporary separation from the institution that is involuntary and is initiated by the Dean for academic or behavioral reasons. The duration and terms of the suspension will be determined by the Dean and may include requirements and/or recommendations set forth either by the Progress & Promotions Committee or the Honor Code Committee.

Once suspended, the student is no longer eligible to participate in the curriculum, including clinical activity. A student may not receive any additional financial aid during a suspension and must return and complete that aid term before receiving financial aid for the subsequent aid term.

### **Academic Suspension**

Terms for academic suspensions are set forth by the Progress & Promotions Committee and/or the Dean, generally as recommended by the Progress & Promotions Committee or as a modification of those recommendations. Academic suspensions that exceed 180 days within a 12-month period will result in dismissal. The 12-month period begins on the first day of the student's suspension. The dismissal may be temporary or permanent as determined by the Dean. Academic suspensions that interrupt the medical curriculum require that curriculum be made up within an academic year or the student may be temporarily withdrawn or dismissed. The ability to return to the curriculum and the terms of that return are made by the Progress & Promotions Committee and/or the Dean.

### **Disciplinary Suspension**

Terms for suspensions due to behavioral infractions are set forth from the recommendations made by the Progress & Promotions Committee, Honor Code Committee, and/or the Dean. Suspensions due to behavioral infractions that exceed 180 days within a 12-month period will result in dismissal. The 12-month period begins on the first day of the student's suspension. The dismissal may be temporary or permanent as determined by the Dean.

With certain behavioral suspensions, additional conditions including ongoing medical or psychiatric treatment, or other requirements may be necessary to remedy the misconduct and prevent its recurrence.

If the terms set out under the suspension are not fulfilled, the student will be dismissed from the MHSA Program without the ability to apply for re-admission.

## **Emergency Mandatory Suspension**

The Dean has the authority to initiate mandatory temporary suspension for MHSA students. The reason for such suspensions includes, but is not limited to: (1) if the Dean determines that a student may constitute a threat to the welfare of fellow students and employees, or to the health of patients; (2) if the Dean determines that a student's presence constitutes substantial disruption of the academic program for fellow students; and (3) if the Dean



determines that a student is seen as a threat or disruption to employees performing their duties or to the workplace, or as a possible threat in Title IX accusation.

Possible situations where such action may be necessary include, but are not limited to, the following:

- Substance abuse (alcohol & other drugs);
- Suspected or alleged illegal behavior (until evidence resolves or substantiates allegations);
- Suspected or alleged physical, sexual, or emotional abuse (until evidence resolves or substantiates allegation); or
- Behavior considered to be unethical or unprofessional in a medical student or medical professional as deemed by the Dean to warrant such action.
- Behavior that is considered to pose a possible threat to the health and safety of other medical student(s), employee(s), or patient(s).
- Behaviors or alleged behaviors that present enough evidence to pose serious concern that the student's attendance may pose a significant risk for his or her personal health and safety. In this case, the Dean will appoint an individual assessment team in a timely manner to evaluate if the student meets technical standards for continued enrollment.

In any of the circumstances detailed above, the student may be suspended effective immediately. The Dean may also evaluate whether the student is eligible to be considered for a Mandatory Medical Leave of Absence, instead of an Emergency Mandatory Suspension, if the behaviors may be due to a medical condition.

Once suspended, the student is no longer eligible to participate in the curriculum or any type of clinical activity until a resolution has occurred. The Dean must notify the student verbally as soon as possible of the suspension (generally within 3 days of learning of the actions causing the concern and in writing by certified letter to the student's address on record. The Dean must also notify any other parties, such as the student's assigned clinical site, within 7 days of taking such action.

As soon as reasonably practicable following an Emergency Mandatory Suspension, the Dean will call for a Progress & Promotions Committee hearing to be scheduled. Return from suspension for the allegation is determined by the Progress & Promotions Committee recommendations to the Dean and the Dean's subsequent decision, as described in the Honor Code section of this *Handbook*.

## Dismissal

Dismissals from Bluefield University and the MHSA Program are based on one or more of the following: (1) academic reasons – failure to make academic progress; (2) behavioral reasons – failure to act in a professional and ethical manner expected of a medical student and Anesthesiologist Assistant; and infrequently (3) for failure to meet the technical standards of the Program. Dismissal may only be imposed by the Dean or Provost and is generally based on recommendations made by the Progress & Promotions Committee, or as a result of an individualized assessment by the Individual Assessment Team as applied to the technical standard assessment. Dismissal is made as “with” or “without” the ability to reapply.

Dismissals are made for any of the following:

- Any student who ceases to maintain the required academic attendance at the MHSA Program will be considered for a dismissal according to this Handbook. Should a student miss 14 consecutive calendar days (including weekends and holidays) when the Program is in session, without being granted an excused absence, the student will be reviewed for dismissal and the date of dismissal will be the first date the Program became aware of the lack of the attendance.

- A student who is unable to make sustained academic progress in the curriculum required to become a future safe practicing physician and/or to meet the academic requirements and standards as set forth in this *Handbook*.
- A student who demonstrates unprofessional and/or unethical conduct that is not consistent with: a) the code of ethics provided to MHSA students; b) the American Academy of Anesthesiologist Assistants (AAAA) Code of Ethics; c) the rules and requirements of this Handbook; or d) the rules and requirements of any professional organization having jurisdiction over the medical profession or that does not instill a sense of trust in the Program's academic or clinical care environments.
- Cheating within the Program's academic program.
- Conviction of a crime involving fraud, moral turpitude, or potentially creating a danger to others and that would reflect adversely on a physician and/or future physician.
- Other behavior which any legal, regulatory body, or osteopathic professional organization would view as unethical or unprofessional.

A student who has been offered a withdrawal status prior to dismissal for academic or behavioral reasons, must withdraw prior to any appeal to the Dean. If the student does not request the withdrawal in a timely manner the student may be dismissed without the ability to reapply.

For any dismissal, Bluefield University recognizes and follows the date of determination as defined by the U.S. Department of Education in its Code of Federal Regulations.

# VCOM | BLUEFIELD

MASTER OF HEALTH SCIENCE IN ANESTHESIA PROGRAM



Transcripts

## Office of the Registrar

Bluefield University's Office of the Registrar is committed to serving students, graduates, faculty and administration. This office serves as a primary resource for information and records keeping, including but not limited to, annual enrollment updates, student transcripts, graduation readiness, and post-graduation credentials verification. The Office of the Registrar is compliant with the directives, mandates and recommendations provided by the Family Educational Rights and Privacy Act (a federal law that protects the privacy of student education records). The Registrar's Office educates the MHSA Program administration, faculty, and staff on FERPA updates, understanding, and compliance.

Visit the Registrars website at: <https://www.bluefield.edu/bluefield-central/registrar-office/> to find the forms necessary to make student information changes.

### Transcript Requests from Students

Upon written request to the Office of the Registrar, a current or former MHSA student or graduate may request a transcript. Every request for an official transcript and unofficial transcript for a non-enrolled student who has not graduated must be approved through the Office of the Provost.

Bluefield University (through the Office of the Provost) reserves the right to deny the release of any transcript for reasons including but not limited to: (1) disciplinary actions taken by the MHSA Program; (2) not meeting financial obligations to Bluefield University, VCOM, or its affiliates; (3) not following the procedure set forth in the withdrawal/leave/exit process from the Program; and/or (4) not returning issued items requested.

The Office of the Registrar does not need approval to send a transcript on behalf of a graduate in good standing. The graduate must submit a Release of Information form to the Office of the Registrar or request a transcript through the SIS system with the required fee.

Transcripts from previous institutions attended and other documents submitted during the admissions process to Bluefield University are the property of Bluefield University and will not be returned to the student or forwarded to a third party

### Unofficial Transcripts

Unofficial transcripts obtained through the Registrar's Office may be printed and stamped "Unofficial Transcript" in lieu of a signature by the Registrar.

1. Enrolled students in good standing or alumni may download their own unofficial transcript at any time, free of charge, through the MyBU System.
2. Non-enrolled students who did not graduate must submit a Release of Information form and a \$15 fee to the Office of the Registrar. The Office of the Provost must approve the request before any transcript is issued by the Office of the Registrar. In these cases, the transcript will be notated to identify if the sequence of course has or has not been completed and the status of the student at the time of his/her departure from Bluefield University (withdrawn, dismissed, on leave, etc.)

### Official Transcripts

Official transcripts are printed on Bluefield University security paper in partial color with Registrar's signature, date, and official Bluefield University seal. No official transcript will be sent directly to the student. Any official transcript request must include the name and address of the person/institution to whom the official transcript is to be sent.

1. Upon graduation, the first official transcript requested is free; thereafter, there is a charge of \$15 per official transcript requested.
2. An enrolled student in good standing requesting an official transcript be sent to a third party must submit a Release of Information form to the Office of the Registrar or through the MyBU system. Official transcripts are sent directly to the third party as directed by the student (e.g., scholarship agency, residency program, licensure board, etc.). The Office of the Registrar reserves the right to verify the agency or address where the transcript is to be sent.
3. A graduated student in good standing requesting an official transcript be sent to a third party must submit a Release of Information form and \$15 fee (see #1) to the Office of the Registrar or through the MyBU system. Official transcripts are sent directly to the third party as directed by the student (e.g., scholarship agency, residency program, licensure board, etc.). The Office of the Registrar reserves the right to verify the agency or address where the transcript is to be sent.
4. Any non-enrolled student, who did not graduate, requesting an official transcript must submit a Release of Information form and \$15 fee. In these cases, the transcript will be notated to identify any incomplete sequence of courses as well as the status of the student (withdrawn, dismissed, on leave, etc.).
5. Official transcripts, the Comprehensive Anesthesia Student Performance Evaluation (CASPE or Dean's letter) can be requested directly through the MHSA Program Offices and may not be amended after graduation.

### **Rights through the Family Educational Rights and Privacy Act of 1974 (FERPA)**

Bluefield University and the MHSA Program strive to uphold the rights of students and families set forth in the FERPA Act of 1974 and all current FERPA regulations. The act places certain restrictions and limitations on the disclosure of personal identifiable information maintained by Bluefield University with respect to students, and it limits access to educational records, including the right to access, the right to obtain copies, the right to seek correction of such records through informal and formal internal procedures, and the right to place a statement in such educational records explaining any information that the student believes to be inaccurate or misleading.

Bluefield University and the MHSA Program consider certain information to be “directory information” under FERPA and therefore subject to disclosure without prior consent from the student. Bluefield University will treat name, address (permanent and mailing), telephone (land and cell), Bluefield email address, date and place of birth, major field of study, dates of attendance, enrollment status, degrees and awards received, the name of the prior college(s) attended, residency program matched, photographs, participation in student activities, and marital status as directory information. A student has the right to refuse the designation of any or all the types of information about the student as directory information by the student giving written notice to Bluefield University no later than 30 days of the commencement of the academic year stating he or she does not want any or all the types of information about the student designated as directory information. Student social security numbers will be provided as requested in the registration process for the NCCAA National Certification Exam. For only this purpose, the social security number will be considered directory information, subject to disclosure without prior consent from the student. Bluefield University nor the MHSA Program shall not disclose the address, telephone number, or email address of any student pursuant to 34 CFR 99.31 (a) or the Virginia Freedom of Information Act unless the student has affirmatively consented in writing to such disclosure.

Information on all students admitted to Virginia’s public and private institutions of higher learning may be submitted to the state police for checking against the sexual offender registry. Bluefield University is required to submit information in the case of an official subpoena, and as required by the state and federal government.

For the purposes of operating the daily academic programs, Bluefield University and the MHSA Program have the right to share academic and behavioral record information internally with school officers such as faculty, administration, and pertinent staff who have a legitimate interest in the information. All employees of VCOM, Bluefield University and the MHSA Program are informed of their responsibility not to share student information outside the institution or with persons within the institution who do not have a legitimate interest.

The MHSA Program will contact immediate family only for the purpose of assuring the students safety and the safety of others. Students concerned about the confidentiality of records at Bluefield University are requested to bring their concerns first to the attention of the Office of Student Affairs. Complaints regarding alleged violations of rights accorded students by or regulations promulgated by the Act, may be directed to:

**The Family Educational Rights and Privacy Office**

Dept. of Health, Education, and Welfare  
330 Independence Avenue, SW  
Washington, DC, 20201.

*Educational Records Definition*

Any record maintained by the University that is related to the student with some narrowly defined exceptions:

- Records in the “sole possession of the maker” (e.g., private advising notes)
- Law enforcement records created by a law enforcement agency for that purpose
- Employment records (unless the employment is based on student status). The employment records of student employees (e.g., work-study, and wages) are part of their education records.
- Medical/psychological treatment records (e.g., from a health or counseling center)
- Alumni records (i.e., those created after the student has graduated)

*Information Students Can See*

The Family Educational Rights and Privacy Act also gives a student the right to inspect his or her education records (hard copy and electronic) and to request amendment of those records if they are inaccurate, misleading, or otherwise in violation of the student’s privacy rights. To inspect his or her education records, a student must file a written request with the individual who has custody of the records that the student wishes to inspect and the request must be honored within 45 days after the records custodian receives it.

To request amendment of his or her records, a student first discusses the matter informally with the records custodian, and if the custodian does not agree to amend the records, he or she will inform the student of applicable appeal rights. Students also have the right to file a complaint with the U.S. Department of Education alleging that the institution has not complied with FERPA.

*Information Students Cannot See*

Students may NOT see parents’ financial statements or records and letters of recommendation for which the student waived the right to view. Students may NOT see the personal information of any other student or any information on a student who has a non-disclosure request on record.

*Access to Student Data*

Departments within the University requesting other than Directory information will be given such information if they have a legitimate educational interest. University officials have a legitimate educational interest if it is necessary or desirable for them to have access to carry out their official duties and/or to implement the policies of Bluefield

University, or if it is in the educational interest of the student in question for such officials to have the information. Persons receiving this information (or Directory information prior to its publication) are responsible for protecting the confidentiality of the students involved. They are not permitted to re-release this data to persons, other than College officials with a legitimate educational interest, without the prior written consent of the students involved.

Instances in which student data (even for those records with restrictions and non- disclosure requests) are released

- to specific internal groups with legitimate educational interest (signed waiver by student not required)
- to specific external groups with legitimate educational interest (signed waiver by student may be required)
- to other agencies not specified above (signed waiver required)
- to satisfy a subpoena or judicial order (signed waiver not required)

### **Release of Information**

All documents and other information concerning student discipline, including written reprimands, shall be maintained in a confidential file. Such actions become a part of the student's permanent education record but are only released at the written discretion of the Provost. However, as required on the Comprehensive Anesthesia Student Performance Evaluation (Dean's letter), all disciplinary actions will be reported.

### **Release of Third-Party Information**

Transcripts from previous institutions attended and other documents submitted during the admissions process to Bluefield University are the property of Bluefield University and will not be returned to the student or forwarded to any other third party.

The MHSA Program will not forward the National Commission for Certification of Anesthesiologist Assistants (NCCAA) Certification Examination testing results to any other third party.



# Extracurricular Activities



## Extracurricular Activities, Memberships, and Appointments

### International and Appalachian Outreach

Students of the Master of Health Science may have the opportunity to participate with VCOM medical students in international and Appalachian outreach programs. VCOM has offered global health programs with international and Appalachian experiences since 2005. In the process, VCOM has established policies and procedures for best practices which require MHSA student compliance.

VCOM has established clinical sites through permanent clinics in the Dominican Republic and Honduras. Villages and orphanages within a geographical service area of each clinic have been selected by VCOM to receive continuous sustainable health care. The VCOM service areas and activities are authorized by agreements with the Minister of Health, medical schools, physicians' associations, and foundations for effective work in each country. Beyond the legal agreements, there are important working relationships in hospitals, villages, and many not-for-profit organizations; along with key individuals with whom VCOM has built trust relationships.

Appalachian and Delta regions community outreach programs have taken various forms including service activities with local partners, response to disasters, medical outreach programs including prevention and health literacy programs, health screening and treatment), and other activities that promote an improvement of the health of persons living within the region. On all occasions, VCOM's response is in collaboration with partners that share in values and where VCOM can make a significant contribution from community organizations to schools and clinical hospital partners.

Those MHSA students who participate in VCOM outreach programs have a professional responsibility to meet their obligations as to professional and responsible behaviors as a healthcare professional as well as to understand the expectations of the college and our hosts. Students must respect and understand cultural norms, and to follow professional norms that are unique to the site. Internationally, MHSA and VCOM students are an invited guest or partner in countries where there are cultural, individual and practice differences than those found in America. Students are immersed in the setting for a period of time and must seek to fully understand the beliefs or practice norms within the host country. In addition to VCOM's guidance, students are expected to follow the MHSA Student Honor Code of Conduct and direction for the safety of the student and the patient. The international clinical faculty preceptor is the primary contact during rotation to provide guidance for clinical skill development, safety, and cultural activities.

The MHSA Program recognizes that outreach trips are not for everyone because of personal and professional interests, personality traits, and other factors. Therefore, a student's choice to participate or not participate will be respected without any consequence or merit for either decision they choose. While the MHSA Program does not require students to participate in international global health, a vast majority of students will take advantage of one or more opportunities. A brief synopsis of outreach options illustrates the range of options available to our students.

Student individual and group elective opportunities in the VCOM Global Health Program by level include: (1) Health outreach trips in an Appalachian or Delta medically underserved community; (2) One-week medical mission trips focused on public health, primary care, and prevention programs Community outreach in local shelters and free clinics; or a (3) One-month international medical outreach experience in one of VCOM's sustainable clinics in Honduras, El Salvador, and the Dominican Republic. Students must be approved to participate based on being in good academic and behavioral standing and upon the health and safety of the student's participation.

Please understand there is an application and approval process for participation in international activities. Approval is subject to academic progress, good academic standing, review of any outstanding behavioral issues, and availability. When applying, students must be flexible regarding the dates of their mission trip, to allow for the best chance to participate as dates for participation is based on availability of locations. In applying for the one-month rotation, students must also be flexible regarding the dates of the rotations to allow for availability. Students wishing to participate in a VCOM-sponsored international outreach/medical/clinical experience must be approved and must submit the following documentation to the Vice Provost for International Outreach through the International department on campus or by directly emailing the required documents to the Vice Provost:

- VCOM Sponsored International Outreach Trip Participant Liability Waiver
- VCOM Sponsored International Outreach Trip Student Code of Conduct
- VCOM Immunization Guidelines and Illness Risk Verification Form
- International Emergency Contact and Information Form
- Copy of passport that fully shows the ID and signature page
- Copy of driver's license

VCOM International and Appalachian Outreach is nationally and internationally recognized. It provides a wonderful range of elective opportunities from which we hope students select an experience that is “right” for them. The Program is committed to providing our students very high-quality experiences. VCOM, in return, asks for student's cooperation in the best interest of all.

The VCOM website provides timely information about the on-going program and posts recently completed activities. We will use email for timely notification of approaching opportunities and deadlines. In addition, students may contact the International and Appalachian Outreach office staff at any time to explore individual interests and options.

### **Non-VCOM International Outreach/Medical/Clinical Experiences**

The MHSA Program recognizes that students may wish to continue to participate in outreach experiences with organizations and churches in which they have had prior experience. Therefore, students planning a non-VCOM international outreach/medical/clinical experience must obtain prior approval. To do so, students must submit the following documentation to the Vice Provost for International Outreach through the International department on campus or by directly emailing the required documents to the Vice Provost:

- Non-VCOM Sponsored International Outreach Trip Participant Liability Waiver
- Non-VCOM Sponsored International Outreach Trip Student Code of Conduct
- VCOM Immunization Guidelines and Illness Risk Verification Form
- International Emergency Contact and Information Form
- Copy of passport that fully shows the ID and signature pages
- Copy of driver's license
- Proof of purchase of short-term medical and evacuation insurance
- Non-VCOM Sponsored Trips Sponsor Assurances and Liability Form
- Proof of government authorization for all medical and medically related activities where the activities will take place (usually the Ministry of Health)
- Letter from the supervising physician that includes:
  - Evidence of the supervising physician's medical credentials
  - A description of activities and duties the student will be performing
  - Statement that he or she will oversee and/or assure appropriate oversight of the student.

Once the documentation is submitted to the Vice Provost for International Outreach, the Vice Provost for International Outreach, the appropriate VCOM Associate Dean for Clinical Affairs and the MHSA Dean, will review the student's request and provide a timely response.

MHSA students who choose to participate in elective international medical experiences that are not organized, nor sponsored by VCOM or the MHSA Program, may not represent themselves as MHSA students in that country and must represent themselves as members of the organization with whom they are participating. MHSA Program students participating in any international medical/clinical activities are held to the same ethical and professional standards as in the United States and may not care for any patient unless supervised by a physician who is licensed in that country and/or approved to provide care in that country. Students wishing to participate in a VCOM sponsored international outreach/medical/clinical experience must be approved and must submit the following documentation to the Vice Provost for International Outreach:

- VCOM Sponsored International Outreach Trip Participant Liability Waiver
- VCOM Sponsored International Outreach Trip Student Code of Conduct
- VCOM Immunization Guidelines and Illness Risk Verification Form
- International Emergency Contact and Information Form
- Copy of passport that fully shows the ID and signature page
- Copy of driver's license

If students choose to participate, they must remember that they are part of a team while on VCOM global health activities in the U.S. and abroad. A student's behavior reflects on the entire MHSA program, VCOM, and Bluefield University and will impact the college's ability to continue activities. Professional behavior is always expected (24 hours per day) while on VCOM Medical Outreach, whether in country or internationally. Unprofessional behavior will result in a Progress & Promotions Committee disciplinary hearing and could lead to sanctions and/or permanent record of such behavior in the student file or CASPE.

### **Code of Conduct for International and Appalachian Outreach/Medical/Clinical Experiences**

Students' compliance with the MHSA Student Honor Code of Conduct is required along with prudent professional behavior, compliance with VCOM administration, respect of local culture, and respect of other important program components to sustain the health programs we have created. While participating in International and Appalachian Outreach, whether in the U.S. or abroad, the following Code of Conduct applies specifically to medical outreach trips and is applicable along with the general code of conduct for MHSA students.

1. I understand my behavior in an international setting is to be always professional, whether in the clinic, in the villages or on my own free time. I understand actions will reflect the care provided by VCOM and the MHSA Program, by the associated clinics and partners, and by Certified Anesthesiologist Assistants.
2. I recognize VCOM and the MHSA Program will not tolerate any alcohol related infractions. There is no drinking during outreach trips during the clinic time and no more than two total drinks per evening. I understand the following applies:
  - a. This is enforced as you are a guest in an international setting and a reflection of Certified Anesthesiologist Assistants, the MHSA Program, Bluefield University and VCOM.
  - b. VCOM does not provide alcohol to students on outreach trips.
  - c. When hosted by an institution, alcohol may not be taken into the host institution's property.
  - d. Over-consumption of alcohol on outreach trips will result in disciplinary action.

- e. You may be sent home or have disciplinary action for any of the above and may be sent home or have disciplinary action upon return to the MHSA Program. These actions are reflected in the permanent record and Dean's letter.
  - f. No alcohol or smoking is permitted in any medical facility, on the grounds of Baxter Institute campus in Honduras or the facilities in El Salvador.
  - g. No alcohol is permitted in any hotel room on the VCOM outreach experiences or in any VCOM apartment. VCOM apartments are a smoke-free environment as well. (In general, students must recognize this experience is not to be considered as spring break – if you wish to consume alcohol and are looking for this type of entertainment on your break, this is a professional trip and not the trip for you.)
3. I understand and agree that, just as in the US, I am not a licensed clinician and will not provide any patient care without supervision. I will always work under the guidance of a supervising physician while on the trip. This physician will oversee all the patient care I provide including examination, diagnosis, any prescribed medications, any procedures, and any type of patient treatment. I agree to review all findings, diagnosis and treatment with the preceptor who is ultimately responsible for the treatment. This is for the patients', as well as my own, safety and should be seen as a learning experience.
  4. I agree to conduct myself in a professional manner, being respectful of my supervisors and colleagues, assuring the exchange of information between myself and the patient, myself, and other students, and with physicians in my group will be always professional and respectful.
  5. I understand and agree that disrespectful behavior will not be tolerated whether it be toward any preceptor, any fellow student, any supervisor, or any patient on the trip.
  6. The Dominican Republic, El Salvador, Honduras, and other locations do not have the same standards or resources for care. I will respect recommendations for medications and treatments that may differ from the US but will provide the best outcomes in the international medically underserved area setting. Treatments are the ultimate decision of the supervising physician.
  7. I understand there are certain designated areas where the students are allowed to be on any given outreach trip. I agree to read the designated areas for any trip I attend and agree not leave the designated areas at any time during the trip. The designated areas for evening include the lodging grounds for the site and I will not leave unless with VCOM to an organized event. VCOM works with our international partners to provide the safest possible environment; however, as the liability waiver you signed states, we cannot make guarantees for your safety, and it is not safe to go into the communities at night unless on a VCOM sponsored outing. Honduras, El Salvador, and certain areas of the Dominican Republic have high crime rates and carry a high risk for theft or attack so you must not leave the designated hotel or resort areas. Each site and each trip will provide instruction.
  8. I understand that I will be participating in a setting that will not have the comforts I may be accustomed to, including hotel rooms or lodging areas where I may be required to share sleeping rooms or sleep on a mattress on the floor. I recognize that the food offerings will be different. I recognize that I will be required to eat group meals and will be required to eat the same foods as all other students or trip participants. I will notify the trip supervisors of any dietary requirements and recognize that these may or may not be possible and I may need to bring supplements. I recognize I may be required to walk long distances, carry up to 50 pounds frequently, and will work long hours (often 10-to-12-hour days).
  9. I recognize VCOM will make every effort to care for my health and safety, however, conditions in an international underserved area are not always pleasant. I agree to be flexible in adapting to the trip for the overall well-being of patients and other students. I am therefore willing to accept a reasonable level of hardship, I will avoid bickering and complaining about the conditions or others on the trip, and agree to put forth my best efforts to get along with others on the trip, and I will be a positive participant in the trip. I understand that living up to these expectations is essential for everyone to have a good experience.

I also understand if my behavior should become such that I am negatively impacting the group that the trip leader has the right to send me back to the U.S. I will remember the outreach trip is not about me, but those we are here to serve.

10. I understand I am expected to keep my living area reasonably clean out of respect for those who share the area and to leave it in good order upon departure.
11. I agree I must be on time for all departures to and from clinics each day and for all other outreach trip organized events.
12. I agree to accept and take responsibility for assignments on the trip and to always act responsibly.
13. I agree I must stay with the group from US departure to destination airport, and transportation to the sites. I understand that I am not permitted to rent a car due to flight delays unless there is approval by the Vice Provost for International Outreach.
14. I understand that any actions found to be unprofessional or unethical on the trip may be reported by the Director and be a cause for a hearing by the Honor Code Committee or Progress & Promotions Committee.
15. I understand that I will be subject to adverse conditions and increased risks and agree to hold VCOM harmless from all liability for any injury or illness that may incur and for any additional expense that may occur from my actions or that VCOM does not have control over.
16. I understand that if I am not following the above policies and rules, I may be sent home from the trip immediately and at my own expense.
17. I understand there are increased risks for health and safety on any outreach trip. I agree to hold VCOM harmless for any unforeseen injury, illness, or expense incurred on the mission trip.

Any student not adhering to these stated rules will be removed from daily activities and may be required to return to the U.S. immediately at their own expense.

### **Health Guidelines for International Outreach/Medical/Clinical Experiences**

Traveling in developing countries presents risk of illness, most commonly severe diarrhea contracted by drinking local water or eating food where there are issues with sanitation during food preparation and handling. The tap water in Central America, the Caribbean, Africa, India, and other regions cannot be considered safe. Random selection of restaurants and eating areas should be avoided in favor of sites known through prior trips and with established quality standards. Students should be aware that you may be affected by water or food that local residents consume without any sign of health problems. Students must also be aware that while caring for patients, bacteria may easily be transmitted from hand to mouth. One must also consider the risks of vector-borne diseases and take appropriate precautions with insect repellent to be always worn.

International rotations and trips are optional. Students with a medical illness that would be placed at risk by international rotation or outreach trip should not participate. This includes students with severe immunosuppression, insulin dependent diabetes, inflammatory bowel disease, or other chronic disease or significant illness. Students who have a chronic disease should discuss, with the VP of International Affairs, whether it is safe for them to travel to the designated country. Further, international trip participation is not possible during pregnancy nor for individuals trying to become pregnant or at risk of pregnancy.

All participants should visit the CDC website to review more information on the specific guidelines for the country to which they are traveling, as the website is updated frequently. All participants should read and comply with the CDC guidelines for the region to ensure the greatest safety.

## Recreational Activities

Tuition includes activity fees for any MHSAsponsored programs and for activities purchased through a collaborative agreement between VCOM and Auburn University. The full set of activities are available to students in during the Foundation Phase, with a limited set of activities plus the addition of graduation activities during the Integrative. Additional information is provided in orientation each year.

Through Via Wellness, VCOM sponsors social, fitness, spiritual, cultural, and vocational activities throughout the year. Via Wellness strives to promote balance in the busy lives of medical students and provides incentives for participation in a spectrum of activities. Information about activities sponsored through Via Wellness are available from the VCOM Office of Student Affairs.

### Auburn Campus

Your VCOM-issued ID provides Foundation Phase students with access to recreational and athletic facilities on the Auburn campus, admittance to social and cultural events, use of the library and bus transportation offered through Auburn University (AU). In instances where AU assesses a fee for its students for activities (e.g., rental of equipment, admittance fees to special events, etc.), MHSAs and VCOM students are typically required to pay the same fee as an AU student. The following is a partial list of activities and services available to students through the collaborative agreement with AU:

- Tickets for AU Sports are available in the same manner they are available to Auburn students. Visit: [www.auburntigers.com/aubtix/](http://www.auburntigers.com/aubtix/)
- Ability to participate in Intramural Sports. Visit [www.campusrec.auburn.edu/intramurals](http://www.campusrec.auburn.edu/intramurals) for more information.
- Access to swimming pools and fitness centers. Visit: [www.campusrec.auburn.edu/](http://www.campusrec.auburn.edu/)
- Access to activities such as a climbing wall, cycling, dance, yoga, Zumba, meditation, and a variety of other recreation and wellness activities. Visit: [www.campusrec.auburn.edu](http://www.campusrec.auburn.edu)
- A variety of different Religious Organizations are available. Visit: <https://auburn.collegiatelink.net/organizations>
- Most student organizations are available for students. Over 400 groups are offered at AU: <https://auburn.collegiatelink.net/organizations>

### Carolinas Campus

The VCOM ID provides students with full access to VCOM facilities. The VCOM ID is also required to access the recreational services VCOM purchases through the local YMCA. VCOM also offers additional recreational opportunities for students through relationships made in the community. Students participate in the “College Town” activities, which are a collaboration of VCOM, Wofford, Converse, Methodist, and the local community colleges. Various Religious and Service, Special Interest, and Performing Arts programs are available through this relationship.

### Release from Liability for Participation in Activities

VCOM, its collaborative partners, VCOM student organizations, and/or the Via Wellness program will sponsor programs for students’ well-being, including but not limited to, “VCOM Olympics”, an Adventure Race, intramurals, athletic competitions, running clubs, picnics, self-defense classes and other similar and like activities. The programs are voluntary and have no guarantees regarding injury, as this is often dependent upon the participants who are voluntarily engaged in these activities. Therefore, by participating, the student agrees that he or she shall release and hold harmless the VCOM and its current and former trustees, officers, directors, employees, attorneys, representatives, and agents. Further, by participating in these events, students and their

guests waive any claim for injury and damage resulting from their participation in such events. Any other “release for liability” a student may sign for an activity may augment this release from liability but does not supersede or diminish that the student and their guests release and hold harmless VCOM, and its principals as stated above.

## Appointed, Elected, and Other Extracurricular Memberships

The purpose of attendance at the MHSA Program is to gain the academic and professional skills to become superior Anesthesiologist Assistant clinicians. Participation in events outside of the academic requirements are a privilege and should complement the student's prescribed academic program. Therefore, students should use their discretion when participating in events outside of the academic requirement. Students must remain in good academic and behavioral standing to participate in all appointed or elected extracurricular leadership positions. Students may be asked or required to remove themselves from these roles by the Director of Student Affairs and/or Dean if they are seen to interfere with the student's academic success. In addition, students may be removed from their role if the student has exhibited poor professionalism or may be removed for other related reasons at the discretion of the Director of Student Affairs or the Dean.

### AAAA, ASA and State Society Memberships

The MHSA Program requires that students enroll as members of the American Academy of Anesthesiologist Assistants (AAAA) and the American Society of Anesthesiologists (ASA) national organizations, as well as either the appropriate state level components of these organizations in either Alabama or Georgia. These organizations provide a myriad resources and advocacy for the expansion and development of the CAA profession, and the cost of membership has been considered in the students' cost of attendance for the MHSA Program.

### Appointment of Members of the Honor Code Committee

Student appointments to the Honor Code Committee are made by the Dean. Students may submit a written letter of intent if they wish to be put into consideration and individuals are also nominated by the administration and current Honor Code Committee Officers. Initial appointments are typically for a period of one year. Appointments are reviewed annually and may be renewed based on the Program and Committee needs. Some members will be rotated off annually to provide additional students with the professional experiences of serving on this committee. The Chair and Vice Chair are appointed by the Dean from the current membership and typically serve for one year in that capacity. The Dean has the authority to alter the timeframe for appointment to the Committee and Chair positions based on the needs of the Committee.

### Appointment of MHSA Student Ambassadors and Other Admissions Volunteer Opportunities

MHSA Student Ambassadors are appointed annually by the Dean in collaboration with the Director of Admissions. Interested students may submit a letter of intent and students are also nominated by faculty, staff, or other students. Ambassadors are asked to complete a minimum of three events annually, including at least one off-campus visit to Pre-AA or Pre-Med clubs at colleges and universities (preferably one at their alma mater) and at least two other events such as volunteering for on-campus open houses or the orientation or graduation program. Ambassadors are appointed in the fall and appointments are initially made for one-year. The needs of the overall MHSA recruitment program are reviewed annually, and some Ambassador appointments may be renewed and some students may be rotated off so that others can participate. Ambassadors who fulfill all three events are recognized at MHSA's Graduation Awards Banquet and in the Comprehensive Anesthesia Student Performance Evaluation (CASPE or Dean's Letter).

Students who are not official Ambassadors are encouraged to volunteer to participate in admissions events. Contact the MHSA Office of Admissions for ways to get involved.



## Student Appointment to Program Committees

Students are appointed to Program committees by the Dean or Medical Directors in collaboration with the Director for Student Affairs. Students serving on Program committees must be in good academic standing, represent the interests of the entire class on the committee, and must report on those committees to the class. Students serving on the committee should call for input for the committee from the class prior to the scheduled meeting, must attend all scheduled meetings, and must report back to the class electronically on the outcomes. Students serve on the Programmatic Effectiveness Committee, the Program Advisory Council, the Curriculum Committee, and the Via Wellness Committee.

## Student Officer Positions

The Student Council (SC) is a student-run organization that serves as the governance body for Anesthesiologist Assistant students. SC plans activities that help to involve and excite the students, handles any issues that may arise with the student body to ensure that the students obtain the best school experience possible, and works closely with administrators, professors, and clinicians to provide an environment for students to promote learning and discovery while emphasizing community, collaboration, and a spirit of unity and enjoyment for the people that we interact with daily. SC is excited to be able to do great things for fellow classmates and join with administration to make AA education a great experience.

The Class Officers are elected each year by members of their class. Class Officers represent the interest of their class to administration, faculty, and Student Affairs. Class Officers also represent individual members of their class, when requested, to administration through Progress & Promotions Committee and disciplinary hearings.

To hold an officer position with a MHS A Program student organization or committee, students are required to be in good academic and behavioral standing with no failing course grades and a minimum 3.1 GPA. Students who are on academic probation, not making good academic progress, or who do not pass a CCE will be required to resign in order to dedicate full efforts to their academic program. Students who are found guilty of an honor code violation are not eligible to hold an officer position. After being elected, officers will be reviewed for continued eligibility to continue to hold office and may be required to resign if academic or behavioral concerns arise.

The Class President and Vice President for the class shall consider proximity to campus when requesting external clinical rotation sites to maintain their position. Students wishing to continually rotate outside of a one-hundred-mile radius of either campus should not run for a class officer position in Integrative Phase. Individual student organizations may have an academic requirement above these minimum limits. Student officers are asked to serve at the time of the Progress & Promotions Committee and disciplinary hearings and therefore, must be within easy driving distance.

## Student Organizations

The MHS A Program promotes an environment where students balance curricular, extra-curricular, and personal experiences. Therefore, the total number of student organizations and committees are limited to those that are professional in nature and that fall under career interests or profession related organizations.

Introductory meetings for student organizations occur after the conclusion of the first block of study in Foundation Phase in order to allow students time to understand the academic commitments of graduate school and time to explore options before committing to an organization. Students are encouraged to learn about all organizations and committees and to choose those that will advance their career and personal interests. Student organizations recognized and sponsored by VCOM are under the supervision of the VCOM Associate Dean for Student Affairs.

All sponsored student organization bylaws and charters must be approved by the Dean and the Presidents of VCOM and Bluefield University. Students may not establish chapters of student organizations or groups or make other commitments using the Bluefield University, VCOM, or the MHSA Program name without initial and final approval of the Deans.

That organization's faculty advisor, the Director for Student Affairs, and the Dean must approve all activities carried out by student organizations that involve the public arena. As VCOM is a 501c3 not for profit organization, all fundraising activities must be approved through the Dean and the VCOM President. The fiscal responsibility for each student organization lies with the Treasurer of that organization and the Director for Student Affairs. The Program nor sponsoring institutions are liable for the fiscal management of the organization by students.

Student organizations with leadership positions have been established as opportunities for students to exercise their professional interests within the approved and established student organizations and committees. Groups of students who have professional interests they feel are not currently available at VCOM should meet with the Director for Student Affairs in person for ways to collaborate and work within VCOM's existing student organizations and committees to meet the student's goals. To learn more about VCOM student organizations, please visit the VCOM website at: <https://www.vcom.edu/students/campus-life/student-organizations>



# Expressing Concerns

## Expressing Concerns, Grievances, and Resolution Procedures

Bluefield University and VCOM recognize the need for students to voice concerns and grievances and to seek resolution to problems, disagreements with faculty/administrators, or interpretations of institutional policy. The institution also recognizes that it is the responsibility of the student as a developing professional to express their concerns in a professional and ethical manner.

The MHSA Program recognizes that students file grievances against each other, faculty, or staff and likewise, faculty or staff may file a grievance against a student. In such cases, all documents concerning the grievance will be maintained in a confidential file in the provost's office unless official action is required to be taken by either institution. If official action is taken, such actions may become a part of the student, faculty, or staff member's permanent record. These records are only released at the written discretion of the Dean or Provost or as required by institutional policy.

Each step of the resolution and grievance procedure generally takes two weeks to complete, unless otherwise noted. Extensions or waivers to this timeframe may be granted on a case-by-case basis. Notice of a request for an extension from a student shall be submitted within ten calendar days prior to the deadline. Decisions about granting or denying the request for extension shall be communicated to the student, in writing, within two business days of receipt of the request for extension. Likewise, if the Program needs to extend a deadline, the Director for Student Affairs or Dean shall provide said notice ten days before the due date.

The following concerns and grievance procedures have been developed:

### Academic Concerns

Students may seek resolution for concerns or grievances related to academic issues, which may include concerns over general course procedures, grading policies, course grade(s), promotion, or other academic issues with the Course Director, Director for Student Affairs, Class President, Class Officers, Medical Directors, the Dean, and/or the provost. Course assessment policies and test question challenges are not addressed through the student grievance process.

#### *Informal Academic Concerns*

An individual concern that is academic in nature should first be discussed with the Course Director in a professional manner, who will work together to attempt to resolve the issue in a manner that follows college policy and is in the best interest of all students and the college. If a resolution is reached and the student is satisfied with the resolution, the matter is closed. If the student is unsatisfied with the resolution or a resolution cannot be reached, the student may, within seven calendar days of the failed proposed resolution, file a formal grievance, in writing, to the Director for Student Affairs and the Dean (see procedures below for filing a formal academic grievance).

A concern that is academic in nature that the student believes concerns the student body should be addressed jointly with the Director for Student Affairs and the Class President, who will meet with the Class Officers to discuss the concern. If the Class President and Class Officers believe it is appropriate to bring the complaint forward as an informal grievance on behalf of the student body, they will meet with the appropriate Course Director and/or the Director to seek a resolution that follows college policy and is in the best interest of the college and the college. If a resolution is reached, and the Class President and Class Officers are satisfied with the resolution the matter is closed. If the Class President and Class Officers are unsatisfied with the resolution or a resolution cannot be reached, the Class President may, within seven calendar days of the failed resolution, file a formal grievance, in writing, to the Dean (see procedures below for filing a formal academic grievance).

### ***Formal Academic Grievances***

A concern that is academic in nature that was not resolved through the informal academic grievance procedures as described above may be addressed through the filing of a formal grievance. Following unsatisfactory resolution of an informal grievance, the Class President or individual student may file a formal grievance within seven calendar days of the failed resolution. The formal grievance must be submitted in writing to the Dean. The Dean will meet with the appropriate parties (students, Course Directors, and Medical Directors) to seek a resolution that is in the best interest of the individual student, student body, and the Program as a whole. The Dean may resolve the issue or may invoke a Progress & Promotions Committee hearing to assist in finding an appropriate resolution. The Dean will respond, in writing, within 14 calendar days of receiving the complaint. If the formal grievance concern was brought by the Class President, he or she will be notified, in writing, of the resolution, as will any other pertinent parties involved. If the formal grievance concern was brought by an individual student, the student will be notified, in writing, of the resolution, as will any other pertinent parties involved.

The Class President or individual student has the right to appeal the decision of the Dean, in writing, to the provost within seven calendar days of the failed resolution should they feel that the resolution does not following college policy or was made with bias. In this case, the provost will review the grievance and previous recommended resolutions and decide regarding final resolution of the matter. The provost will respond, in writing, within 14 calendar days of receiving the appeal request. If the Class President brought the formal grievance concern, he or she will be notified, in writing, of the resolution, as will any other pertinent parties involved. If an individual student brought the formal grievance concern, the student will be notified, in writing, of the resolution, as will any other pertinent parties involved. The decision of the provost is final.

### **Non-Academic Concerns**

Students may seek resolution for concerns and grievances related to non-academic issues, which may include concerns over behavioral issues, financial issues, or other non-academic issues with the Course Director, Director for Student Affairs, the Director for Student Academic Affairs, Class President or Vice President, the Program Directors, Medical Directors, and/or the Dean. Course assessment policies and test question challenges are not addressed through the student grievance process.

### ***Informal Non-Academic Concerns***

An individual concern that is non-academic in nature should first be addressed jointly through the Class President and the Director for Student Affairs, who will attempt to resolve the issue in a manner that follows University policy and is in the best interest of all students and the college.

If the grievance is financial in nature, the student should first discuss the issue with the Bluefield University Director for Financial Aid.

If the grievance is with Student Affairs, the complaint should be reported to the Dean.

If a resolution is reached and the student is satisfied with the resolution the matter is closed. If the student is unsatisfied with the resolution or a resolution cannot be reached, the student may, within seven calendar days of the failed proposed resolution, file a formal grievance, in writing, to the Dean (see procedures below for filing a formal academic grievance).

A concern that is non-academic in nature that the student believes concerns the entire student body should be addressed jointly with the Director for Student Affairs and the Class President, who will meet to discuss the concern. If the Class President and Vice President believe it is appropriate to bring the complaint forward as an informal grievance on behalf of the student body, they will meet with the appropriate Program Director and

Director for Student Affairs to seek a resolution that follows college policy and is in the best interest of the Program and the University. If a resolution is reached, and the Class President and Vice President are satisfied with the resolution the matter is closed. If the Class President and Vice President are unsatisfied with the resolution or a resolution cannot be reached, the Class President may, within seven calendar days of the failed resolution, file a formal grievance, in writing, to the Dean (see procedures below for filing a formal academic grievance).

If a student has a serious concern about any specific area of the University, such as a policy or a university official, he or she is obligated first to try to dialogue with the appropriate individual directly. If the student is unsatisfied with an answer given, s/he may issue a formal complaint in writing, describing the nature of the complaint and desired resolution, to the respective department supervisor. All concerns will be reviewed and, if necessary, an appointment may be initiated by the department supervisor. Formal grievances should be directed to departmental supervisors.

### ***Formal Non-Academic Grievances***

A concern that is non-academic in nature that was not resolved through the informal non-academic grievance procedures as described above may be addressed through the filing of a formal grievance. Following unsatisfactory resolution of an informal grievance, the Class President or individual student may file a formal grievance within seven calendar days of the failed resolution. The formal grievance must be submitted in writing to the Dean. The Dean will meet with the appropriate parties (students, Course Directors, and Program Directors) to seek a resolution that is in the best interest of the individual student, student body, and the University as a whole. The Dean will respond, in writing, within 14 calendar days of receiving the complaint. If the formal grievance concern was brought by the Class President, he or she will be notified, in writing, of the resolution, as will any other pertinent parties involved. If the formal grievance concern was brought by an individual student, the student will be notified, in writing, of the resolution, as will any other pertinent parties involved.

The Class President or individual student has the right to appeal the decision of the Dean, in writing, to the Provost within seven calendar days of the failed resolution should they feel that the resolution does not follow college policy or was made with bias. In this case, the Provost will review the grievance and previous recommended resolutions and make a decision regarding final resolution of the matter. The Provost will respond, in writing, within 14 calendar days of receiving the appeal request. If the Class President brought the formal grievance concern, he or she will be notified, in writing, of the resolution, as will any other pertinent parties involved. If an individual student brought the formal grievance concern, the student will be notified, in writing, of the resolution, as will any other pertinent parties involved. The decision of the Provost is final.

### ***Retaliation***

The University prohibits retaliation against any student based upon the student's filing of a grievance or participation in the investigation of any grievance. Any act of retaliation may result in disciplinary action up to and including suspension or expulsion from the University. Students may file a complaint with the Bluefield University Vice President for Enrollment Management & Student Development if they feel that they have been subjected to retaliation.

### ***Discrimination Grievances***

Students who feel they are being discriminated against based on age, gender, sex, race, color, creed, national origin, religion, ancestry, marital status, ethnicity, disability, sexual orientation, gender identity, or status as a protected veteran have the right to exercise the discrimination grievance procedure.

Retaliation against any individual who files a grievance or participates in the grievance process is prohibited. Should a student or anyone who participated in the grievance process believes they have been subjected to retaliation, they may use the discrimination grievance procedures listed below.

### *The Resolution Process*

Students who meet the technical standards and feel they are being discriminated against on the basis of age, gender, sex, race, color, creed, national origin, religion, ancestry, marital status, ethnicity, disability, sexual orientation, gender identity, or status as a protected veteran shall first meet with the Director for Student Affairs and the VCOM Director of Human Resources to explain their grievance within seven calendar days from the date of the action being grieved or the date the student became aware of the action. In the case the complaint is with the Director for Student Affairs, the student may request a private meeting with the Director of Human Resources. In the case the complaint is with the Director of Human Resources, the student may request a private meeting with the Director for Student Affairs. Following this meeting, should the student wish to proceed in filing a formal grievance, they must submit their grievance in writing, which includes a signature.

The Director of Human Resources and the Director for Student Affairs shall investigate the grievance within a one-week period. In the case where the discrimination is in any way threatening, the Director of Human Resources and Director for Student Affairs shall investigate the complaint and immediately bring it to the attention of the Dean for intervention.

After the one-week investigation period for those discrimination grievances that are non-threatening in nature, the student filing the grievance and the person whom the grievance is against shall meet with the Director of Human Resources, the Program Director and the Director for Student Affairs to discuss a peaceful and prompt resolution. This meeting shall be scheduled within 14 working days of the initial grievance filing. A letter confirming the mutual decisions of the resolution shall be distributed within ten calendar days of the meeting to all persons involved and will be kept within the permanent student and/or employee files. The Director of Human Resources shall keep a record of the investigation, including a report of the findings.

### *Student Complaint Procedures*

When a student wishes to register dissatisfaction with a matter, the following procedure should be initiated: Complete the online student grievance form found in in Forms on MyBU under the Student Tab. The Bluefield University Vice President of Student Development will review the complaint/grievance and follow-up or will direct the individual(s) registering the complaint/grievance to the appropriate person to address the matter. If further review is requested, the individual(s) may request a hearing before the President whose review is final. The Dean's Office will retain any documents related to the filing of a complaint/grievance.

The notification of a grievance must be in writing, signed by the student, and include the following information:

1. A clear and precise statement of the grievance;
2. A statement outlining how the resolution is discriminatory;
3. The person(s) against whom the grievance is filed;
4. A statement about how each person against whom the grievance is filed is responsible for the action or decision;
5. The requested remedy; and
6. Notification as to whether a non-participating observer will be brought to the hearing.

### *Program Level Complaint Process*

The Master of Health Science in Anesthesia Program is programmatically accredited by the Commission on Accreditation for Allied Health Education Programs (CAAHEP – [www.caahep.org](http://www.caahep.org)). As a standard of that accreditation, the MHSA Program must delineate a specific student grievance process for complaints related to programmatic accreditation. The MHSA Program is committed to meeting and exceeding the Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant as described by the Commission on Accreditation for Allied Health Education Programs (CAAHEP). A copy of the standards is available

upon the request from the Office of the Program Director or at the CAAHEP's website (APPENDIX 1.M) Students, faculty, or staff who believe that the MHSA Program may not be in compliance with a standard of accreditation have the right to file a complaint through one or all of the following procedures:

1. A student complaint related to accreditation standards and procedures should be brought to the MHSA Student Council (SC) president who will address the complaint with the Director of Student Affairs. The initial complaint must be in writing, signed by the complainant, and must include sufficient information regarding the allegation as it relates to the accreditation standards or procedures, and include any documentation that could support the allegation using the Accreditation Complaint Form located on the MHSA Program website. The Director of Student Affairs will adjudicate the initial complaint within 10 business days of receipt of the complaint. If a satisfactory resolution cannot be reached through this process, the MHSA SC president will appeal in writing to the Dean. The Dean will adjudicate the complaint within 10 days of receipt of the complaint and will notify the MHSA SC president in writing. Records of each complaint along with the adjudication results will be maintained in the Office of the Dean according to the Bluefield University Record Retention Policy.

Complete a "MHSA Accreditation Standards and Procedures Complaint Form" (APPENDIX 12.2.F), which may be obtained from the Office of the Dean, asking the MHSA Program to investigate and provide a corrective action for the area in which the complainant believes the college is not in compliance with CAAHEP standards.

-OR-

2. Contact the CAAHEP directly to report his/her complaint: Commission on Accreditation of Allied Health Education Programs, 9355 113th St. N., Seminole, FL 33775 | Phone: (727) 210-2350 | Website: <https://www.caahep.org/Students/Complaint-Policy.aspx>.

If the complainant chooses option 1, the following procedures will be followed:

- a. Once the Program Director receives the "MHSA Accreditation Standards and Procedures Complaint Form", he or she will formally acknowledge receipt of the complaint in writing to the complainant.
- b. The Program Director will then investigate the complaint or form an ad hoc committee to investigate if warranted.
- c. The Program Director and/or the ad hoc committee is responsible for investigating the complaint to determine the facts of the complaint. After a thorough investigation has been conducted, a determination as to whether the MHSA Program is compliant or non-compliant regarding the standard(s) in question will be made.
  - i. If the Program is noncompliant, a recommendation as to a corrective action(s) will be made.
  - ii. If the Program is compliant, no corrective action(s) are required.
- d. The Program Director will submit a final report intimating any actions taken to bring the institution into compliance.
- e. The Program Director will meet with the complainant to inform them of the resolution and to explain the findings to the complainant and explain the appeal process.
  - i. If the complainant is not satisfied with the resolution of the Program Director and/or the ad hoc committee, he/she may appeal the decision, in writing, to the provost within 7 calendar days of notification of the resolution and/or may communicate his/her complaint to the CAAHEP.
- f. A copy of the records will be maintained by the Office of the Program Director.



## Whistleblower Policy

If any Program student or employee reasonably believes that some policy, practice, or activity of Bluefield University, or of another employee on behalf of the University, is in violation of law, the student or employee immediately should contact the President, Vice President for Finance and Administration, Human Resources Director, Chair of the Finance Committee of the Board of Trustees, or Chair of the Board of Trustees, preferably in writing, so as to assure a clear understanding of the issues raised. The student or employee should be as specific as possible in describing the occurrence or suspicion of irregularity, and the description should be factual rather than speculative or conclusive. The student or employee in this case is commonly referred to as a whistleblower. The whistleblower is not an investigator or finder of fact, nor does the whistleblower determine the appropriate corrective or remedial action that may be warranted. Whistleblower reports also may be made anonymously.

## Complaints by Students Regarding Non-Compliance with Commission on Accreditation for Allied Health Education Programs (CAAHEP) Standards

The MHSA Program is committed to meeting and exceeding the *Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant* as described by the Commission on Accreditation for Allied Health Education Programs (CAAHEP). A copy of the standards is available upon the request from the Office of the Dean or at the CAAHEP's website at: <https://www.caahep.org/CAAHEP/media/CAAHEP-Documents/AnesthesiologistAssistantStandards.pdf>. Students, faculty, or staff who believe that the MHSA Program may not be in compliance with a standard of accreditation have the right to file a complaint through one or all of the following procedures:

1. A student complaint related to accreditation standards and procedures should be brought to the MHSA Student Council (SC) president who will address the complaint with the Director of Student Affairs. The initial complaint must be in writing, signed by the complainant, and must include sufficient information regarding the allegation as it relates to the accreditation standards or procedures, and include any documentation that could support the allegation using the *Accreditation Complaint Form* located on the MHSA Program website. The Director of Student Affairs will adjudicate the initial complaint within 10 business days of receipt of the complaint. If a satisfactory resolution cannot be reached through this process, the MHSA SC president will appeal in writing to the Dean. The Dean will adjudicate the complaint within 10 days of receipt of the complaint and will notify the MHSA SC president in writing. Records of each complaint along with the adjudication results will be maintained in the Office of the Dean according to the Bluefield University Record Retention Policy.

Complete a "MHSA Accreditation Standards and Procedures Complaint Form", which may be obtained from the Office of the Dean, asking the MHSA Program to investigate and provide a corrective action for the area in which the complainant believes the college is not in compliance with CAAHEP standards.

-OR-

2. Contact the CAAHEP directly to report his/her complaint:

Commission on Accreditation of Allied Health Education Programs

9355 113<sup>th</sup> St. N., Seminole, FL 33775

Phone: (727) 210-2350

Website: <https://www.caahep.org/Students/Complaint-Policy.aspx>

If the complainant chooses option 1, the following procedures will be followed:

- a. Once the Dean receives the “MHSA Accreditation Standards and Procedures Complaint Form”, he or she will formally acknowledge receipt of the complaint in writing to the complainant.
- b. The Dean will then investigate the complaint or form an ad hoc committee to investigate if warranted.
- c. The Dean and/or the ad hoc committee is responsible for investigating the complaint to determine the facts of the complaint. After a thorough investigation has been conducted, a determination as to whether the MHSA Program is compliant or non-compliant regarding the standard(s) in question will be made.
  - 1) If the Program is noncompliant, a recommendation as to a corrective action(s) will be made.
  - 2) If the Program is compliant, no corrective action(s) are required.
- d. The Dean will submit a final report intimating any actions taken to bring the institution into compliance.
- e. The Dean will meet with the complainant to inform them of the resolution and to explain the findings to the complainant and explain the appeal process.
  - 1) If the complainant is not satisfied with the resolution of the Dean and/or the ad hoc committee, he/she may appeal the decision, in writing, to the provost within 7 calendar days of notification of the resolution and/or may communicate his/her complaint to the CAAHEP.
- f. A copy of the records will be maintained by the Office of the Dean.

Neither the Program, nor any person, shall intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by this policy, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this policy. Complaints alleging retaliation may be filed with the Director for Student Affairs.

## **Complaints by Students Regarding Non-Compliance with State Commission on Higher Education Standards**

### ***Alabama Community College System***

Students with grievances or complaints against MHSA program for which they do not believe they have received resolution, may file a complaint, as a last resort, to the:

Alabama Community College System  
135 South Union Street, Montgomery, AL 36130  
Phone: (334) 293-4504 Fax: (334) 293-4504 Website: [www.accs.cc](http://www.accs.cc)

Students filing such a grievance or complaint will not be subject to unfair actions because of initiating a compliant proceeding.

### ***South Carolina Commission on Higher Education***

Students with grievances or complaints against VCOM Carolinas campus for which they do not believe they have received resolution, may file a complaint, as a last resort, to the:

South Carolina Commission on Higher Education  
1122 Lady Street, Suite 300  
Columbia, S.C. 29201  
(803) 737 2260 Website: [www.che.sc.gov](http://www.che.sc.gov)

Students filing such a grievance or complaint will not be subject to unfair actions as a result of initiating a compliant proceeding.

### ***Formal Federal Agency Grievance Procedures***

Students with grievances or complaints against the University based upon violations of Section 504 or the ADA also have the right to file a complaint with the Office for Civil Rights by:

(1) Mailing the grievance or complaint to the:

Washington DC (Metro) Office for Civil Rights (OCR)  
U.S. Department of Education  
P.O. 400 Maryland Avenue, SW Washington, DC 20202-1475; or

(2) Faxing it to this office at (202) 453-6021; or

(3) Filing it electronically at: [www.ed.gov/about/offices/list/ocr/complaintprocess.html](http://www.ed.gov/about/offices/list/ocr/complaintprocess.html).

For more information students can contact the Office for Civil Rights via phone: (202) 453-6020 (voice) and (877) 521-2172 (TDD) or via e-mail at: [ORC.DC@ed.gov](mailto:ORC.DC@ed.gov).

### ***GI Bill Feedback System***

The GI Bill Feedback System allows recipients of VA educational benefits to submit complaints against educational institutions or employers they believe have acted erroneously, deceptively, with misleading recruiting practices, or in some other ways have failed to follow the Principles of Excellence. Individuals who wish to submit a complaint can do so on their own behalf, on behalf of someone else, or anonymously by visiting the GI Bill Feedback System at: <https://www.benefits.va.gov/GIBILL/Feedback.asp>

 **VCOM | BLUEFIELD**  
MASTER OF HEALTH SCIENCE IN ANESTHESIA PROGRAM



**Campus Facility  
Policies**

## Campus Facilities Policies and Procedures

### Safety Mission

The Edward Via College of Osteopathic Medicine at Auburn strives to create an atmosphere of safety and comfort which allow faculty, staff, and students to concentrate on their mission of providing academics, student services and learning. The goal of the operations department is to oversee the campus facilities and to assist those in charge of each facility in providing a safe and secure environment. The following policies and procedures outline everyone's role in maintaining a safe and secure environment for all.

### Building and Grounds Etiquette

When medical school lecture halls and the MHSA classroom are not used for formal instruction, the Program encourages students to use the rooms for quiet study. Periodically, the lecture halls will be used for other events; therefore, students are requested to pick up their personal possessions daily. Items left behind will be turned into Facilities. VCOM and the MHSA Program are not responsible for items left behind. Items not accounted for within 30 days will be disposed of or donated to charity.

Study areas are available for students throughout the building and each campus may have specific procedures in place for the use of certain areas (i.e., reservations), while other areas may have open access on a first come/first serve basis. Areas are often reserved for student use such as peer tutoring sessions or other curricular events. Students will be made aware of the procedures regarding the use of these study areas annually. Students are asked to be considerate of others and refrain from placing belongings in study areas when not in the room to occupy or reserve the room for future use. Concerns regarding student abuse of study areas should be brought before student leadership and the Honor Code Committee.

While on campus, it is important for everyone to consider the immense effort it takes to keep the property and its landscapes in order. These are provided for the student's sake and VCOM encourages students to take advantage of the campus and enjoy the atmosphere and walking paths. For safety reasons, students are asked to refrain from walking on plant beds, across lawns or entering restricted areas. The pathways are provided for student safety. VCOM encourages and often hosts outdoor activities that are planned. Impromptu or unplanned use of facilities for sports such as golf, volleyball, baseball, etc. are not permitted as they may have a direct and immediate impact on the safety of other students or may cause damage to certain areas. Students should contact Facilities if they have any questions about what sports are permitted and to request to use the grounds for said activities. Through agreement with Auburn University, access to sports and safe sporting facilities are available and the student should contact the Director for Student Affairs to identify those sites. Bicycle paths also exist in all three communities as well as nearby state parks for recreation.

### Campus Safety and Access

All MHSA students, faculty, and staff are responsible for campus safety. The campus is available for student access during announced times. The use of VCOM IDs is required to access the building during approved hours.

Students will receive a VCOM student photo identification badge at the beginning of the Program, which is used for identification and access privileges such as access to the campus building, access to facilities and services at Auburn University, while on clinical rotations, and use for certain services such as Tiger Transit on the Auburn Campus.

VCOM identification badges must be worn/displayed in plain site by the students, faculty, and staff always when on the VCOM-Auburn campus and while on clinical rotations. This badge must be used to access the VCOM-Auburn campus/building during approved hours. Badges will authorize building access via the student approved entry sites. Each student and employee are required to badge into campus individually. Students, faculty, and staff who cannot display their badge for whatever reason, must acquire a temporary access badge from reception for use for 24 hrs. After the 24 hours, the temporary badge must be returned to reception and a new badge issued (if the existing badge is lost). Anyone using temporary badges must enter the building through the front entrance only, as temporary badges do not grant building access through the card swipe system. Students, faculty, or staff who observe someone in the building without their photo ID displayed, should report that person to the nearest VCOM faculty or staff member. If you observe suspicious or criminal activity on campus, please report these actions immediately.

Students repeatedly violating the ID badge display policy (i.e., refuses to display his/her badge) will be referred to the Honor Code Committee for disciplinary action.

Lost or stolen badges should be reported to VCOM Operations immediately so that they may be deactivated for security reasons. In the event a badge is lost, there will be a replacement fee of \$25.

Nametags are also issued to students by VCOM and are to be worn on outside clinical experiences. Nametags are not to be worn in non-clinical settings unless designated by MHSA Program faculty or administration. Students are provided with one nametag free of charge at the beginning of clinical experiences; it should be retained for the entirety of the Program. Lost nametags must be reported to the VCOM Office of the Registrar and a replacement nametag must be issued through VCOM. Replacements are made at the student's expense. The current cost for a replacement nametag is \$15. Hospitals will generally also require a picture ID to be worn or carried. Students should always have a picture ID on their person when working in the clinical setting.

Campus Safety Officers are always on-duty after normal business hours on evenings and weekends while the building is open to students and are available for general security and safety issues. Campus Safety Officers are available to escort students to their parked cars after dark if one feels the need for additional security.

For assistance, please call the security number posted throughout the building or report to the front desk. The available Campus Safety Officer will also contact the local police if needed. In addition, in the event of an emergency, courtesy phones, which are located throughout the building, may be used to contact "911."

### *Fire Safety*

As part of VCOM's fire safety procedures, students, faculty, and staff are provided with building evacuation maps. These are provided to all new employees upon hire and all Integrative Phase students at orientation. All students, faculty, and staff are also provided these maps annually. The evacuation maps show features of the building, including exits and stairway locations and outline the evacuation route that should be used by building occupants according to where they are in the building. Faculty, staff, and students should review and be familiar with the evacuation plans.

Fire alarms can be sounded for many different reasons including an actual fire, an intentional activation, an accident during cleaning, smoke or steam of any type, or a defective detector. VCOM also conducts periodic fire drills to ensure that all building occupants understand the emergency exit process. It is important to evacuate the building during a fire alarm regardless of the cause. No one may re-enter the building after an alarm until the "all clear" has been sounded by the operations staff in charge or by emergency personnel. In the event the fire alarm sounds, students shall proceed immediately to the nearest exit or stairwell leading to an exit to egress the building.

Students, faculty, and staff should become familiar with the site-specific fire plans. Building occupants shall proceed at a walking (not running) pace and use caution to avoid injury to other persons when exiting. Building occupants should proceed to the designated outdoor safe zones and refrain from leaving until properly accounted for.

Safety policies & procedures consisting of campus safety, fire and safety procedures", and VCOM-Auburn building evacuation plan maps can be found on the VCOM website at: <https://www.vcom.edu/faculty-and-staff/fire-and-safety-policies-and-procedures>

### **Cell Phones, Beepers, iPads, and Computer Usage**

Students must have their own cell phones and email for communication. These are mandatory tools for all MHSA Program students. Students must turn off their cell phones in the classroom and in the clinical setting unless being used for patient call purposes or when the clinical faculty member has agreed to the student using the device for a search of web-based clinical information.

Students may not make unapproved long-distance calls from telephones located on campus or in clinical sites and it is considered unprofessional and unethical conduct to do so. In the case of a true emergency, telephone calls may be placed through the Director of Medical Education or administration at the hospital. Students with cell phones and beepers should turn them off during class or scheduled laboratory sessions.

Use of iPads, computers, and other electronic devices in the classroom, laboratory, and small group room settings must be for academic purposes only. Cell phones, iPads, and computers are not allowed in the Standardized Patient, Patient Simulation, or Small Group Review sessions.

Infractions of the policy will cause the student to be sent to the Honor Code Committee.

### **Classrooms**

Students are not allowed to bring any additional furniture or large items that would be an obstacle into the classroom and are expected to use the chairs provided by VCOM Facilities Management. If there is a medical reason why a different chair or related accommodation is needed, the student must contact the Center for Institutional, Faculty, and Student Success to request the accommodation. Bottled drinks with secure lids only, or cups with leak proof secured lids are allowed in any lecture hall, as well as in all common areas of the VCOM building. No can drinks or food/snacks are allowed in the lecture halls, library, study rooms, computer lab, anatomy lab, small group rooms, or simulation rooms. Students are responsible to dispose of their own containers and trash.

### **Clery Crime Statistics Report and Clery Annual Safety Report**

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, codified at 20 USC 1092 (f) (Clery Act) as a part of the Higher Education Act of 1965, is a federal law that requires colleges and universities to disclose annual information about campus crime. Each year, VCOM files a report with the United States Department of Education stating the incidences of crime on each VCOM campus. A Crime Log is kept by the Vice President of Operations and may be viewed upon request. The U.S. Department of Education's report on campus safety for all VCOM campuses is available at: <http://ope.ed.gov/campussafety/#/institution/search>. For the past several years, VCOM has received an "A" rating with no significant crime problems.

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act and the United States Department of Education's regulations require Title IV participating institutions to publish an Annual Security Report (ASR) every October 1st containing safety and security related policy statements and crime statistics.

VCOM's ASR for the past three years is published on its website at: <https://www.vcom.edu/faculty-and-staff/fire-and-safety-policies-and-procedures> for viewing by students, employees, and the public as soon as it is available. Employees and students are notified annually via email when the new ASR is published. The MHSA Program informs prospective students and prospective employees about the availability of the ASR when they are invited for an interview with the college.

## Email

Students must use the email address/system provided by Bluefield University and VCOM. Students may register an alternative (personal) email address with the Director of Clinical Rotations with the stipulation this would serve only as possible backup for the Bluefield and VCOM emails when on out of area rotations. **Email is the main line of communication between campus administrative offices and students at clinical sites.** Students must check the email daily; it is an expectation that students will have read all notices within 24 hours.

## Firearms and Weapons

VCOM-Auburn property is considered private property; therefore, students, faculty, staff, and visitors are prohibited from carrying, maintaining, or storing a firearm or weapon on the VCOM-Auburn property, MHSA clinical site, Auburn University campus, and all surrounding parking lots and space owned or leased by VCOM-Auburn. Any visitor or other third party attending an event or visiting an academic or administrative office is prohibited from carrying, maintaining, or storing a firearm or weapon on any college facility, even if the owner has a valid permit. This prohibition also applies to all events on campus where people congregate in any public or outdoor areas. Students who violate this policy are subject to disciplinary action up to and including suspension or dismissal.

## Food Services

Limited food services are provided on the VCOM-Auburn campus. VCOM-Auburn seeks to provide predominately healthy snacks and seeks to avoid sugary candy or drinks that lead to poor health. Therefore, VCOM-Auburn has a limited supply of these items. The food service is provided using vending machines and made available adjacent to the student lounge. Several microwaves are available for student use. Students must use their own equipment for storing and keeping food cold and safe. Student Affairs provides healthy fruit as a snack for students between classes. The food services that are available are only considered as a supplement or convenience to the student and are subject to change from time to time. Students can eat in the vending area, student lounge/dining area, or outside at the picnic tables.

Bottled drinks with bottle caps, or cups with leak proof secured lids are allowed in the classroom, as well as in all common areas of the VCOM-Auburn building. Food/snacks are only allowed in the second/third floor student lounges, and cafeteria. No can drinks or open cups of food are allowed in the classroom, library, study rooms, computer labs, anatomy lab, small group rooms, or simulation rooms. Students are responsible to dispose of their own containers.



## Housing

Students attending the MHSA Program must secure their own housing and transportation for the entirety of attendance in the Program including housing during the clinical years. Housing information is available on the MHSA Program website and through the VCOM Office of Student Affairs.

## Inclement Weather and Emergency Notifications

The MHSA Program notifies students, staff, and faculty of delays and cancellations of classes due to inclement weather and emergency situations through multiple means. Notifications will be sent through VCOM Alerts, a mass text and email notification system, and VCOM's official information lines.

Messages received through VCOM Alerts and on the official information line are the only official sources used to report school closings, delays, or any other important announcements. VCOM will also inform local TV and radio stations regarding school closings or delays; however, if students see or hear an announcement on TV or radio, they should also call the information line or check their text and email messages to confirm the closing, delay, or announcement. The VCOM information line will handle approximately five calls at once, so individuals are asked to clear the line as soon as the message is heard. The MHSA Program makes every effort to notify students, staff, and faculty by 7:00 a.m. Employee and students should use your own best judgment of whether to travel on snow covered or icy roads, as well as the VCOM-Auburn parking lot and sidewalks. Any time VCOM-Auburn is listed as closed, students will not have access to the building.

Class rescheduling due to closings or delays will be announced via VCOM and Bluefield University email. Students are responsible for checking their email and for making sure their email account does not exceed the space allotted so that they receive all official emails.

VCOM's official information line: Auburn Campus 334-442-4500 | Carolinas Campus 864-327-9900

## Parking Lots

Each student will receive one free parking tag for parking in VCOM-Auburn designated student parking. Students may park in the faculty parking lot weekdays after 5:00 PM and anytime on weekends. Students violating parking policies will be ticketed and brought before the Honor Code Committee as necessary thereafter.

Students in the Integrative Phase will park only in the VCOM-Auburn designated student parking areas assigned by each clinical site or the sites marked for "all others."

Students who speed through parking lots endangering others or who cause damage to other cars will be referred to the Honor Code Committee or the Progress & Promotions Committee. Parking lots are monitored by camera. Tailgating is not permitted.

## Pets

No pets, including, but not limited to dogs, cats, birds, other animals, reptiles, or fish are permitted in any of the campus buildings or clinical sites. Except for fish, the pets listed above are not accepted in clinical housing.

## **Photocopying and Printing**

Photocopying is available in the library at VCOM-Auburn. VCOM is not obligated to provide photocopying and all machines may not be running on any given day. The MHSA Program requires students to follow copyright law and students are personally responsible for any copyright violation that may occur because of the student's action. During the Integrative Phase all photocopying and printing is the responsibility of the student and HIPPA laws must be followed as well as any institutions policies. Photocopying is generally not free at the clinical sites unless having to do directly with clinical records. Students are to maintain confidentiality in all patient information and are expected to follow the Health Insurance Portability and Accountability Act (HIPAA) rules for the photocopying and/or printing of medical records. The MHSA Program permits no copyright violations.

## **Posting of Notices**

The posting of notices on school property requires a signature of approval on the notice by the Director for Student Affairs. Electronic notices via the class e-mail coordinators and/or on the screens in the lobby of the main building are encouraged in lieu of paper fliers. Taping of notices on doors, windows, or walls is prohibited due to damage to surfaces.

## **Telephones**

Courtesy phones for local calls are located on the VCOM-Auburn campus. Students may not make long distance calls from telephones located on campus. In the case of a true emergency, telephone calls may be placed through the Director of Medical Education or the Office of the Director for Student Affairs. Incoming calls for students when classes are in session are directed to Director of Medical Education. Students will not be called from class or clinical services unless warranted by an extreme emergency. The person calling for a student must identify the situation as an emergency.

## **Tobacco, Electronic Nicotine Delivery Systems, and Vape Free Environment Policy**

VCOM-Auburn is committed to creating and maintaining a healthy and sustainable environment for employees, students, and visitors. As such, VCOM-Auburn prohibits the use of all tobacco products, electronic nicotine delivery systems, and nicotine or non-nicotine vape products (including but not limited to cigarettes, cigars, pipes, smokeless tobacco, e- cigarettes, vaporizers, vape pens, hookahs, blunts, pipes, snuff, and any other tobacco or vape related product) on all property that is owned, leased, occupied, or controlled by VCOM.

The use of these products is not permitted in VCOM facilities or on the VCOM-Auburn campus, except for an individual being allowed to use these products within their personal vehicle that must be a minimum of 150 feet from the facility.

In addition, the sale of tobacco products, electronic nicotine delivery systems, and nicotine or non-nicotine vape products are prohibited on all property that is owned, leased, occupied, or controlled by VCOM. This includes the delivery of these products to the VCOM-Auburn property by means of a delivery service of any kind. Further, the free distribution of these products on VCOM-Auburn property is prohibited.

Tobacco-related advertising or sponsorship is not permitted on VCOM-managed property, including billboards or signage on campus and at VCOM-sponsored events or in publications produced by VCOM.

## Evaluation of the Mission of the MHSA Program

The MHSA's Mission Statement and Objectives clearly define the Program's focus and commitment to Anesthesiologist Assistant education that addresses teaching, research, and service, including anesthesia clinical service, graduate medical education, and student achievement. The Program's Mission and Objectives, Strategic Plan, and programmatic outcomes are interconnected, each helping shape the other.

Each year the MHSA Program reviews student and program outcomes as they relate to the Mission and Objectives of Bluefield University, VCOM, and the MSHA Program. The Dean's office prepares the programmatic outcomes report in September of each year. Feedback on student achievement from the longitudinal data and outcomes report is provided to college faculty and staff who are associated with furthering the academic and research programs and the Mission and Objectives of the College, which includes faculty and staff in the program divisions, disciplines, and committees.

### Student Right-to-Know

In addition to other data presented in the MHSA Program Outcomes Report, the report also presents data in response to the requirements for the Student Right-to-Know and Campus Security Act (P.L. 101-542), which was passed by Congress November 9, 1990. Title 1, Section 103, requires institutions eligible for Title IV funding to calculate completion or graduation rates of certificate or degree seeking full-time students entering that institution, and to disclose these rates to current and prospective students. Standard IV, Section B of the *Standards & Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant* requires public reporting national credentialing examination performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures.