



Anesthesiologist Assistant Program Student Handbook

**Anesthesiologist Assistant Program
South University Orlando
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Anesthesiologist Assistant (AA) program

Awarding the Master of Medical Science in Anesthesia Science Degree upon graduation

Mission

The mission of South University's Anesthesiologist Assistant program (Master of Medical Science in Anesthesia Science [MMSc] degree program) is to prepare competent entry-level anesthesiologist assistants in the cognitive, psychomotor, and affective learning domains who will practice in the anesthesia care team model. Students will have the opportunity to learn to provide safe and efficacious anesthesia care to patients of all ages and degrees of illness for a complete range of surgical procedures.

The program strives to enhance the overall knowledge and practice of the anesthesia care team by providing students with proficiencies in physiology, pharmacology, patient monitoring, anesthesia equipment, and the principles of safe anesthesia care.

Program Student Learning Outcomes

Graduates will be able to:

1. Demonstrate the fundamental skills necessary for safe and efficacious delivery of anesthesia to a wide variety of patient populations and surgical specialties.
2. Apply knowledge in biomedical and anesthesia sciences to the safe and efficacious delivery of anesthesia.
3. Exhibit professionalism, including ethical and moral behavior as befits an Anesthesiologist Assistant.
4. Practice effective verbal and written communication skills needed to be an effective member of the Anesthesia Care Team.
5. Promote lifelong learning and apply evidence-based medicine to clinical decision-making through the use of information literacy skills.

Goals and Commitments

The primary goal of the program is to produce anesthesiologist assistants who demonstrate moral and ethical conduct. The program has an obligation to the public, to employers, and to the anesthesiologist assistant profession that the awarding of a Master of Medical Science degree to graduates signifies that the faculty agrees that the student has attained some absolute level of safety and proficiency in the delivery of anesthesia care and has demonstrated ethical and moral conduct in the pursuit of their education. Students who perform poorly academically, clinically, or professionally will be counseled, offered remediation, and carefully monitored for suitability to continue in the program. Students must demonstrate competence in all three areas to qualify for graduation.

The program has an obligation to students to provide quality learning experiences in the classroom, laboratory, and clinical settings. The AA program continually evaluates the educational process and solicits feedback from students regarding their educational experience. The program provides learning opportunities for students and also expects students to take the initiative and assume the responsibility for optimizing their own educational experience.

The program has an obligation to the faculty to provide the most qualified students through a fair and impartial admissions process and to provide the facilities, instructional tools, and other resources to support and facilitate the learning process.

Accreditation and Affiliation:

South University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, baccalaureate, masters, and doctorate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of South University.

The Anesthesiologist Assistant program at South University, Orlando is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA). Commission on Accreditation of Allied Health Education Programs, 355 - 113th Street North #7709, Seminole, FL 33775.

Collaboration with University of Florida College of Medicine

The University of Florida College of Medicine (COM) and Department of Anesthesiology based in Gainesville, Florida, provide support to the South University Anesthesiologist Assistant Program. The Department of Anesthesiology within the COM provides instruction for medical students and anesthesiology residents on the UF campus. Representatives of the University of Florida College of Medicine from the Department of Anesthesiology participate on SU Anesthesiologist Assistant Program governing committees to provide medical education expertise in the field of anesthesia.

Program Personnel

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Facilities

Anesthesia Laboratory

The Anesthesia Laboratory is available to students by card access whenever the building is scheduled to be open. Students are encouraged to make use of the laboratory during this time.

Mock Operating Room

The Mock Operating Room is available to students upon request and during Anesthesia Simulation class time. Students will not be permitted to run scenarios or otherwise operate the patient manikin without faculty supervision.

The Laboratory and the Mock Operating Room may necessarily provide access to nitrous oxide and inhalation anesthetics through vaporizers mounted on various anesthesia machines. Students are strictly forbidden from using any inhaled anesthetic agents or adjuvant gases for recreational use. This is a zero-tolerance policy. Documented evidence or a student found inhaling anesthetic agents or nitrous oxide will be immediately dismissed from the anesthesiologist assistant program.

Holidays

During Quarters I-V of the program, students follow the South University, Orlando holiday schedule in addition to AA program scheduled breaks.

During the senior year (Quarters VI-IX), students will follow the holiday schedule according to their clinical assignments except for scheduled breaks as indicated on the academic calendar. The following are a list of observed holidays by South University, Orlando.

- | | |
|--|--------------------|
| ▪ Friday, April 18, 2025 | Good Friday |
| ▪ Monday, May 26, 2025 | Memorial Day |
| ▪ Thursday, June 19, 2025 | Juneteenth |
| ▪ Friday, July 4, 2025 | Independence Day |
| ▪ Monday, September 1, 2025 | Labor Day |
| ▪ Tuesday, November 11, 2025 | Veteran's Day |
| ▪ Thursday- Friday, November 27-28, 2025 | Thanksgiving break |
| ▪ Wednesday, December 24, 2025 | Christmas Eve |
| ▪ Thursday, December 25, 2025 | Christmas Day |

ANESTHESIOLOGIST ASSISTANT PROGRAM ACADEMIC CALENDAR 2025-2026

2025-2026		Spring 2025	Summer 2025	Fall 2025	Winter 2026
Classes Begin	Class of 2025	3/24/2025			
	Class of 2026	3/24/2025	6/30/2024	9/29/2025	1/5/2026
	Class of 2027	3/24/2025	6/30/2024	9/29/2025	1/5/2026
Last Day of Classes	Class of 2025	6/4/2025			
	Class of 2026	6/13/2025	9/19/2025	12/19/2025	3/20/2026
	Class of 2027	6/13/2025	9/12/2025	12/12/2025	3/13/2026
Final Exams	Class of 2026	6/16-6/20			
	Class of 2027	6/16-6/20	9/15-9/19	12/15-12/19	3/16-3/20
Graduation	Class of 2025	6/6/2025			
Breaks	Class of 2025				
	Class of 2026	6/23-6/27	9/22-9/26	11/26-28;12/22-1/2	3/23-3/27
	Class of 2027	6/23-6/27	9/22-9/26	11/26-28;12/22-1/2	4/6-4/10
Quarter Ends	Class of 2025	6/4/2025			
	Class of 2026	6/20/2025	9/19/2025	12/19/2025	3/20/2026
	Class of 2027	6/20/2025	9/19/2025	12/19/2025	3/20/2026
orientation		3/21/2025			
immersion week		4/6-4/10			

ANESTHESIOLOGIST ASSISTANT PROGRAM ACADEMIC CALENDAR 2026-2027

2026-2027		Spring 2026	Summer 2026	Fall 2026	Winter 2027
Classes Begin	Class of 2026	3/30/2026*			
	Class of 2027	3/23/2026	6/29/2026	10/5/2026	1/4/2027
	Class of 2028	3/23/2026	6/29/2026	9/28/2026	1/4/2027
Last Day of Classes	Class of 2026	6/10/2026			
	Class of 2027	6/11/2026	9/18/2026	12/18/2026	3/19/2027
	Class of 2028	6/11/2026	9/18/2026	12/18/2026	3/12/2027
Final Exams	Class of 2027	6/15-6/18			
	Class of 2028	6/15-6/18	9/14-9/18	12/14-12/18	3/15/2027
Graduation	Class of 2026	6/12/2026			
Breaks	Class of 2026				
		4/6-4/10 (immersion)			
	Class of 2027	6/22-6/26	9/28-10/3	11/25-27;12/21-1/1	3/22-3/26
	Class of 2028	6/22-6/26	9/21-9/25	11/25-27;12/21-1/1	4/5-4/9
Quarter Ends	Class of 2026	6/10/2026			
	Class of 2027	6/18/2026	9/25/2026	12/18/2026	3/19/2027
	Class of 2028	6/18/2026	9/18/2026	12/18/2026	3/19/2027

2027-2028		Spring 2027
Classes Begin	Class of 2027	3/29/2027
	Class of 2028	3/22/2027
	Class of 2029	3/22/2027
Last Day of Classes	Class of 2027	6/9/2027
	Class of 2028	6/11/2027
	Class of 2029	6/11/2027
Final Exams	Class of 2028	6/14-6/17
	Class of 2029	6/14-6/17
Graduation	Class of 2027	6/11/2027
Breaks	Class of 2027	
		4/5-4/9 immersion
	Class of 2028	6/21-6/25
	Class of 2029	6/21-6/25
Quarter Ends	Class of 2027	6/9/2027
	Class of 2028	6/17/2027
	Class of 2029	6/17/2027

2nd Year Rotation Schedule

The following is the **proposed** schedule of senior rotations for the Class of 2027.

Please note that the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) will be changing their policy in the future that students must graduate from an accredited program in order to be eligible to sit for the certification exam. This is a departure from their former policy that allowed students to sit for the exam up to 180 days prior to graduation. The new NCCAA will inform us of when that change is to occur. Thus, as it currently stands, you will be able to take the February 2027 exam before your anticipated graduation in June. The rotation schedule below reflects this.

CLASS 2027			
Rotation	Breaks	Dates	# of Weeks
1		6/29/2026- 7/31/2026	5
2		8/3/2026- 8/28/2026	4
3		8/31/2026- 9/25/2026	4
4		9/28/2026- 10/23/2026	4
5		10/26/2026- 11/24/2026	3.5
	Thanksgiving Break	11/25-11/27	
6		11/30/2026- 12/19/2026	3
	Christmas Break	12/20- 1/3	
7		1/4/2027- 1/29/2027	4
8		2/1/2027- 2/26/2027	3
9		3/1/2027- 4/2/2027	4
	Spring Break	3/22- 3/26	
10		4/5/2027- 4/30/2027	4
11		5/3/2027- 5/28/2027	4
12		5/31/2027- 6/12/2027	2
			NCCAA tentative exam dates: Feb 2027

Master of Medical Science in Anesthesia Science Program: 169 Credits

Curriculum

Credit Hour Conversion

Classroom: 1 quarter hour credit= 1 hour/week for 10 weeks or 10 hours/quarter

Laboratory: 1 quarter credit= 20 hours/quarter in lab

Clinical: 1 quarter hour= 30 clinical contact hours

Quarter I: 18 Credits

34 hours clinical experience

- [ANS5001 Clinical Anesthesia I](#) *1 credit hour*
- [ANS5020 Medical Terminology](#) *1 credit hour*
- [ANS5081 Principles of Airway Management I](#) *2 credit hours*
- [ANS5100 Physics of Anesthesia](#) *2 credit hours*
- [ANS5120 Introduction to Anesthesia Delivery Systems & Equipment](#) *2 credit hours*
- [ANS5160 Introduction to Clinical Anesthesia](#) *3 credit hours*
- [ANS5181 Anesthesia Laboratory I](#) *1 credit hour*
- [ANS5191 Anesthesia Simulation I](#) *1 credit hour*
- [ANS5931 Anatomy & Physiology I](#) *4 credit hours*
- [ANS5941 Anatomy & Physiology Lab I](#) *1 credit hour*
- *Basic life support certification will be accomplished during Quarter I*

Quarter II: 20 Credits

120 hours clinical experience

- [ANS5012 Clinical Anesthesia II](#) *4 credit hours*
- [ANS5182 Anesthesia Laboratory II](#) *1 credit hour*
- [ANS5192 Anesthesia Simulation II](#) *1 credit hour*
- [ANS5221 Principles of Instrumentation and Patient Monitoring I](#) *2 credit hours*
- [ANS5345 Anesthesia Principles and Practice I](#) *3 credit hours*
- [ANS5932 Anatomy & Physiology II](#) *4 credit hours*
- [ANS5942 Anatomy & Physiology Lab II](#) *1 credit hour*
- [PHA5001 General Pharmacology I](#) *4 credit hours*

Quarter III: 20 Credits

150 hours clinical experience

- [ANS5013 Clinical Anesthesia III](#) *5 credit hours*
- [ANS5183 Anesthesia Laboratory III](#) *1 credit hour*
- [ANS5193 Anesthesia Simulation III](#) *1 credit hour*
- [ANS5201 Cardiovascular Physiology for Anesthesia Practice I](#) *2 credit hours*
- [ANS5222 Principles of Instrumentation and Patient Monitoring II](#) *2 credit hours*
- [ANS5346 Anesthesia Principles and Practice II](#) *3 credit hours*
- [ANS5421 Pharmacology in Anesthesia Practice I](#) *2 credit hours*
- [PHA5002 General Pharmacology II](#) *4 credit hours*

Quarter IV: 20 Credits

170 hours clinical experience

- [ANS5014 Clinical Anesthesia IV](#) *5 credit hours*
- [ANS5184 Anesthesia Laboratory IV](#) *1 credit hour*
- [ANS5194 Anesthesia Simulation IV](#) *1 credit hour*
- [ANS5202 Cardiovascular Physiology for Anesthesia Practice II](#) *3 credit hours*
- [ANS5300 Pulmonary Physiology for Anesthesia Practice](#) *2 credit hours*
- [ANS5347 Anesthesia Principles and Practice III](#) *3 credit hours*
- [ANS5422 Pharmacology in Anesthesia Practice II](#) *2 credit hours*
- [ANS5510 AA Professional Seminar](#) *1 credit hour*
- [ANS5601 Regional Anesthesia Practice I](#) *2 credit hours*

Quarter V: 20 Credits

180 hours clinical experience

- [ANS5015 Clinical Anesthesia V](#) *6 credit hours*
- [ANS5140 Pre-anesthetic Evaluation](#) *3 credit hours*
- [ANS5302 Pulmonary Physiology for Anesthesia Practice II](#) *2 credit hours*
- [ANS5348 Anesthesia Principles and Practice IV](#) *3 credit hours*
- [ANS5502 Advanced Anesthesia Systems and Monitoring](#) *2 credit hours*
- [ANS5520 Advanced Airway Management](#) *2 credit hours*
- [ANS5602 Regional Anesthesia Practice II](#) *2 credit hours*
- *Advanced Cardiac Life Support and PALS certification will be obtained during this quarter.*

Note(s):

A Comprehensive Examination covering the material from the first five quarters will be administered to determine the preparedness of each student to advance to senior clinical year. Failure to successfully master the exam will result in remediation and necessary extension of the student's program by at least one quarter.

Quarter VI: 18 Credits

480 hours clinical experience

- [ANS6011 Clinical Anesthesia I](#) 16 credit hours
- [ANS6021 Senior Seminar I](#) 1 credit hour
- [ANS6041 Anesthesia Review I](#) 1 credit hour

Quarter VII: 18 Credits

495 hours clinical experience

- [ANS6012 Clinical Anesthesia II](#) 16 credit hours
- [ANS6022 Senior Seminar II](#) 1 credit hour
- [ANS6042 Anesthesia Review II](#) 1 credit hour

Quarter VIII: 17 Credits

480 hours clinical experience

- [ANS6013 Clinical Anesthesia III](#) 15 credit hours
- [ANS6023 Senior Seminar III](#) 1 credit hour
- [ANS6043 Anesthesia Review III](#) 1 credit hour

Quarter IX: 18 Credits

480 hours clinical experience

- [ANS6014 Clinical Anesthesia IV](#) 16 credit hours
- [ANS6024 Senior Seminar IV](#) 1 credit hour
- [ANS6044 Anesthesia Review IV](#) 1 credit hour

Note(s):

The curriculum is dynamic and changes may be made to update and improve the curriculum at any time. Should the curriculum depart from that published above, on the recommendation of the curriculum committee and the University Leadership Team, before matriculation, a letter

identifying the changes will be mailed to all students that have been accepted into the incoming class. At this point, students may elect to continue with their planned matriculation accepting the changes in the curriculum, or cancel their registration and receive a full refund of their deposit without a penalty.

Generally, examinations for classroom and laboratory work will be administered outside of normal class periods. Occasionally, exams, review sessions, and special certification classes (Basic Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support) may involve weekends. Clinical rotations may involve evenings, nights, and weekends, depending upon the rotation and the clinical site. Clinical sites may require students to take in-house call. When a student, in their second year, participates in daytime operating room assignments and is expected to remain in-house for call or extended clinical opportunities that exceed midnight, the student will have the next 24 hours free of clinical obligations. By official request, special arrangements will be made for students who have religious obligations that may conflict with educational program activities.

Comprehensive Examinations

The curriculum contains a comprehensive examination at the end of the fifth quarter for students to demonstrate their didactic knowledge base before advancing to the senior year. Students who do not successfully complete this comprehensive knowledge-based examination will be required to complete remediation in the subject(s) in which they were deficient.

The comprehensive exam includes 8 modules. The exams are administered over two days. The exams are comprised mainly of multiple-choice test items. The exams are timed tests with breaks in between modules and at least a 60-minute lunch break.

Exam Modules
Airway
Anatomy
Anesthesia Sciences
Equipment & Physics
Monitoring
Pharmacology
Physiology
Regional

Time allotted for exams may be changed at the program's discretion. Students will be notified in advance of the time allowed for each module.

Comprehensive Exam Grading

Comprehensive exams are graded using norm-based scoring. The purpose is to identify students who are performing outside of the norm for the cohort; there is no absolute passing grade.

A student whose score is more than -1.96 standard deviations from the class mean in a subject category has failed that section of the exam and must participate in remediation. If the student scores $\geq 80\%$ (no rounding) on any module, even if that student's grade was -1.96 standard deviations from the mean, they will not be required to remediate.

Comprehensive Exam Remediation

Students who fail Airway, Anesthesia Sciences, Physiology, or Pharmacology, are not permitted to begin full-time clinical rotations their senior year but are still in good standing with the program. The first rotation is spent in remediation and part-time in clinical education. Students who participate in one of these remediation modules must make up the lost clinical time that they missed by the conclusion of Quarter 8. Make-up clinical hours must be approved by the program office and must follow program rules regarding documentation of make-up hours.

Students who fail any of the other modules must complete a remediation assignment during the Quarter 6 while participating in full-time clinical rotations. Any student who fails three or more comprehensive exam modules will be enrolled in ANS5999 Comprehensive Anesthesia Studies, a course that involves part-time clinical work along with required didactic remediation in the failed module subjects. Enrollment in ANS5999 will result in at least one additional quarter of enrollment in the anesthesiologist assistant program.

Successful completion of comprehensive exam remediation consists of the student achieving a minimum grade of C. If a student earns a grade of D or lower on their remediation assignment/exam, it will be considered a violation of the Anesthesiologist Assistant Programmatic Academic standards and the student will then be placed on AA Program Academic Warning. Students may participate in remediation a second time while on AA Program Academic Warning during Quarter 7 while participating in full-time clinical rotations. If a student does not make a grade of C or higher for the second remediation attempt, they will be recommended for dismissal.

Computer Requirements

Each student is required to have a laptop computer or tablet device in class each day (beginning with orientation) to utilize Exam Soft/Examplify testing software, access lectures on the student portal, and to participate in Senior Seminar during the second year.

Students must have access to ExamSoft/Examplify testing application for the duration of enrollment. The cost of the application is covered by the university technology fee. ExamSoft will be downloaded during the early weeks of the program and does not need to be completed prior to orientation.

Students are responsible for having a device for both years beginning at orientation, which meets all application minimum requirements listed below. Read the system requirements for BOTH Examplify and Microsoft Teams. Students must have ready access to a functioning device that meets the system requirements outlined below in order to continue in the program.

Please note that it is not possible to use an iPad with Examplify for the South AA Program.

Computer requirements for Examplify and instructions are located at this link:

<https://support.examssoft.com/hc/en-us/articles/11145767390477-Examplify-Verify-device-meets-MSRs>

Computer requirements for Microsoft Teams:

<https://learn.microsoft.com/en-us/microsoftteams/hardware-requirements-for-the-teams-app>

Clinical Education

Clinical Performance Goals

Each student is expected to attain the knowledge and skills required to perform as a safe and efficient practitioner. The goals set forth here outline the minimal competency expected of each student at distinct levels of training. A novice level of training should not preclude participation in procedures/tasks that are considered more appropriate for advanced students. Demonstrated competency in higher skill levels will allow the student to participate in more complex cases.

In the first year, the class will be assigned to clinical sites that are in approximation to campus. Students will not be alone in the operating room; they will always be supervised by a qualified anesthesia practitioner.

Student performance and acquisition of the expected level of skills at each level of clinical training is determined through the analysis of daily clinical evaluations and preceptor feedback. Students receive Mid-Quarter and End-of-Quarter performance data and comments from all preceptors.

Quarter I: Immersion period

During the first quarter, enrolled students are introduced to the operating room environment through an immersion period in their first month after matriculation into the program. The purpose of the immersion period is to familiarize new students with the personnel, environment, equipment, and clinical practice of the anesthesiologist assistant. New students will be paired with a clinical preceptor whom they will shadow during this period.

Additional days in the operating room may be arranged following immersion week in the first quarter. Students will be notified of these additional dates at the beginning of Quarter I.

Introductory Clinical Activity (Quarters II-IV)

During quarters two through four of the program, students will have the opportunity to develop knowledge and skills in patient interviewing and physical examination, vascular access, and basic airway management. Clinical activity is interspersed with classroom and laboratory work daily. Students will be in the operating room for two or three days per week, as outlined below. The expectations for student clinical skills acquisition is listed in this handbook and the First-Year Clinical Guide. Rotations in this phase of clinical studies are limited to sites in proximity to campus and are typically one academic quarter in duration.

Quarter II:

Each student will be scheduled in the clinical environment for a minimum 120 hours spread throughout the quarter.

Quarter III:

Students will be scheduled in the clinical environment for a minimum 150 hours spread throughout the quarter. The majority of those hours will be during the weekdays (M-F); additionally, students may be required to participate in weekend clinical activity, including the potential for the night shift.

Quarter IV:

Students will be scheduled in the clinical environment for a minimum 170 hours spread throughout the quarter. The majority of those hours will be during the weekdays (M-F); additionally, students may be required to participate in weekend clinical activity, including the potential for the night shift.

Intermediate Clinical Activity Quarter V:

The fifth academic quarter contains intermediate clinical activity interspersed with classroom and laboratory work. The expectations for student clinical skills acquisition are listed in this handbook and the First-Year Clinical Guide. Students will be scheduled for a minimum 180 hours during Quarter V. The majority of those hours will be during the weekdays (M-F); additionally, students may be required to participate in weekend clinical activity, including the potential for the night shift.

Second Year Clinical Education**Quarter VI through Quarter IX**

During the second year (last 12 months of the program), rotations are typically assigned in three or four week blocks. Clinical rotations include subspecialty areas of anesthesia practice. The number of required cases and hours for each student is tracked using the clinical case tracking system, and students have continued access to their progress towards these requirements in the clinical case tracking system reporting module. The majority of South University AA Program second year rotation sites are not located in close approximation to campus. Second year students must participate in necessary travel to the out of town clinical sites. The program or past students enrolled in the program may provide ideas on housing options for students participating in out of town rotations. These suggestions should not be construed in any way as an endorsement or recommendation of any particular housing arrangement. It is the responsibility of the student to arrange housing for all in-town and out-of-town clinical rotations.

**Expectations for each quarter include previous quarters' plus additional items listed*

Clinical Competency	Quarter II	Quarter III	Quarter IV	Quarter V	Second year Quarters VI-IX
Patient Assessment	Reviews relevant patient data, participates with preceptor in patient interview.	Conducts a basic preoperative interview including: NPO (Nil per os; nothing by mouth) status, allergies, medications, and co-morbidities.	Analyzes pre-operative test results for purpose of identifying impact on anesthesia care.	Performs an anesthesia-focused physical examination and identifies potential concerns that warrant treatment, intervention or further evaluation.	Reviews current and previous medical records. Identifies implications of patient's history and physical state on anesthesia care.
Anesthesia Planning	Selects appropriate type of anesthesia based on planned procedure.	Formulates basic anesthesia plan in consideration of planned procedure and patient factors.	Incorporates results from patient assessment into anesthesia plan. Identifies relevant post-operative patient risks.	Develops an anesthesia care plan in consideration of preoperative assessment and post-operative risks for low-acuity patients. Plans for post-operative care of patient.	Develops a complete anesthesia care plan in consideration of preoperative assessment, and post-operative complications.
Preparation	Sets up basic airway equipment and completes machine checkout. Relates basic understanding of surgical procedure to Anesthesia Care Team (ACT) members.	Identifies additional equipment needed for patient care based on procedure. Recognizes steps of common surgical procedures and uses that information to modify patient care.	Prepares equipment for complex cases in conjunction with preceptor. Able to explain surgical method and hazards associated with the majority of surgical procedures.	Analyzes anesthesia plan, gathers appropriate resources with minimal assistance from preceptor. Identifies detailed methods used in surgical procedure and integrates information into patient care.	Ensures the availability of personnel and resources (monitoring, equipment, blood products, medications) required for patient management for all types of surgical procedures.

Clinical Competency	Quarter II	Quarter III	Quarter IV	Quarter V	Second year Quarters VI-IX
Communication with ACT (Anesthesia Care Team)	Communicates preoperative data to preceptor and relays relevant intraoperative observations to members of ACT.	Presents complete preoperative evaluation to ACT members and provides patient summary for transfer of care in the perioperative setting.	Initiates discussion of patient data and anesthesia care to all members of the perioperative team.	Demonstrates ability to lead communication as member of ACT. Receives and delivers effective transfer of care reports between departments.	Establishes communication with perioperative team to discuss pertinent patient information (hand-off, lab results, surgical plan, anesthesia concerns) to maximize patient safety.
Intraoperative Management	Demonstrates ability to apply ASA monitors, pre-oxygenate, initiate ventilation maintain anesthesia, and plan for emergence.	Identifies changes in patient hemodynamics and works with preceptor to manage intraoperative complications.	Manages tasks during induction, maintenance, and emergence phases of anesthesia for low acuity patients with minimal preceptor assistance.	Recognizes and anticipates common physiological changes during routine surgical cases. Executes plan for emergence effectively.	Anticipates and manages common and critical events with consideration of co-existing diseases to optimize patient outcomes and prevent patient injury.
Airway Skills	Attains $\geq 50\%$ success rate with bag-mask ventilation (BMV), Laryngeal Mask Airway (LMA), and oral endotracheal tube OETT placement. Conducts airway physical exam.	Attains $\geq 75\%$ success rate with BMV, LMA, and OETT placement. Recognizes patient risk factors for difficult airway management.	Attains $> 90\%$ success with BMV, LMA, and OETT placement. Classifies patient risks for difficult airway management and suggests alternate methods of airway management.	Recommends modification in airway plan based on physical exam findings and planned procedure. Selects appropriate technique to be used in the management of difficult/failed airways.	Composes comprehensive airway management plan in consideration of risk factors. Shows mastery of airway management techniques.
Technical Procedures: lines, regional	Demonstrates appropriate aseptic technique when placing intravenous lines. Attains a $\geq 50\%$ success rate for IV placement.	Attains $\geq 75\%$ success for IV placement. Assists ACT members with placement of invasive lines and relates appropriate methods of aseptic techniques.	Attains $\geq 90\%$ success for IV placement. Demonstrates appropriate aseptic technique when placing arterial lines.	Demonstrates use of appropriate aseptic techniques for arterial line and regional block insertion. Assists ACT members with various types of regional block placement.	Demonstrates appropriate aseptic technique when placing invasive lines and regional blocks. Attains a $\geq 80\%$ success rate for invasive line, neuraxial block placement.

Clinical Competency	Quarter II	Quarter III	Quarter IV	Quarter V	Second year Quarters VI-IX
Professionalism	Demonstrates appropriate professionalism for AA student. Displays sensitivity, empathy, accountability and respect to a diverse patient population.	Demonstrates appropriate professionalism for AA student. Establishes a true and transparent relationship of care with patients and families.	Demonstrates appropriate professionalism for AA student. Actively seeks out learning opportunities and is committed to delivering high-quality patient care.	Demonstrates appropriate professionalism for AA student. Demonstrates emotional stability and adaptability in stressful situations.	Consistently exemplifies standards of professionalism for the anesthesiologist assistant. Advocates for the patient within the healthcare system.
Clinical Practice management	Follows institutional safety policies and participates in quality improvement activities to enhance patient care.	Recognizes opportunities for improved utilization of resources within the healthcare system.	Discusses methods of improving quality for patients during the perioperative period.	Practices cost-effective healthcare that optimizes resource allocation and quality of care.	Integrates evidence-based medicine into clinical practice to improve patient safety.
Anesthesia Knowledge	Demonstrates knowledge of: <ul style="list-style-type: none"> -Commonly used anesthesia drugs -Physics of anesthesia -Anesthesia machine -Basic airway management 	Demonstrates knowledge of: <ul style="list-style-type: none"> - Human anatomy & physiology -Basic pharmacology -Principles of monitoring 	Demonstrates knowledge of: <ul style="list-style-type: none"> -Cardiovascular (CV) physiology -Anesthesia pharmacology - Instrumentation & monitoring 	Demonstrates knowledge of: <ul style="list-style-type: none"> -Pulmonary physiology -Regional anesthesia -Preanesthetic evaluation 	Demonstrates knowledge of: <ul style="list-style-type: none"> -Clinical anesthesia -Ethical principles and issues -Occupational health -Professional practice standards

Academic Policies

Grading

The following letter grades, their indication of performance, and assigned quality points are used by the University:

Grade	Interpretation	Quality Points	Range	
A	Excellent	4.0	90-100	
B	Above Average	3.0	80-89	
C	Average	2.0	70-79	
D	Minimum Passing	1.0	60-69	
F	Failure	0.0	0-59	No course credit
W	Withdrawal	0.0		No course credit
WF	Withdraw Fail	0.0		No course credit
P	Pass			Course credit; no quality points, restricted to certain courses
I	Incomplete			

If the calculated numeric grade is on the border between letter grades (such as an 89), the final grade will be calculated to 2 decimal places and rounded up if the tenth's value is greater than or equal to 0.5; for example, an 89.49 would remain a B, while an 89.50 would be rounded to an A.

The notation "P" indicates a passing score in a course designated as Pass/Fail (P/F). A student receives credit hours for a P/F course, but there are no quality points assigned, and a passing grade does not contribute to the student's grade point average. The notation "I" for *incomplete* will be submitted when assigned work has not been completed at the time that grades are due in the Registrar's office at the end of the quarter. The AA Program follows university policies on Incomplete coursework. An extended Incomplete may be arranged by the program director with approval from the Campus Director.

Examinations

Examination schedules and length of time to complete an exam will be determined by the individual instructor for each course. Unless the program receives written/electronic notification from the university that a student is allowed additional/alternate exam time,

students will have only the time allotted to complete examinations. It is the responsibility of the student to manage their time wisely during a given examination period. Any unanswered test items will be awarded zero points.

Anesthesiologist Assistant Progressions Policy

Anesthesiologist Assistant (AA) students are required to satisfactorily complete all didactic and clinical education requirements in order to remain in good standing and to be eligible for graduation.

AA students must meet the standards outlined below in each of the following areas:

- Professionalism
- Academic
- Clinical

Standards for Professionalism Performance

A student's professionalism may be reviewed at any time, based on information received by the Program Director. The Program Director shall take appropriate action based on the type and severity of the student's misconduct. If the infraction involves a student violation of the University Code of Conduct, the matter will be referred to the Dean of Student Affairs. Violations of the South University Academic Honor Code will be handled according to the published university Academic Integrity Policy. Students who breach the Standards of Professionalism for the Anesthesiologist Assistant program will be referred to the Progress and Promotions Committee.

The Program Director will inform the student of the program's receipt of unsatisfactory evaluation or referral of professionalism violation.

Students may be placed on warning for any violation of the professionalism standards of the Anesthesiologist Assistant program. Acts that would garner a warning status for the student's enrollment include (but are not limited to):

1. Breach of the Anesthesiologist Assistant program standards in the following areas:
 - Professional behavior
 - Attire
 - Attendance
 - Accumulation of two or more unexcused absences
2. Failure to complete required clinical records and case/time log tracking as outlined in the AA program student handbook
3. Breach of patient confidentiality rules (HIPAA)
4. Other serious violations of professionalism standards for an Anesthesiologist Assistant student

The Progress and Promotions Committee, after review of the professionalism issue, recommends the action to be taken by the Program Director. The Program Director's decision

for student progress can be any one of the following based on student performance and their previous enrollment status (previous warning or probation):

- Continuation in good standing
- Continuation on professionalism warning
- Continuation on professionalism probation (following successful appeal of a professionalism dismissal)
- Dismissal

A student placed on professionalism warning will remain on warning for the entire quarter. Students who are on warning must participate in a professionalism reinstatement plan if they wish to continue their enrollment in the Anesthesiologist Assistant program. At the end of the warning period, the student's professional performance will be evaluated by the Progress and Promotions Committee. The committee will recommend to the Program Director the action to be taken based upon student fulfillment of the professionalism reinstatement plan and other standards of the program.

Standards for Academic Performance

Students in the Master of Medical Science in Anesthesia Sciences program are evaluated for Satisfactory Academic Progress (SAP) at the completion of every quarter. Rules regarding violation of the Satisfactory Academic Progress (SAP) Standards follow the published South University policies regarding warning, probation, and dismissal. SAP rules are published in the university academic catalog.

AA students must meet all of the requirements below to meet SAP:

- Academic quarter GPA ≥ 2.5 ;
- Cumulative GPA ≥ 2.5 ;
- Incremental completion rate greater than 50% in Quarter I
- Incremental completion rate greater than 66.67% in Quarters II-IX

Academic/Financial Aid Warning

Students should review the disciplinary procedures if these minimum standards are not met as outlined in the South University Catalog.

<http://catalog.southuniversity.edu/>

Remediation

Students who receive a grade of “D” in any course must engage in remediation for that course during the subsequent quarter. The content of the remediation may include a written assignment from the course instructor/coordinator and an exam highlighting the course objectives. Students must receive a minimum grade of “C” to successfully fulfill the remediation requirement. Failure to successfully remediate a course will result in recommendation for dismissal.

Clinical Performance

Performance during clinical education is based upon preceptor evaluations and feedback. Daily clinical evaluations track student performance and skill progression over the course of the program. The student is responsible for the timely, accurate completion of daily case and time logs and sending evaluations to preceptors.

Assessment of students is based on the minimal levels of competency at each distinct level of training. Any violation of these standards will result in referral of the student to the program Progress & Promotions Committee.

Standards of Clinical Performance

Clinical competency and quarterly analysis of preceptor evaluations:

Students' averaged scores in greater than 50% of these areas of assessment should be within 2 standard deviations of the class mean.

- Areas of assessment include but are not limited to:
 - Patient assessment
 - Anesthesia planning
 - Preparation/set-up
 - Communication with Anesthesia Care Team and transfer of care
 - Intraoperative management
 - Airway skills
 - Anesthesia knowledge
 - Professionalism
 - Technical procedures
 - Overall performance
- Preceptor feedback
 - Feedback from preceptors from any source (phone, email, and/or written correspondence) should indicate that the student is meeting the minimum competencies.
- Clinical experiences
 - Students must complete a minimum of 500 total anesthesia clinical hours at the conclusion of Quarter 5 as documented in the clinical tracking program.
 - The table below lists the case log requirements and recommendations for students to successfully complete the clinical education portion of the Anesthesiologist Assistant program. Students are responsible for fulfilling the requirements prior to graduation and tracking their progress using data in the student case log tracking system. Students should reference this table for Anesthesiologist Assistant requirements.

Requirements may be altered or waived in extenuating circumstances by the Program Director. All case log data is gathered from the case log tracking system.

Required Clinical Experiences for South University

Anesthesiologist Assistant students

Clinical Experiences	Requirements	Minimum
Composite Requirements	Total Anesthesia Cases	650 cases
	Total Hours Anesthesia Time - Time log totals	2000 hours
	Class III/IV	150 cases
	65+ years	100 cases
Specialties	2-12 years	40 cases
	< 2 years	10 cases
	Emergent	35 cases
	Ambulatory/Outpatient	100 cases
	Obstetric	35 cases
Anatomical Categories	Head Extracranial (Ear, Nose, and Throat)	20 cases
	Head Intracranial	5 cases
	Intrathoracic Heart	10 cases
	Intrathoracic Lung	5 cases
	Vascular	15 cases
	Intra-abdominal, including open abdominal: 10 cases laparoscopic: 25 cases robotic: 5 cases	75 cases

Methods of Anesthesia	General Anesthesia	400 cases
	Inhalational Induction	35 cases
	Mask Ventilation technique	100
	Endotracheal Intubation-Oral	250 procedures
	Endotracheal Intubation-Nasal	5 procedures
	Laryngeal Mask Airway	35 procedures
	Emergence from Anesthesia	250 cases
	Regional Management Regional Administration (recommended): 30	40 cases
	Total IV Anesthetics AND Monitored Anesthesia Care	75 cases
Arterial Technique	Insertion	25 procedures
	Monitoring	30 procedures
CVP Catheter	Placement (Recommended)	5 procedures
	Monitoring (Recommended)	15 procedures
Other	IV Catheter Placement	125 procedures
	Nasogastric/ orogastric tube placement	5 procedures
	Lung isolation device placement	5 procedures
	Alternate Airway Management	20 procedures

The above table lists the case/hour requirements for the South University Anesthesiologist Assistant Program; the NCCAA may require different case/hour totals to be eligible to take the certification exam.

Clinical Warning

Students who meet any of the following criteria indicating that they are performing below a minimum level of clinical competency will be presented to the Progress and Promotions Committee for consideration:

- Inadequate clinical performance as measured by analysis of preceptor evaluations;

- Composite quarterly scores of clinical performance that are ≥ 2 standard deviations below the class mean in a majority of the areas of competency assessed
- Negative feedback received by the program, based on multiple incidences from verbal or written sources from preceptors at the student's clinical site
- Students who do not complete a clinical rotation or are asked to leave a clinical rotation due to poor performance
- Inadequate completion of recommended clinical education experiences listed in the table above
- Failure to complete 500 clinical hours at the conclusion of Quarter 5

The Progress and Promotions Committee, after review of the clinical performance issue, recommends the action to be taken by the Program Director. The Program Director's decision for student progress can be any one of the following based on student performance and their previous enrollment status (previous warning or probation):

- Continuation in good standing
- Continuation on clinical warning
- Continuation on clinical probation (following successful appeal of a clinical dismissal)
- Dismissal

A student placed on clinical warning will remain on warning for the entire quarter to demonstrate improvement. Students who are on warning must participate in a clinical reinstatement plan if they wish to continue their enrollment in the Anesthesiologist Assistant program. At the end of the warning period, the student's clinical performance will be evaluated by the Progress and Promotions Committee. The committee will recommend to the Program Director the action to be taken based upon student fulfillment of the clinical reinstatement plan and other standards of the program.

Dismissal

Dismissal may occur after review of the student's academic, clinical, or professional deficiency.

Students will be dismissed from the Anesthesiologist Assistant program for any of the following reasons:

- More than two quarters on warning for any cause (academic/financial aid, clinical, professionalism) during the student's enrollment
- Failure to successfully complete an academic/clinical/professionalism reinstatement plan
- One letter grade of "F" or two or more letter grades of "D" in one quarter
- Severe transgressions of ethical and moral conduct
- Violation of the College of Health Professions Background Check Policy or Substance Abuse Screening Policy
- A recommendation from the Dean of Student Affairs for violation of the University Code of Conduct
- A recommendation for dismissal according to the South University Academic Integrity Policy for honor code violation(s)

A student may not attempt more than 150% of the credits in his/her program; anything in excess of 150% of the credits will result in academic dismissal for violating the maximum allowable timeframe.

A student dismissed from the SU AA program is prohibited from any further attendance in class or participation in clinical training. The student may choose to appeal the decision using the procedure outlined below and will not be allowed to continue program activities until resolution of the appeal. A dismissed student from any SU AA program will not be considered for re-admission.

Appeal Process

To appeal a University academic/financial aid, clinical, or professionalism dismissal:

Students wishing to appeal an academic/financial aid (Satisfactory Academic Progress), clinical, or professionalism dismissal can submit an appeal request to the Department Chair within five business days (by 5 p.m.) of receipt of the dismissal letter. The appeal letter should outline the reasons that they are seeking the appeal for Anesthesiologist Assistant program academic, professionalism or clinical standards violation, how they plan to correct their behavior/performance, and why the appeal should be granted from the Department Chair. The student may include a petition to meet with the Department Chair.

If the decision is upheld by the Department Chair, the student may appeal to the Assistant Dean of the College within five business days (by 5 p.m.) of receiving the decision. The letter must include the reason for the appeal and be received within 5 business days (by 5 p.m.) of the previous decision.

If the decision is student is upheld by the Assistant Dean of the College, the student may appeal to the Dean of the College of Health Professions within five business days (by 5 p.m.) of the previous receiving the decision. The decision of the Dean of the College of Health Professions is final.

A student reinstated after successful appeal of dismissal will be on probation. Students in the Anesthesiologist Assistant Program may not be on warning or probation for any reason for more than two quarters of their enrollment.

Reinstatement after Programmatic Academic, Professional, or Clinical Dismissal

If a student is reinstated following a successful appeal of an Anesthesiologist Assistant program academic, professional, or clinical dismissal, they will be placed on academic, clinical, or professional probation at the start of the quarter in which they resume coursework.

The student will be required to meet with the Program Director to discuss an Anesthesiologist Assistant program academic, clinical, or professionalism reinstatement plan to outline expectations and performance requirements for continued enrollment in the Anesthesiologist

Assistant program. The Program Director and the Progress and Promotions Committee will continue to assess the student's progress under the plan during the quarter of probation. If a student successfully completes the probationary period plan as judged by the Program Director in consultation with the Progress and Promotion Committee, that student will be recommended to continue in the program in good standing. Students who do not successfully complete the requirements of the reinstatement plan during the probationary period will be dismissed.

Withdrawal Policy

All students will be required to abide by the South University withdrawal policies and procedures in the academic catalog. A student who is in good standing (not on academic/financial aid, clinical, or professionalism warning or probation) may be eligible to re-enter the program up to one year from the time of withdrawal. The decision to allow a student to re-enter the program is made by the Program Director and must be approved by the Campus Director for Academic Affairs and Operations. If a student is allowed to re-enter the AA program, the Progress and Promotions Committee will create a re-entry plan for the student. As part of the re-entry plan, the student may be required to participate in course work or other educational activities to ensure retention of essential knowledge and skills required of an AA student. The student will be required to review and sign the re-entry plan.

The Progress and Promotions Committee

The Progress and Promotions Committee meets at the beginning of each quarter and also in an ad hoc fashion to review student achievement of the appropriate program standards for academics, clinical, and professionalism. The committee is chaired by the Program Director, who is a non-voting member. Recommendations on student progress are based on a simple voting majority of members present.

The Progress and Promotions committee makes a recommendation for student progress in one of the following categories to the Program Director:

1. Continue in program in good standing
2. Advance on Professionalism, Clinical, or Programmatic Academic Warning
3. Continuation on Professionalism, Clinical, or Programmatic Academic Warning (following a successful appeal of dismissal)Dismissal

After receiving the committee's recommendation, the Program Director makes a final decision regarding student progress. The Program Director will notify the student directly (via phone or in- person) and in writing (email), of any decision other than *advance in good standing*.

In cases where a student is placed on any type of warning (Academic/Financial Aid, Clinical, or Professionalism), the student will meet with the Program Director to discuss the reinstatement plan for continuing in the program.

The Program Director will forward a copy of any letter regarding a student's failure to progress to the Campus Director for Academic Affairs and Operations.

Members of the Progress and Promotions Committee include faculty members and practicing anesthesiologists/ CAAs who are familiar with the education and practice of anesthesiologist assistants.

South University Academic Integrity

A student violation of the South University Honor Code will be handled according to the Academic Integrity Policy. The policy can be found in the academic catalog at this link: <https://catalog.southuniversity.edu/content.php?catoid=27&navoid=1566#academic-integrity>.

Standards for Professional Behavior

The South University Anesthesiologist Assistant Program recognizes and upholds the standards of professional behavior for students of the program as outlined by the American Academy of Anesthesiologist Assistants (**AAAA, GUIDELINES FOR THE ETHICAL STANDARDS OF THE ANESTHESIOLOGIST ASSISTANT**. Adopted July 24, 2007:

[https://aaaa.memberclicks.net/assets/docs/position%20statement%20-%20guidelines for the ethical standards of the anesthesiologist assistant.pdf](https://aaaa.memberclicks.net/assets/docs/position%20statement%20-%20guidelines%20for%20the%20ethical%20standards%20of%20the%20anesthesiologist%20assistant.pdf)

These standards state:

The Anesthesiologist Assistant is 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:

- I. The Anesthesiologist Assistant 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.
- II. The Anesthesiologist Assistant shall be dedicated to providing competent medical care with compassion and respect for human dignity.
- III. The Anesthesiologist Assistant shall maintain standards of professionalism in all patient interactions and always act in the best interests of the patient.
- IV. The Anesthesiologist Assistant shall respect the law.
- V. The Anesthesiologist Assistant 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.

- VI. The Anesthesiologist Assistant 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. Anesthesiologist Assistants 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.
- VII. The Anesthesiologist Assistant 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.
- VIII. Anesthesiologist Assistants shall render high-quality patient care without prejudice as to race, religion, age, sex, nationality, disability, social, economic, or insurance status.
- IX. Anesthesiologist Assistants should not misrepresent, directly or indirectly, their skills, training, professional credentials, title, or identity.
- X. Anesthesiologist Assistants shall strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.
- In the practice of anesthesia, the safety and well-being of patients is every practitioner's first and foremost concern. The confidential acquisition and maintenance of patient data are also of paramount importance. Inappropriate behavior and/or failure to maintain patient data in an appropriate, confidential manner according to the Health Insurance Portability and Accountability Act (HIPAA) guidelines are grounds for immediate review and for possible dismissal.

Technical Standards

To undertake and successfully complete the Anesthesiologist Assistant program, as well as to function as an anesthetist after graduation, requires that an individual meet certain fundamental physical, cognitive, and behavioral standards. The requisite technical skills include, but are not limited to, the following:

- Effectively communicating verbally with patients and their family members and with other healthcare professionals.
- Interacting with patients, including obtaining a history and performing a physical examination.
- Effectively communicating in writing, and by record keeping, those data and information essential to the practice of anesthesia and the care of patients.
- Reading and comprehending written parts of the medical record and other patient care documents in order to safely and effectively participate in the practice of anesthesia.
- Having sufficient knowledge, motor skill, and coordination to perform diagnostic and therapeutic tasks, including invasive procedures, on patients in a timely manner so as to ensure the safety and well-being of the patients. These tasks include but are not limited to peripheral and central venous catheterization, arterial puncture and cannulation, breathing bag-and-mask ventilation, laryngeal mask airway insertion and management, endotracheal intubation.

- Having sufficient strength, motor skill, and coordination to lift, move, and position patients as required for administration of anesthesia and performance of cardiopulmonary resuscitation.
- Having sufficient speed and coordination to quickly and safely react to emergent conditions throughout the hospital in order to assure patient safety.
- Recognizing and differentiating colors of signals displayed on monitors; being able to work in both light and dark conditions as exist in patient care areas (e.g., operating room, radiology suite, endoscopy suite); being able to recognize details of objects both near and far.
- Hearing, processing, and interpreting multiple conversations, monitor signals, alarms, and patient sounds simultaneously in fast-paced patient care settings (e.g., operating room, intensive care unit, emergency room).
- Having no impairment that would preclude continuous performance of all of the above activities or any and all of the other activities that are an integral part of an anesthesiologist assistant's participation in the anesthesia care team.

Professionalism Standards: Attire

Each student shall be attired appropriately whenever they are in a clinical (patient care) or university environment.

The Anesthesiologist Assistant Program requires students to wear professional attire while on campus. **Inappropriate clothing items NOT to be worn on campus include but are not limited to:** shorts, flip-flops, low-cut necklines, sweatpants, cutoffs, leggings, athletic attire, and bare midriffs. Hats may not be worn on campus.

AA program students are required to wear the approved scrubs and a name badge with their picture and designation as an anesthesiologist assistant student. Required scrubs are selected prior to matriculation and include the color, style, and university/program logo. These scrubs must be purchased and worn while on clinical rotations during the first year and during simulation and laboratory courses. On campus, students may wear these approved scrubs on campus only following clinical rotations, simulation, or laboratory experiences.

Failure to adhere to appropriate guidelines for attire may result in the referral to the Progress and Promotions committee for a violation of program professionalism standards.

Professionalism Standards: Attendance

Attendance is essential for successful completion of the Master of Medical Science in Anesthesia Science degree program. The expectations for student attendance and participation in varying aspects of the program are outlined below. The policy for excused and unexcused absences and make-up policy follows this section for the student's reference. The AA program follows the university attendance policy, which can be found in the academic catalog in Academic Affairs (Attendance). If the student misses 14 consecutive

calendar days, the student will be withdrawn from the institution, unless the student provides official communication (communication directly from the student (letter or email) and the student provides supporting documentation for review) regarding extenuating circumstances (as outlined below) prior to violating the 14 consecutive days.

Class Attendance

Examinations are built upon classroom lectures and assigned reading; less than full student participation in both will result in poor performance on examinations and quizzes. The program adheres to the current South University policy regarding class attendance only – clinical, exam, and other program activity attendance expectations and policies are listed below. Please see the University Attendance Policy located in the [South University Academic Catalog](#) for more information.

Required AA Program Activities

Clinical Attendance

Each student is expected to attend and participate in all clinical assignments and rotations throughout the program. Students are expected to be in the Operating Room by 0600 and stay until the end of their scheduled clinical day. All clinical hours MUST be logged daily using the clinical case tracking system.

Two or more unexcused absences from clinical assignments will result in referral to the Progress and Promotions Committee for professionalism warning.

General attendance hours for clinical rotations are as follows:

*students will be scheduled according to clinic availability, and the schedule will be disseminated at the beginning of the quarter. Students will also be scheduled in advance for weekend shifts during quarters III-V.

Quarter II: M, W or Tu, Th: 0600-1200

Quarter III: M, W, F or Tu, Th: 0600-1200

Quarter IV: M, W, F: 0600-1200

OR

Tu, Th: 0600-1500

Quarter V: M, W, F: 0600-1200

OR

Tu, Th: 0600-1700 (Students are expected to stay to complete a case in progress through PACU drop-off and report)

Quarters VI-IX:

During the senior year, students are expected to arrive at 0600 and stay until their cases are complete for the day, with a minimum of 9 hours per day at the clinical site. Some rotations have alternate schedules that may include evening or night hours and call shifts. During senior clinical rotations, students will observe hospital (their current rotation site), not university, holidays except for scheduled breaks on the academic calendar.

Clinical Conferences

Clinical conference sessions are a required AA program activity that does not follow the South University Attendance Policy. Anesthesia departments schedule clinical conferences periodically, and students who are scheduled at that clinical site are required to attend.

Simulation and Laboratory Courses

Simulation and laboratory course class attendance are required AA program activities that do not follow the South University Attendance Policy. Any student who misses a scheduled simulation or laboratory class session is required to contact the instructor before the absence and arrange for a make-up session. If a student does not have an excused absence when missing simulation or lab and fails to arrange a make-up day with the course instructor, they will receive an unexcused absence.

Senior Seminar

Senior Seminar class attendance is a required program activity that does not follow the South University Attendance Policy. Unexcused absence from senior seminar will cause the student's final grade to be lowered one letter grade for each seminar missed.

Quizzes and Exams

Attendance is mandatory for all scheduled course exams, practical exams, and comprehensive examinations. The time to complete examinations will be set by the instructor for each course.

Missed Examinations

If a student has an approved excused absence on the day of an examination, it is the student's responsibility to contact the instructor of the course to arrange an alternate time to take the examination.

If a student misses a scheduled examination and **does not have an excused absence**, then the student shall receive a grade of 25% on that examination, which is based upon the probability of getting multiple choice answers correct by chance alone when there are 4 possible answers. If a student misses an unscheduled examination/quiz, the student may be permitted to make up or drop that examination at the discretion of that course's instructor or director. If a student misses two or more such quizzes in one course in one quarter, the course instructor or coordinator may apply appropriate grade penalties.

Absences

Excused Absences Personal/Illness

Absences

Students are allowed 4 personal/illness absences in each phase of the program. Any scheduled personal day requested or illness will first be counted against these four days.

Phase of Program and Allowed Absences

First-year students are permitted:

- A total of four (4) personal/illness absences during Quarters I-V

Second-year students are permitted:

- A total of four (4) personal/illness absences during Quarters VI-IX.

Personal/illness absences ***do not accumulate between the first and second years***. Excused absences must be requested for any required program activity such as clinical rotations, seminars, laboratories, exams, simulation, practical exams, and other required program events according to the guidelines listed in this handbook.

Illness

Students are discouraged from participating in clinical education if they are ill. If a student is ill for more than 2 days, they may be asked to provide documentation from a qualified healthcare provider to the program office for consideration of the days to count as an excused absence. Illness will first be counted towards the student's 4 allowed personal/illness absence days. Students who have an extended illness must notify and meet with the program director to discuss the appropriate enrollment status for the student and the plan for making up assignments/hours. The program does not allow for medical leave in the first 5 quarters in the program.

Students who are out for illness may not attend class or other required program activities as outlined above (exams, labs, simulation, etc.)

Other types of excused absences

Bereavement

Students may be granted leave from classes and clinical education to attend the funeral or memorial services as approved by the program director. The number of days missed must be approved by the program director and do not count towards the student's 4 allowed personal/illness absence days.

Job Interviews

In the senior year, students will be given up to a total of 3 additional excused absence days for job interviews at distant locations from their current clinical site. Students must request a job interview absence using the clinical case tracking system and submit a copy of correspondence from the potential employer verifying the interview date, time, and place.

Local (student's current location within 20 miles) job interviews should be scheduled after 2:00 PM such that no absence is required. If the interview site is more than a 1-hour drive from the student's current location, students may request and receive approval for early dismissal from the program and clinical site.

Job interview days do not count towards the student's 4 allowed excused absence days. Missed clinical activities resulting from job interviews without prior permission from the program will be counted as an unexcused absence.

Travel Days

Travel days may be granted to senior students who will be driving more than 8 hours to their next immediately following rotation. Students are expected to complete at least 40 hours of work before the approved travel day. All travel days must be approved by the program and the current clinical site. Travel day requests must be submitted in the clinical case tracking system at least 1 week before the desired travel date. Documentation of approval from the clinical site must be provided to the program office. **Travel days are not an absence** as they are part of the allowances for second-year students who participate in various locations of clinical education rotations. Students may not use a travel day if the rotation ends/begins adjacent to a holiday or break week.

Holidays

During the first five (5) quarters in the program, students follow the official South University holiday schedule.

In the senior year (Quarters VI-IX) students will observe hospital (their current rotation site), **not university** holidays that are outside of their scheduled program breaks. Students must place the absence request for clinical site holidays in the clinical tracking system with clinical coordinator documentation attached. Students who do not notify the program of a clinical site holiday will receive an unexcused absence for the day. Approved clinical site holidays days do not count towards the student's 4 allowed personal/illness absence days and do not count for accumulated excused absences; they are counted as holidays.

Total excused absences

If a student accumulates more than four total excused absence days due to any approved reason listed above in either Quarters I-V or Quarters VI-IX, they will be required to make up the clinical hours and required program activities missed.

For illness, all absences must be reported to the Clinical Education Coordinator and the clinical site coordinator at each hospital before the start of the clinical day. All other excused

absences must be approved at least one week prior by both the Education Program Coordinator and the clinical site coordinator.

Students must utilize excused absence days for illness when required program activities are scheduled. Activities for which attendance is mandatory are outlined in this handbook. These days must be entered into the clinical case tracking system in Quarters II-IX.

Requesting/Scheduling an Absence

Steps to request a scheduled personal day or other excused absence First Year

Students Procedure:

1. Send an email to the AA Program Clinical Education Coordinator requesting permission for the absence (Quarter I) or request a personal day through the clinical case tracking system (Quarters II-V).
2. Notify the clinical site coordinator (if the absence occurs on a clinical day) or the course instructor (if the absence occurs during a required course activity) of the approved absence. (Quarters II-V)
3. Reschedule any required activities with the individual course instructor.

All scheduled excused absences must be **approved** by the program at least one week in advance.

Second Year Students Procedure

1. *Request* the absence from the clinical site coordinator at the rotation you will be attending on the day of the absence. The request must be approved by the clinical coordinator at least one week in advance of the anticipated absence.
2. Submit the email from the clinical site coordinator approving the absence to the AA Program Clinical Education Coordinator when requesting the day off in the clinical case tracking system.

All scheduled excused absences must be **approved** by the program at least one week in advance.

Absence due to illness *that occurs on a day of clinical rotation*

1. **Before your scheduled shift:**

- a. Email AA Program Clinical Education Coordinator.
 - b. Text/email the clinical site coordinator.
2. Complete a request for absence within 24 hours in the clinical case tracking system. (Quarters II-IX)

Steps to complete for an absence due to illness for a required program activity

1. Call/email the Educational Program Coordinator and the course instructor before the required activity. (Quarters I-IX)
2. Complete a request for absence within 24 hours in the clinical case tracking system. (Quarters II-IX)

Unexcused Absences

Failure to attend required program activities without obtaining an approved excused absence constitutes an unexcused absence.

Unexcused absence examples:

- Any absence from clinical rotations that is not excused according to the criteria outlined in this handbook.
- Students who arrive after 7:30 AM (or 1.5 hours after their scheduled start if on alternate shifts), that day will be counted as an unexcused absence, and the clinical time must be made up at another date as described below.
- Any unapproved absence in which the student does not follow the procedures outlined in this handbook for documenting and requesting absences for required program activities.
- Absence from professional seminars/educational sessions when the student has been excused from class and clinical rotations (i.e., AAAA, ASA meetings).

Policies Regarding Unexcused Absences

A total of two or more unexcused absences in Quarters I-IX of the program will result in a recommendation to the Progress and Promotions Committee for **professionalism warning**.

Students are required to have an excused absence for any required program activity outlined above (clinical rotation, examination, lab, simulation, etc.), or they will receive an unexcused absence. Students with two or more cumulative unexcused absences during Quarters I-IX will be referred to the Progress and Promotions Committee for a violation of the program standards of professionalism.

Make-Up Clinical Hours

Students who are required to make up hours missed due to comprehensive exam remediation, unexcused absences, or excused absences exceeding four days/program phase must be made-up on weekends or during student breaks between quarters. It is the student's responsibility to schedule and arrange for these hours with the program and the clinical site.

Steps to request and document make-up hours for hours to count towards course/clinical requirements:

1. Contact the clinical site coordinator and request to work outside of normal schedule
2. Clinical coordinator schedules time for student on either a weekend or holiday (not M-F).
3. Create case and time logs for the make up clinical hours.
4. Indicate in the time log that the hours are make up hours by choosing the appropriate category.

Clinical Case Tracking System

The program utilizes a web-based application system to record and track student attendance and clinical education experiences. ***All students involved in clinical education must complete a case log for each case they participate in during their enrollment, complete a time log for each day of their clinical rotations, and send an evaluation to their preceptor during both years of clinical education.*** The program director and faculty review the case log and time logs daily.

Clinical activities that should be logged and count towards clinical hours include the following:

- Cases
- Pre-operative evaluations
- Room setup/preparation before case start
- Post-operative visits
- Trauma rotation hours
- Obstetric rotation hours
- Pain rotation hours
- PACU/ICU rotation hours
- IV or regional rotation hours
- Clinical case conferences held on site

Additional details on logging clinical hours may be found in the 1st and 2nd Year Field Guides provided to students during their enrollment. If a student has a question regarding patient care activities and clinical hours, they should contact the Program Director for clarification.

The completion of time logs and case logs signifies that the student has participated in assigned clinical education activities. Students must complete time logs, case logs, and send a preceptor evaluation **by 9 a.m. the following day**. For example, students must log all of the cases, their time, and send the preceptor evaluation for cases performed on a Monday by Tuesday at 9 a.m. Students on overnight or trauma shifts have 24 hours from the end of their shift to perform these actions. Students who repeatedly fail to complete their case and time logs on time and accurately will be referred to the Progress and Promotions Committee for violation of the professionalism standards for the AA program. Senior students must complete one clinical site evaluation and two preceptor evaluations at the end of each rotation. Repeated failure to complete the site and preceptor evaluations will result in referral to the Progress and Promotions Committee for a professionalism violation.

Personal Electronic Use During Clinical Education

Students are not allowed to use individual electronic devices for personal reasons during clinical education. Use of such devices may be allowed for educational purposes only if approved by the student's direct clinical supervisor. Failure to adhere to the policy is considered a professionalism violation, and students will be referred to the Progress and Promotions Committee.

Student Work Policy

Due to the intensity of the anesthesiologist assistant program, students are not permitted to hold a job while they are enrolled in the program. Students may engage in outside employment during breaks and vacation periods.

Fraternization

All students are expected to conduct themselves in a professional manner that contributes to the proper educational environment. Due to the inherently unequal relationship that exists between a clinical preceptor and a student, dating, sexual relationships, or other intimate social relationships can be problematic. Such relationships can easily degenerate into allegations of sexual harassment, and the real or perceived problem of favoritism can seriously affect the education process.

Accordingly, such relationships between a preceptor and student are strongly discouraged. If a student has *any* close personal relationship with their preceptor that extends beyond the normal mentor/mentee relationship, they are discouraged from working with that preceptor.

If a student has questions regarding the nature of the relationship with a preceptor, the student should contact the Program Director for clarification.

Background Check Policy, South University College of Health Professions

Protection of vulnerable patient populations is important to the South University College of Health Professions and its academic programs, faculty, and students and to clinical affiliation sites where students complete clinical requirements for completion of an academic program. Many clinical sites require criminal background checks for employees and students who provide patient care. As clinical placements are a mandatory component of South University College of Health Professions Programs, a positive criminal history impairs the ability of students to be placed in clinical externships required for completion of the program.

The South University College of Health Profession will deny admission and/or continuation to any student and/or applicant with a felony conviction, plea, or adjudication withheld, or any disqualifying misdemeanor, for which a pardon or exemption for disqualification has not been received, including but not limited to rape or sexual abuse or molestation, and abuse, endangerment, or neglect of a child, disabled person, or elderly person.

Students who are considering applying to programs within the College of Health Professions are advised to review the admission and enrollment requirements for background checks listed in the academic catalog and program specific handbook.

Students applying to programs within the College of Health Professions will be subject to a background check that may include, but is not limited to:

1. Social Security Number Verification;
2. Criminal Search;
3. Violent Sex Offender and Predator Registry Search;
4. HHS/OIG List of Excluded Individuals;
5. GSA List of Parties Excluded from Federal Programs;
6. U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN); and
7. Applicable State Exclusion List, if available

Note: Some clinical agencies may require additional background check requirements.

Obtaining a Background Check Report

Programs within the College of Health Professions will designate an approved company to conduct the background checks and issue reports. Results from a company other than those designated will not be accepted. Results must be received by the program from the approved company and may not be hand-delivered by the student to the institution. Students and/or applicants must contact the designated company and comply with its instructions in authorizing and obtaining a background check. Students and/or applicants are responsible for payment of any fees charged by a designated company to provide the background check service.

Rights

Students and applicants who have received an offer of admission have the right to review the information reported by the designated company for accuracy and completeness and to request

that the designated company verify that the background information provided is correct. Prior to making a final determination that would adversely affect the applicant or student, the Program Director within the College of Health Professions will provide applicants or students information regarding access to the background check report issued by the designated company. Additionally, the Program Director will inform the student and/or applicant of his/her rights, how to contact the designated company to challenge the accuracy of the report, and that the designated company is not involved in any decisions made by the College of Health Professions.

Current Students

- Students may be required to complete an initial or additional background check prior to the start of an assignment at a healthcare facility as required by the program or the facility. Background check reports will be submitted to the program for review.

Confidentiality and Record Keeping

- Background check reports and other submitted information are confidential and may only be reviewed by university officials and affiliated clinical facilities in accordance with the Family Educational Rights and Privacy Act (FERPA).
- Students: Background check reports and other submitted information of students will be maintained in a separate file from the student record in accordance with the university's record retention policy for student records.
- Applicants Denied Matriculation: Background check reports and other submitted information of applicants denied matriculation into the program will be maintained in accordance with the university's record retention policy.

Other Provisions

- A student who has a break in enrollment will be required to complete a new background check. A break in enrollment is defined as non-enrollment of at least one quarter in the approved curriculum of the degree program.
- Falsification of information, including omission of relevant information, may result in denial of admission or dismissal from the educational program.
- Students are responsible for notifying the Program Director if he/she is charged or convicted of any misdemeanor or felony while enrolled in any portion of the program. Criminal activity that occurs while a student is in attendance at the university may result in disciplinary action, including dismissal, and will be addressed through the university's academic or disciplinary policies. Failure to notify the program is grounds for dismissal from the program.

Interruption of the Degree Program

Leave of Absence

Quarters I-V

Students may not request a leave of absence in the first five quarters of the program because any extended absence would interrupt the didactic learning portion of the curriculum and disrupt the sequence of course direction that occurs during the first five quarters of the

program. Students may withdraw from the degree program during this period and reapply for admission during the next application cycle.

Quarters VI-IX

Medical Leave

A student may petition the program for interruption of his/her degree program during Quarters VI-IX for an acute medical problem. In the petition, the student must provide documentation of diagnosis by a physician licensed to practice medicine in the United States and an estimate by that physician of a recovery time sufficient to resume the degree program. Granting the petition for the interruption in the degree program is solely at the discretion of the anesthesiologist assistant program.

Personal Leave

A student may request a leave of absence by submitting a letter in writing to the Program Director. Following a review of the request, the Program Director may grant a leave of absence for a period of up to two months. Upon return to the program, the student must return as a full-time student at the beginning of an approved clinical rotation.

Termination Prior to Completion of Degree

Students should refer to the South University student handbook and South University Catalog for the impact of terminating their enrollment while in progress or prior to the completion of their degree.

Master of Medical Science in Anesthesia Science Graduation Requirements

1. The student must complete the course requirements described in the handbook in effect when the student was enrolled.
2. The student must successfully meet the standards for academic, clinical, and professional performance.
3. Students must maintain an overall cumulative GPA of ≥ 2.5 at the time of graduation.
4. Student must be in good standing at the time of graduation; i.e., not on any type of warning or probationary status at the conclusion of their final quarter of enrollment as determined at the conclusion of Quarter IX by the Progress and Promotions Committee.

Student Health

For South University, specific information regarding student health and safety, refer to the most recent version of the South University Student Handbook.

Personal Risks Associated with the Practice of Anesthesia

Exposure to Pathogens

Anesthesiologist Assistants have direct contact with patients and are at risk for occupational exposure to pathogenic organisms. Exposure can occur via contact with blood and other body fluids and tissues, air-borne and droplet transmission, needle stick or other penetration of skin.

The program at South University College of Health Professions promotes the safety and well-being of students as follows:

- The program and other departments in South University College of Health Professions provide mandatory training in universal precautions and other work safety practices.
- All clinical training sites provide students on rotation with appropriate personal protective equipment and disposables.
- In the event of exposure to known or suspected pathogenic organisms, the student is entered into a protocol established by the **clinical site** at which the exposure occurred.
- It is the responsibility of the student's medical insurance to pay for any treatment for exposure to pathogens such as needle stick and splash injuries that occur while the student is in clinical training.

The program provides training on all current OSHA standards and universal precautions that must be undertaken by healthcare providers. These proven methods reduce the risk of exposure to pathogens while in the clinical environment.

Students enrolled in the anesthesiologist assistant program are required to comply with the policy on exposure to blood borne pathogens, which states:

Students are required to comply with the following standards of compliance:

1. Education: As part of the orientation and curriculum, students should receive training regarding CDC Standard Precautions (including needle sticks) for bloodborne pathogens. The program can include lecture, video, and a short test.
2. Acknowledgment Form: Students should sign a disclosure form that includes acknowledgment of:

- a. The exposure to bloodborne pathogens inherent in their academic activities. The training received (include the date of training).
 - b. Their responsibility to follow the externship, including any clinical lab site's policies and procedures.
 - c. The requirement to notify Faculty/Department Chair of the incident on campus or at externship site.
 - d. Their responsibility to seek treatment immediately after an incident with an emergency room or physician.
 - e. Their financial responsibility for the cost of the tests and any subsequent medical treatment.
3. Hepatitis B Form: All students where it has been determined that their academic activities will expose them to bloodborne pathogens will be required to sign a form verifying that the student has or is waiving the Hepatitis B vaccination.
4. Incident Report: Upon exposure to bloodborne pathogen (including needle sticks and sharp edge instruments), the student and faculty member should complete the incident report.
5. Students should be instructed to adhere to procedures required by the school and any external facility where the student will be involved in externship activities to which they are assigned. In addition, the student is financially responsible for any post-incident testing/treatment.

Methods of Implementation and Control

Universal Precautions

Using universal precautions means protecting oneself from exposure to blood or body fluids through the use of gloves, masks, and eye protection; cleaning blood and body fluid spills with soap and bleach solution and water. **All students will utilize universal precautions.**

South University College of Health Professions Substance Abuse and Screening Policy

Drug and alcohol disorders can be detrimental to one's overall physical and emotional health, as well as academic and professional performance. The College of Health Professions has adopted the following policy and procedures related to student drug and alcohol testing and students suspected of impairment due to drugs or alcohol.

Anesthesiologist Assistants and AA students are at a greater risk for substance abuse than practitioners in other medical specialties or individuals in the general population. Handling and administering controlled substances occurs daily in the practice of anesthesia, and current literature suggests that individuals with a history of abuse of any kind are more likely to develop a drug abuse problem if they enter the field of anesthesiology. **If the student has a history of excessive alcohol use, a history of any form of drug abuse, or has other addictive behaviors, they should not consider a career in the field of anesthesiology.**

If an abuse problem occurs, the anesthesiologist assistant program will assist the student in finding the appropriate help in collaboration with the Dean of Student Affairs.

Drug and Alcohol Screening

Students must consent to drug and alcohol testing as dictated by individual program policies. Testing may occur before and during student enrollment in health profession programs. A student who has a break in enrollment will be required to pass a new drug test prior to re-enrollment. A break in enrollment is defined as non-enrollment of at least one quarter in the approved curriculum of the degree program. An outside facility conducts testing, and the cost of testing is the student's sole responsibility.

Students must consent to random drug and alcohol testing during the entire length of their enrollment in the program. Testing is conducted by an outside testing facility; the cost for testing is the student's responsibility. Students may be asked to complete a drug screen prior to enrollment and at any time during their enrollment in the anesthesiologist assistant program.

If a student tests positive for non-prescribed or illegal drug use as determined by a qualified drug testing service, the student will be dismissed from the South University Anesthesiologist Assistant Program after being counseled and informed about treatment facilities. Due to the nature of the practice of anesthesia, the anesthesiologist assistant program maintains a zero tolerance for non-prescribed use of controlled substances and illegal drugs of any kind.

A test to measure a student's blood alcohol level may also be administered at any time during participation in clinical education. Any positive blood alcohol level measured while participating in clinical education will be grounds for immediate dismissal from the program.

College of Health Profession Rules Related to Alcohol and Drugs

1. Due to the nature of the practice of health professions programs, the College of Health Professions maintains a zero-tolerance policy for any violation outlined in this policy. Students who violate this policy are subject to immediate dismissal. Applicants who violate this policy are ineligible for program matriculation.
2. When students are engaged in any clinical/fieldwork activity while enrolled in a South University Health Professions program, they are prohibited from:
 - Using, possessing, buying, selling, manufacturing, or transferring any Schedule I or illicit unscheduled drugs or Schedule II-V drugs not lawfully prescribed for and obtained by the individual.
 - Possessing drug paraphernalia or secondary devices for processing, manipulating, or utilizing illicit substances (any suspected illegal/illicit drugs or drug paraphernalia will be confiscated and turned over to an appropriate law enforcement agency which may result in criminal prosecution).
 - Having the presence of any detectable level of alcohol (≥ 0.01 g/dL), illicit drug, or controlled substance in the student's system while engaged in any clinical/fieldwork activity.
 - Common examples of substances prohibited by the College of Health Professions include: any alcohol, drugs, or other substances whether ingested, inhaled, injected subcutaneously, or otherwise that have known mind-altering or function-altering effects upon the human body or that impair one's ability to safely perform their work, including, but not limited to: prescription drugs; over-the-counter medications; alcohol; drugs and other substances made illegal under federal or state law; "synthetic or designer" drugs; illegal inhalants; "look-alike drugs"; amphetamines, cannabinoids (marijuana and hashish), cocaine, phencyclidine (PCP), and opiates; and any drugs or other substances referenced in Schedule I through V of the Controlled Substances Act (Title 21 United States (USC)).
 - Although some states permit adults to possess and consume marijuana under certain circumstances, the possession, use, or distribution of marijuana (including for medical purposes) is not permitted when engaged in a South University activity. Students should be aware that use of any product resulting in a positive drug screen for tetrahydrocannabinol (THC, the principal psychoactive constituent of cannabis including marijuana) is a violation of the College of Health Professions Substance Abuse and Screening policy.
3. South University reserves the right to take appropriate disciplinary action, including permanent programmatic dismissal, for alleged crimes involving the usage/sale/distribution of illicit or controlled substances at any time during a student's matriculation in the program. Any student who is arrested, convicted, pleads guilty, or is sentenced for a crime involving an illegal drug or controlled substance is required to report the arrest, conviction, plea, or sentence to the appropriate program representative (e.g., Program Director) within five calendar days. Failure to report any arrest, conviction, plea, or sentence will be grounds for immediate and permanent dismissal from the program.
4. In addition to the South University Code of Conduct expectations outlined in the campus student handbook, the College of Health Professions does not allow any student to perform any functions pertaining to the clinical/fieldwork experience while under the influence of alcohol or drugs or while taking over-the-counter or prescribed medication(s) that may impair the student's ability to safely and effectively perform required duties/functions. If a

student believes his/her ability to safely and effectively perform required functions is impaired for any reason, the student must immediately contact the appropriate administrator (e.g., Dean of Student Affairs, Program Director, Clinical/Fieldwork Coordinator).

5. If a student acknowledges that an alcohol or substance abuse problem exists, that student may self-report to the appropriate administrator (e.g., Dean of Student Affairs, Program Director, Clinical/Fieldwork Coordinator). When self-reporting occurs in advance of any reportable or actionable incident or event related to student impairment, the student will be offered referrals to substance abuse counseling or treatment. Students who self-report may be eligible for withdrawal from the university, and readmission will be determined by individual programmatic policy.

Mandatory Drug Testing

Students will undergo drug screening as determined by the College of Health Professions. Timing of testing may be before admission, before clinical placements, or any time during enrollment in the program as outlined in each program's specific policy. Drug testing will be conducted by an approved testing agency selected by programs within the College of Health Professions; such testing shall be paid for by the student. Results of testing must be transmitted directly from the selected screening agency to the program; no hand-delivered results from students will be accepted. A student with a positive drug test as determined by a qualified drug testing agency will be referred to the appropriate administrator and is subject to dismissal from the program.

Students who are taking over-the-counter or prescribed medication are responsible for being aware of the effect the medication may have on their performance or personal behavior and are to report the medication(s) to the testing facility in the case of a positive drug test result.

Additional drug tests may be required by specific academic programs or clinical sites per program requirements and clinical agreements. Students are responsible for all drug testing expenses.

Drug or Alcohol Testing (with cause)

In addition to any initial drug testing requirement, the College of Health Professions, with reasonable suspicion or at the recommendation of any clinical site, may require any student who is suspected of being under the influence of drugs or alcohol to undergo an immediate (within one (1) hour) mandatory drug screening. Students are prohibited from reporting to the clinical facility while under the influence of drugs or alcohol. A student in violation of the policy will be subject to immediate removal from the clinical facility and dismissal from the program. Results of testing must be transmitted directly from the selected screening agency and the program; no hand-delivered results from students will be accepted.

Testing Procedures

1. In the event of reasonable suspicion or at the recommendation of any clinical site personnel, the following actions will be taken:

- a. The student will be removed from the patient care area and the Program Director/Clinical Coordinator will be notified for further direction.
 - b. An academic or clinical faculty member will facilitate the student's communication with a transportation service or emergency contact to arrange transport to an off-site testing facility (as required). The student is not to transport himself/herself.
 - c. Medical assessment, treatment, and transportation will be at the student's expense.
 - d. If the student's behavior is threatening or belligerent, the instructor or clinical site supervisor may notify law enforcement to have the student escorted from the premises.
2. Students are required to contact the program before undergoing a drug test to ensure the correct testing service and panel is conducted.
3. Positive drug tests will be evaluated by an independent Medical Review Officer (MRO) designated by the drug testing agency selected by the program.
4. A positive drug test for illicit substances may qualify for a confirmatory follow-up test as recommended by the testing facility or MRO. If a student is taking prescribed medications for which a positive drug test may result, the student is responsible for reporting the prescription and dosage to the drug testing service.
5. Attendance at clinical sites will be denied to students who refuse or fail to provide a sample for a drug test or who have an unsatisfactory test result.

Due Process and Confidentiality

Due Process

Students who are dismissed have the right to due process according to program and University policies.

Confidentiality

Information and records relating to positive test results, drug and alcohol dependencies, and legitimate medical explanations provided to the Medical Review Officer (MRO) shall be kept confidential to the extent required by law and maintained in a separate location from student academic files. Such records and information may be disclosed to South University administration, clinical placement sites, and Dean of Student Affairs on a need-to-know basis and may also be disclosed when relevant to a grievance, charge, claim, or other legal proceeding initiated by or on behalf of a student. Students have the right to review the drug testing results.

Insurance Requirements

Students in the Anesthesiologist Assistant Program in the South University College of Health Professions are required to have continuous health insurance coverage in force for the duration of their enrollment. Documentation of this insurance coverage must be stored and maintained in the student's case tracking system account. If at any time a student does not have insurance in force and current documentation listed in their account, they will cease participation in clinical education and will not be able to participate in this required program activity.

Students using private health insurance must ensure that their plan covers treatment and monitoring for needlestick injuries and other documented exposure to bloodborne pathogens for all clinical rotation locations. For the student's safety, it is imperative that they have an adequate health plan or the resources to pay for necessary medical care in the event of a needle stick or exposure to pathogenic organisms.

Payment for all medical and psychiatric services, elective and emergent, are the responsibility of the student regardless of what the source of an illness or injury may be. The student is responsible for payment of medical services including all laboratory and other diagnostic and therapeutic services rendered as part of a protocol into which a student is entered in the event of exposure to known or suspected pathogenic organisms. Each clinical site has a specific established protocol for exposure that the student must follow.

Program Counseling

The faculty and staff are available to assist students in achieving their academic goals. Students are not assigned a specific advisor per se, but one-on-one student/faculty advisement sessions are scheduled and held each quarter. Students are also encouraged to discuss their progress with faculty members as appropriate. The Program Director monitors all grades to identify issues early enough to intervene on the student's behalf and help find a solution to the problem. Faculty members regularly work with students who are having difficulty in a subject on an individual basis, reviewing exams, working through practice problems, and outlining concepts in greater detail. Also, the faculty and staff provide guidance with personal matters when necessary.

The program staff and faculty are available to assist students in their understanding of program policies and are willing to refer students to the Dean of Student Affairs if serious personal problems interfere with their progress in the program. Students enrolled in the program have access through their tuition dollars to student assistance services such as mental health resources, counseling, etc. Students are encouraged to utilize these resources as needed.

Medical History and Immunizations

A recent medical history, physical examination, and all immunization records required will be maintained in a verified, safe, third-party tracking system from the time of matriculation until graduation. It is the student's responsibility to keep these records complete and up-to-date. Students who do not maintain these records as required will be referred to the Progress and Promotions Committee for a violation of professionalism standards.

In addition to the program's immunization requirements, students must comply with any clinical site's specific requirements to participate in clinical education. Students entering the second year may be required to obtain an updated physical examination and additional immunizations depending on the rotation site. Failure to comply with a clinical site's requirements may prevent the student from participating in that rotation. Students are advised

to review each site's requirements at least a month before attendance to ensure they are aware of these health requirements well in advance of the scheduled clinical rotations.

For the health and safety of students, patients, and others with whom the student may come in contact, the AA program follows the guidelines established by the Center for Disease Control for immunizations for healthcare workers. Students should be aware that clinical sites may require students to be vaccinated against specific infectious diseases (including COVID-19) in order to participate in clinical activities. While the program is not requiring vaccination against the virus that causes COVID-19, unvaccinated students should be aware that the majority of clinical sites are requiring learners to be vaccinated. Unvaccinated students who cannot attend clinical rotations due to their vaccination status risk the inability to complete the program.

Healthcare Personnel Vaccination Recommendations¹

VACCINES AND RECOMMENDATIONS IN BRIEF

Hepatitis B – If previously unvaccinated, give a 2-dose (HepBisav-B) or 3-dose (Engerix-B or Recombivax HB) series. Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #2 (for HepBisav-B) or dose #3 (for Engerix-B or Recombivax HB).

Influenza – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM. Live attenuated influenza vaccine (LAIV) is given intranasally.

MMR – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (Subcut).

Varicella (chickenpox) – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give Subcut.

Tetanus, diphtheria, pertussis – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td or Tdap boosters every 10 years thereafter. Give IM.

Meningococcal – Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*. As long as risk continues: boost with MenB after 1 year, then every 2–3 years thereafter; boost with MenACWY every 5 years. Give MenACWY and MenB IM.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive either a 2-dose series of HepBisav-B at 0 and 1 month or a 3-dose series of either Engerix-B or Recombivax HB at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #2 of HepBisav-B or dose #3 of Engerix-B or Recombivax HB to document immunity.

- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive another 2-dose or 3-dose series of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remains less than 10 mIU/mL after 2 complete series is considered a “non-responder.”

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found

to be HBsAg positive should be counseled and medically evaluated.

For HCP with documentation of a complete 2-dose (HepBisav-B) or 3-dose (Engerix-B or Recombivax HB) vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live

measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td or Tdap boosters every 10 years thereafter.

Meningococcal

Vaccination with MenACWY and MenB is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*. The two vaccines may be given concomitantly but at different anatomic sites, if feasible.

REFERENCES

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).
2. CDC. Prevention of Hepatitis B Virus Infection in the United States. Recommendations of the Advisory Committee on Immunization Practices. *MMWR*, 2018; 67(RR1):1–30.
3. IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

For additional specific ACIP recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html or visit IAC's website at www.immunize.org/acip.

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p2017.pdf • Item #P2017 (2/21)

Source: <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/vaccination-recommendations.pdf>

*Meningococcal vaccine is NOT required for program participation.

Financial Information

Tuition and Fees

Anesthesiologist Assistant students should utilize the South University Catalog to find the applicable tuition rate and fees that will be applied during their enrollment.

Other Costs

Drug Testing and Criminal Background Checks

Drug testing is conducted before matriculation and at any point during the program that is deemed necessary, following the College of Health Professions Drug and Alcohol Policy. The student is responsible for the cost of each test. A background check and drug screen will complete the enrollment process and is performed by the designated third-party agency; this information will be provided before matriculation. A background check and drug screen may be completed before the start of the second year and is performed by an approved third-party agency.

Scrubs

Students are required to wear the approved South University Anesthesiologist Assistant Program scrubs while they are on first year clinical rotations and during simulation and laboratory courses.

Stethoscopes/clinical supplies

Students are required to have an adequate stethoscope to use for clinical educational purposes. The cost varies according to the type and model. One recommendation is the Littmann Classic II; stethoscopes cost approximately \$75. Other clinical supplies such as pens, handbooks, etc. are at the discretion of the student to determine what is needed, and students are responsible for these costs.

Credentialing Document Portal

Students are required to utilize the program-designated credentialing document portal to organize and store required medical records, immunization records, background checks, and proof of medical insurance. The cost for portal registration is the sole responsibility of the student.

Clinical rotation sites may require additional background check/drug screen information and/or use of distinct documentations platforms. The nominal charges associated with these items are the sole responsibility of the student.