

R. Wes Hayes, Jr.  
*Chairman*

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*President and Executive Director*



CHE Business Meeting  
August 8, 2024  
Agenda Item: 5.02.B.3

## MEMORANDUM

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To: Chairman Wes Hayes, and Members, SC Commission on Higher Education

From: Chairman Edgar Dyer, and Members, Committee of Academic Affairs and Licensing

Date: August 8, 2024

Subject: Consideration of Request for Initial License

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**Consideration of Request for Initial License**  
**Bluefield University, Spartanburg, South Carolina**  
**Master of Health Science in Anesthesia (MHSA)**

### **Summary**

Bluefield University requests initial approval to establish an off-campus instructional site (OCIS) in Spartanburg to offer a program leading to the Master of Health Science in Anesthesia (MHSA). After approval by the Commission, Bluefield University anticipates implementing their MHSA program in August 2025.

### **Background**

Bluefield University is a non-profit corporation duly organized under the laws of the Commonwealth of Virginia on May 14th, 1920. Bluefield University was founded in 1922 as a two-year junior college in Bluefield, Virginia, for students seeking higher education in the context of its mission as an inclusive Christ-centered learning community developing transformational servant leaders. In 1975, the University received SACSCOC approval to begin offering baccalaureate degrees. Today, the University operates as a four-year college of arts, sciences, and professional programs with graduate degrees in Education, Nursing, Business Administration, and Biomedical Sciences.

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

Bluefield University currently operates two OCISs:

- a. Blacksburg, Virginia | Master of Arts in Biomedical Sciences Program
- b. Auburn, Alabama | Master of Health Science in Anesthesia Program

Bluefield is institutionally accredited by the Southern Association of Colleges & Schools (SACSCOC) to provide the MHSA Program (**Attachment 1**). Additionally, Bluefield University is authorized by the State



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Council of Higher Education of Virginia (SCHEV) to confer or grant academic or professional degrees beyond secondary education and has been released from the requirements of certification (**Attachment 2**).

Due to the programmatic accreditation standards for Anesthesiologist Assistant programs (**Attachment 3**), Bluefield University cannot deliver the proposed program without a medical school partner. All Anesthesiologist Assistant educational programs are programmatically accredited by the Commission on Accreditation of Allied Health Education Programs (“CAAHEP”, [www.caahep.org](http://www.caahep.org)). As a Standard of that accreditation, all programs must be hosted by “...a postsecondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education...” and “...supported by a Liaison Committee on Medical Education (LCME) accredited school of medicine, or its successor, or supported by an American Osteopathic Association’s Commission on Osteopathic College (COCA) accredited school of medicine, or its successor.” (**Attachment 3, Standard I.A.1**).

Bluefield’s relationship with Edward Via Virginia College of Osteopathic Medicine (VCOM) grants it operating and legal authority to offer this program. More specifically, the two institutions are related via their joint participation in a formal educational collaborative. In 2021, the Harvey W. Peters Foundation, already the single member of VCOM, acquired Bluefield College (now “Bluefield University”) and the Appalachian School of Pharmacy, forming a significant educational collaborative. Through this agreement, Bluefield University retains its name, its separate 501(c)3 classification, its relationship with Baptist General Association of Virginia, and separate governing Board. With Bluefield University, the Appalachian School of Pharmacy and VCOM all being owned by the same foundation; programs can be collaboratively developed to address public need in the healthcare and medical-adjacent sectors. The first such program was the MABS at the VCOM Blacksburg campus, and the MHSA program on the Auburn campus is the most recent.

On March 20th, 2023, Bluefield University was granted unencumbered initial accreditation status by the Commission on Accreditation of Allied Health Education Programs (**Attachment 4**) to offer the Master of Health Science in Anesthesia Program at the Auburn, Alabama off-campus instructional site.

### **Organization, Administration, and Faculty**

Bluefield University complies with institutional accreditation standards relative to administrative qualifications and employs qualified administrative and academic officers with the experience and credentials to lead the institution and fulfill the vision.

The senior administrators (Executive Leadership Team) provide strategic leadership and management to the institution. The Executive Leadership Team (ELT) members, comprised of senior administrators who provide strategic leadership and management to the institution, to which the site leadership report to include:

1. Interim President & Provost | Michael Salmeier
2. Associate Provost for Faculty & Curriculum | Emily Lambert
3. Associate Provost for Academic Services & Institutional Effectiveness | Paul Lemon
4. Executive Vice President for Online & Distance Education | Patricia Neely
5. Vice President for Finance & Administration | Matthew Piyontak
6. Dean, College of Science | Emily Lambert

The organizational structure and responsibilities of ELT members are documented in the Organizational Chart (**Attachment 5**).

All academic deans meet or exceed required standards and provide the needed qualifications and experience to lead the institution academically. The overall quality of instruction is the responsibility of the University faculty and academic deans under the supervision of the provost. All academic deans hold earned doctorates.

The institution has a process by which administrative officers (Executive Leadership Team) and academic leadership are evaluated annually to assure the ongoing quality of their qualifications and experience to serve in their assigned roles. For administrative officers, this process includes a self-evaluation and the President's evaluation of each officer. In addition, a Conflict-of-Interest Form and an "I Will Statement" is signed yearly as part of the annual evaluation process. The "I Will Statement" affirms each person's commitment to provide services in an honest and ethical manner. A similar evaluation process is conducted annually for all other staff employees as well. The following forms are provided for review: Self-Evaluation Form, Employee Conflict of Interest Form, and "I Will Statement" Form (**Attachment 6**). This evaluation process is documented in the Bluefield University Employee Handbook. Handbook excerpts regarding the evaluation process are provided for review (**Attachment 7**). Similarly, the academic leadership submit a written self-evaluation using the Faculty Annual Report Form and submit it to the provost, who reviews the information and offers feedback on performance.

### **Facilities and Equipment**

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

The main campus building is over 70,000 square feet and is situated on a 20-acre campus. Ample parking exists for all VCOM students and faculty. Handicapped and visitor parking is available. VCOM's information system provided through Virginia Tech and Clemson University, provide the campus community with access to information systems and resources worldwide. The classroom environment affords optimum learning conditions while demonstrating respect for both students and faculty. In addition to two theatre classrooms that easily fit 150 students each and can seat up to 200 if desired, 20 moderately sized rooms are available for small group learning. The main campus building includes a state-of-the art anatomy lab, a center for technology and simulated medicine, library and student study and lounge space. An outdoor walking path complements the 20-acre campus with a small lake and water feature. Students of the MHSA program will have the same digitally controlled access to the VCOM-Carolinas facilities as VCOM's medical students during posted facility hours.

Within the VCOM-Carolinas facility, a large classroom and several offices for faculty and administrative staff will adequately house the new Bluefield University off-campus instructional site (**Attachment 8**). Collectively, the repurposed space consists of approximately 10,000 square feet of dedicated space in the building. The classroom is equipped with an audio video projection system and two screens, table seating for approximately 60 individuals, storage shelves for learning equipment, white boards, and two drop-down screen and projectors that can be connected to student computers for group study purposes. Within the dedicated space is a skill learning lab where students practice technical clinical skills on partial-task trainer platforms, and a mock operating room with anesthesia-related equipment and a high-fidelity simulation mannequin for immersive learning. Additionally, the classroom is equipped with video capture hardware for recording and archival of instruction, as well as distance streaming and video conferencing. With a capacity size of 60 individuals in the classroom and a maximum cohort size of 40 students, the physical plant space is more than adequate to house the proposed program. As the program curriculum is framed around early classrooms and skills lab instruction in the first half of the program, followed by primarily clinical practicum rotations in the latter half, it would be rare to have a need for both cohorts to simultaneously require classroom space. In a circumstance where multiple cohorts might be present, either of VCOM's 200+ capacity auditoriums can be utilized. Students within the program will have access to an additional 4,600 square feet of student study areas throughout the VCOM-Carolinas building plus a student lounge. Through a contractual agreement, all MHSA students benefits from the same

collaboration as VCOM with Wofford College, Converse College, and University of South Carolina Upstate in a program known as “College Town” to bring a diverse college feel to the Spartanburg community.

In lieu of a lease agreement, the University provided an operational agreement made and entered on November 14, 2023, with VCOM, a Virginia non-stock corporation for the purposes of establishing and administering the Anesthesiologist Assistant Program (**Attachment 9**).

### **Finances and Surety**

Bluefield University’s financial mandate for the initiation of any new program is financial self-sustainability. The Master of Health Science in Anesthesia program will be financially self-sufficient due to the partnership with VCOM and the structuring of fixed costs and anticipated revenues within three years.

A pro forma for the proposed program is included (**Attachment 10**). Highlights of the financial forecast for the MHSA program include the following:

- Estimated margin per student, once fully operational, will average around 14.5%;
- The project is estimated to return positive cash flows after Year 3 of operations (FY29) and will pay back all startup costs by the end of Year 6 (FY32);
- The program location, once operating, will realize positive margin in the second year and have a continuing conservative risk-adjusted tuition revenue growth projection of 9% over the ten-year pro forma horizon; and
- On a startup investment by VCOM through the Harvey W. Peters Foundation of ~\$3.4 million, the projected is anticipated to have a positive cumulative cash flow of \$6.5 million by FY33.

The bulk of startup expenses incurred include recruitment of faculty and staff, acquisition of simulation and lab learning equipment, and minimal renovation of learning space at the VCOM-Carolinas facility. Efficient and appropriate operations of the program, as well as accreditation standards, necessitate a faculty to student ratio of approximately 12:1. The budget calls for onboarding of nine Anesthesiologist Assistant faculty (a hybrid mix of didactic and clinical instruction responsibilities) and seven staff to support the program. Once operational, expense ratios show variable cost percentages above 76%, indicating that the majority of program expenses are allocated directly to student instruction.

A high variable expense ratio (77% variable cost percentage) also mitigates risk as the bulk of expenditures can be scaled to cohort size. New anesthesia-specific faculty recruited to the program will have a hybrid mix of academic, administrative, and clinical responsibilities and as such can return to a higher percentage of clinical work should revenues lag projections. VCOM, via the Harvey W. Peters Foundation has committed to providing the financial resources to support development of the MHSA program.

At Year 10, the program is conservatively estimated to return over \$6.5 million in accumulated cash return to Bluefield University and VCOM, with a contracted respective split of 50.01% and 49.99%. Per the established contractual agreement with VCOM, Bluefield shall forgo its portion of net revenues until all startup investment has been repaid to VCOM. For Bluefield, the resulting net surpluses will assist the institution in investing in new program offerings and reinvesting in existing academic programs. Beyond what has been defined in the Operational Agreement (**Attachment 9**), no budget resources have been allocated for outside institutions or organizations for support services, contractual work, or other service. The projected startup expenses of the program are \$3.43 million. With tuition beginning at **\$51,432 (FY26)** and a projected enrollment during full operations of 110-120 students, there will be an estimated \$6.5 million in free cash flow after ten years.

Bluefield University provided a surety bond in its initial application for licensure in the amount of \$50,000 and VCOM provided a rider for 3.2M, based on the projected tuition income for the first year of \$5,100,000 for SC residents to fulfill the requirements for a surety bond of not less than ten percent of the projected annualized gross income of the programs. Both VCOM and Bluefield are owned by the same entity, Henry W. Peters Foundation. The regulation requires that the bond is to be used only for payment of a refund of tuition and other instructional fees due to a student or potential student in the event the

institution closes owing refunds to students. A copy of the surety bond issued by The Hartford and Fidelity and Deposit Company of Maryland are provided in **Attachment 11 & 12**.

### **Educational Programs**

Bluefield University submits this proposal for development of a Master of Health Science in Anesthesia (MHSA) ongoing degree program offered in collaboration with the VCOM and delivered beginning in June 2025 on the VCOM-Carolinas campus located at 350 Howard Street in Spartanburg. Bluefield will deliver this new program on the VCOM site because of the specialized nature of the learning curriculum and standards of the programmatic accrediting authority for Anesthesiologist Assistant programs.

The proposed program is designed for individuals interested in a dynamic healthcare career. Typical applicants will include those with academic preparation and career aspirations characteristic of those preparing for medical school or other advanced practice healthcare provider professions, as well as those interested in changing careers from one healthcare profession to another. The proposed program also serves a natural pathway for graduates of Bluefield's (MABS) that elect not to pursue medical school or Doctor of Osteopathic Medicine students at VCOM who do not complete the medical school curriculum. The proposed program will be the second such program offered by Bluefield University, creating a complementary network to the program campus in Auburn, Alabama. The program focuses on improving the lives of populations in medically underserved regions and historically disadvantaged populations, by both recruiting high-quality students from these populations who will in turn serve within those rural and underserved regions as anesthesia providers. Additional recruitment opportunities include VCOM's many pipeline programs including mini-medical schools and career camps to provide younger students with an understanding of medicine and becoming a healthcare provider, encouraging rural students in junior high and high schools to pursue careers in health fields, and 'Pre-AA' pathway curricula from local undergraduate institutions (e.g., Clemson University) and historically black colleges (HBCUs).

The program is designed to attract 30-40 students per year, with a focus on applicants from rural areas, low socioeconomic status backgrounds, and underrepresented minorities, along with other qualified applicants. The face-to-face curriculum, delivered over 28 contiguous months with 97 credit hours, includes didactic coursework, clinical practicum experiences, simulation-based immersive skills learning, a Capstone Project research experience, optional Appalachian, or International global health outreach field study, as well as seminars in professional development taught in traditional classroom and online settings (**Attachment 13**). Thematic integration of servant leadership, global health perspectives and quality inpatient care will be prevalent throughout the program. In addition, the students will achieve certification as a professional in healthcare quality from the Institute for Healthcare Improvement (IHI) during the program.

Bluefield University's mission and values inform and inspire its proposal of this program. Per the mission, "Bluefield University is a Christ-centered learning community developing servant leaders to transform the world." Bluefield's values emphasize its inclusive approach to Christian community, academic excellence in both traditional undergraduate liberal arts fields and graduate and professional programs, and its institutional commitment to assist students in finding their vocational calling to become "compassionate, globally minded servant leaders". The MHSA program is an extension of the institutional mission in that it prepares students at the graduate and professional level, enabling them to practice a compassionate and inclusive approach to transforming the world via their chosen vocation. In addition, the program harmonizes well with VCOM's mission to bring high-quality healthcare to medically underserved and historically disadvantaged populations. Now more than ever opportunities abound for Anesthesiologist Assistants -- technological advances, changing economic patterns, healthcare reform and a more diverse patient population have made the healthcare system progressively more complex, and have consequently placed Certified Anesthesiologist Assistants (CAA) in demand like never before. Graduates of the Bluefield MHSA program will be leaders in the profession because of a strong educational foundation, a focus on quality improvement in their clinical settings, and an appreciation for service to the global community.

### **Enrollment, Admissions and Records**

The MHSA Program will enroll a cohort of 40 new students per annum in June of each year. The Auburn MHSA Program enjoys an acceptance rate of approximately 11% with 360 applicants for the 40-cohort position in the last application cycle – this figure is in keeping with national projections. Annual attrition rate is about 6-7% per annum.

MHSA Program (Spartanburg) Enrollment Projections:

<b>Enrollment Projections</b>					
	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
First Year	40	40	40	40	40
Second Year		38	38	38	38
Third Year			36	36	36
Total Enrollment	<b>40</b>	<b>78</b>	<b>114</b>	<b>114</b>	<b>114</b>
Graduates			<b>36</b>	<b>72</b>	<b>108</b>

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

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

1. Must be able to earn a baccalaureate degree (or its equivalent) prior to matriculation.

a. Courses must have been taken at a regionally accredited institution that is recognized by the U.S. Department of Education. In some circumstances, a degree from a college or university that is nationally, rather than regionally accredited, is accepted if the accreditor is recognized by the U.S. Department of Education (i.e., a religiously based institution). No course may be completed on a Pass-Fail basis; a grade of "P" will not be accepted. If Advanced Placement (AP) credit is used for any of the above courses, minimum GPA requirements must be achieved in the course(s) completed as part of the student's enrolled curriculum plan.

b. Prerequisite coursework, degrees or certifications obtained outside the United States or Canada are not considered necessarily equivalent in design or content. As such, academic credit conferred from a foreign institution will be evaluated on an individual applicant basis and acceptance of such will remain at the discretion of the Admissions Committee. Applicants who have taken coursework and/or earned a degree from a foreign institution must submit an evaluation of their transcripts. The transcript evaluation company chosen must be approved by the program and Bluefield University.

2. Must have completed 90 hours or three-fourths of the required credits for a baccalaureate degree and have completed the required courses listed below from a college or university accredited by a regional accrediting body:

- Biological Sciences: 4 credit hours
- Physics: 6 credit hours
- General and Inorganic Chemistry: 6 credit hours
- Organic Chemistry: 3 credit hours
- English and Composition: 6 credit hours
- Statistics: 4 credit hours
- A minimum of 6 additional biomedical science credit hours at the 200 level or above.



3. Must achieve a minimum of a 3.2 science GPA and cumulative GPA on a 4.0 scale in the last 60 hours of their baccalaureate/master's degree. The program places emphasis on the last 60 credit hours and on the science courses and required courses when choosing between competitive applicants. The current average cumulative GPA for accepted students within the Anesthesiologist Assistant industry ranges from 3.3 to 3.6 and the average science GPA is a 3.4.

4. Three letters of recommendation.

5. Each applicant to the MHSA Program will complete an online cognitive agility examination prior to being invited for an interview. This form of psychometric assessment will specifically measure an applicant's fit for the Certified Anesthesiologist Assistant profession.

6. Applicants will submit a short (no more than one page) personal statement.

7. Must be a U.S. citizen or permanent U.S. resident. Once matriculated, students must maintain the requirements for their visa status as set forth by the United States Citizenship and Immigration Services, which includes remaining enrolled fulltime and not accepting unauthorized employment.

8. Must meet the Technical Standards for Admission and Successful Completion of the MHSA Program. All students must read carefully and affirm that they meet the standards. Any falsification or misinformation is a reason for dismissal.

Official applications, student biographical information, veterans' certification forms, official letters, evaluation of transfer credits, official transcripts from other institutions, high school records, AP/CLEP/DSST scores, change of major/advisor forms, confirmation forms, SAT/ACT scores, application for graduation, and copies of grade change forms will be kept for ten years in the student official file. Transcripts, original and computer backup, will be retained permanently. Academic materials such as catalogs, commencement programs, statistics related to degrees, enrollment, grades and racial/ethnic matters, and schedules of courses also will be retained permanently. For applicants who do not enter the University, materials will be held one year, except where government requirements state otherwise.

### **Program Need Justification**

As required by CHE, Bluefield University included in its initial application for licensure an explanation of the need for the proposed programs in SC. The explanation describes how graduates will contribute to the economic development of South Carolina.

Due to the aging population, the United States faces a shortage of more than 130,600 physicians by 2025, according to the AAMC<sup>1</sup>. A critical shortage of anesthesiologists also exists and is expected to persist well into the next decade. In the Southeastern states alone, 80% of facilities report the need for additional anesthesiologists and certified nurse anesthetists (CRNAs)<sup>2</sup>. A regional maldistribution of anesthesia providers also exists, with a large proportion of anesthesiologists employed in urban locations. Entry of sufficient numbers of physicians to address this need is unlikely due to the 1997 Congressional Balanced Budget Act that placed caps on federal funding for residency positions<sup>1</sup>. In addition, a recent study in 2010 by the RAND Corporation found that there is currently a shortage of approximately 3,800 anesthesiologists across the United States<sup>3</sup>. Assuming demand for services grows at the rate of 1.6 percent annually for anesthesia providers, the RAND study projects a shortage of close to 4,500 anesthesiologists by 2030. However, if the growth in demand is assumed to be 3 percent to account for the aging population, the RAND study projects a shortage of physician anesthesiologists as high as 12,500 by the end of the decade<sup>4</sup>. Therefore, there will be an increasing need to employ physician extenders to meet

<sup>1</sup> AAMC. Physician Shortages to Worsen without Increases in Residency Training. Updated web page 2014.

[https://www.aamc.org/download/153160/data/physician\\_shortages\\_to\\_worsen\\_without\\_increases\\_in\\_residency\\_tr.pdf](https://www.aamc.org/download/153160/data/physician_shortages_to_worsen_without_increases_in_residency_tr.pdf)

<sup>2</sup> Daugherty L, Fonseca R, Kumar K, Michaud PC. An Analysis of the Labor Markets for Anesthesiology. 2010 <http://www.rand.org>

<sup>3</sup> [http://www.rand.org/content/dam/rand/pubs/technical\\_reports/2010/RAND\\_TR688.pdf](http://www.rand.org/content/dam/rand/pubs/technical_reports/2010/RAND_TR688.pdf)

<sup>4</sup> <https://www.asahq.org/For-the-Public-and-Media/Press-Room/ASA-News/RAND-study.aspx>

the needs of the population for anesthetic care.

Anesthesia services in the operating room can be provided directly by a physician-anesthesiologist or can be provided by a physician-anesthesiologist directing anesthesiology residents or non-physician extenders. The non-physician extenders can be either nurse anesthetists or Certified Anesthesiologist Assistants. Traditionally, anesthetic care within South Carolina has been delivered by a care team model of care using physician anesthesiologists and nurse anesthetist or, to a lesser extent, in a 'physician-only' model. Though AA practice has been authorized in South Carolina since the passage of SB343 in 2001, there are currently only about 55 practitioners statewide, as opposed to approximately 1,200 nurse anesthetists.

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

The creation of an AA training program at VCOM-Carolinas will allow training of these individuals in a way that maximizes their ability to practice in a specific environment, and will allow recruiting of the best and brightest, based on observation made during their time in the program. This program will also help to address the looming shortage of anesthesia providers in a cost-effective way. The Master of Health Science in Anesthesia (MSHA) program will become the 23<sup>rd</sup> program in the US, with the closest programs being at Emory University (Atlanta, Georgia) and South University (Savannah, Georgia) at over 168 and 257 miles away respectively, thus filling a regional need<sup>5</sup>.

### **Graduation and Placement Rates**

The Auburn Campus MSHA program welcomed an inaugural class of 40 students in June 2023, and has an anticipated graduation date of September 20, 2025, thus data specific to graduation or job placement rates are not yet available for the MSHA program. However, all AA programs are required by the programmatic accreditor to annually report three primary metrics: (1) 6-month job placement rate; (2) attrition rate; and (3) certification exam pass rate provided by the following link: <https://www.bluefield.edu/academics/programs-of-study/anesthesiologist-assistant/mhsa-programmatic-effectiveness/>. Additionally, the graduation and job placement rates for the three AA programs in closest geographic proximity are:

- Emory University (Atlanta, GA) — Graduation rate: 94% // Job Placement: 100%
- South University (Savannah, GA) - Graduation rate: 96% // Job Placement: 100%
- Nova Southeastern University (Jacksonville, FL) - Graduation rate: 100% // Job Placement: 100%

South Carolina has a population of over 5 million, with an estimated 1,315 anesthetists providing anesthesia services. According to the Bureau of Labor Statistics, the mean hourly wage for anesthetists in South Carolina is \$101.16, which is higher than the national average of \$93.73 per hour. South Carolina has a ratio of approximately 24 anesthetists per 100,000 people, which is lower than the national average of 28 anesthetists per 100,000 people. A recent survey revealing close to 60 (~7%) nurse anesthetists statewide within 5 years of retirement, a modest 1.7% statewide population growth, an anesthesia consumption held steady at today's rate, and a per capita anesthetist workforce of 26/100,000, an annualized estimation shows the need for approximately 1,332 new anesthetists in South Carolina by 2034.

### **Similar Program Offerings in South Carolina**

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<sup>5</sup> Connolly, L, McNiece, W. Educational Programs for Certified Anesthesiologist Assistants. *ASA Monitor*. May 2018;82,5:54-56.



In addition to the MHSA Program in Auburn, there are currently nine Anesthesiologist Assistant educational programs in the Southeast, but none currently in either North or South Carolina. The closest competitive programs are at a South University in Savannah, Georgia (258 miles) and Emory University in Atlanta, Georgia (185 miles).

### **Tuition and Student Borrowing**

Tuition is subject to change annually. Tuition for the 2024-2025 and 2025-2026 academic years are **\$49,852** and **\$51,432**, respectively. Students are responsible for the cost of textbook and any personal clinical equipment (e.g., stethoscope, scrubs, etc.). Students are required to have a laptop computer, specifications of which can be found on the 'Accepted Student Information' section of the MHSA Program website. Students will receive an invoice at the beginning of each Block, which will include a due date for tuition payments. The Bluefield University Board of Trustees reserves the right to change the schedule of tuition and fees annually. Students who do not pay tuition may not attend class and may not progress. Admission offers may be rescinded for nonpayment of tuition. Late payment will result in additional charges.

The default rate for an MHSA student attending Bluefield University's Auburn campus is 0%, as of June 2024. This is supported by the 98-100% job placement rate of program graduates with an expected average income in the upper \$200,000s.

### **Learning Resources**

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

In addition to the print collection, Easley Library hosts 70 databases. Included among these are seven health specific databases and four mental health databases. Students may access these databases from anywhere in the country by going to the database page. These databases provide hundreds of thousands of journals for the students with numerous titles specifically related to anesthesiology.

All students have access to Library resources whether they attend Bluefield University classes on campus or off campus. Easley Library also provides interlibrary loan resources for every student. Bluefield students attend an orientation session at the beginning of each academic year, and individual professors and librarians arrange information literacy sessions on as-needed basis.

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

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

## **Student Support Services**

Bluefield, VCOM and the MHSA Program are committed to providing student and academic support for each student. Students of the MHSA program benefit from the combined academic assistance services of both Bluefield University and VCOM, providing multiple avenues of academic support for students, each of which are outlined below.

Academic and Mental Health Counseling -- The Directors for Academic and Counseling Services provide counseling for students who are struggling with academics, relationship issues, anxiety, life transitions, organizational skills, and stress management. These are the most common issues that students tend to encounter and that often impede their success; however, this list may include anything else that surfaces as a barrier to success in graduate school like substance use, grief, and perfectionism. These available services are presented to students during an orientation period at the beginning of the program, and faculty of the MHSA can proactively refer students to counselors for academic or mental health needs.

As the MHSA program utilizes the offsite location at VCOM-Carolinas, students of the program will use the same VCOM Mental Health Counselors as VCOM students; these counselors aid students experiencing individual stressors and/or difficulty with personal levels of functioning and are available for any student seeking assistance with preserving or restoring their mental health. The assistance provided to students is conceptualized holistically with attention to contextual influences on persons' lives influenced by the stress of graduate school and in relationship to their family, societal, historical, cultural, and socioeconomic concerns.

In addition to VCOM's Mental Health Counselors who provide confidential counseling services, VCOM contracts with mental health providers in the campus community to assure that both MHSA and VCOM students have readily accessible mental health services when preferred by the student.

Academic Advising -- Each new student is assigned an advisor at the beginning of their Foundation Phase year, which can include program faculty, clinical preceptors, or program alumni. Students may seek advice from their advisor any time they are experiencing difficulty. Advisors are also able to provide guidance that is more specific to clinical content, future clinical rotations, and a clinical career.

Academic Assistance -- Students of the proposed MHSA experiencing difficulty with academic success will be able to benefit from the assistance resources of both Bluefield and VCOM. Bluefield's Academic Center of Excellence (ACE) is the primary resource for MHSA students and has the capability through distance technologies to provide most academic counseling services to students at the offsite locations.

The Dean and Associate Dean for Academic Affairs will monitor student progress and refer a student for assistance should one of these triggers be experienced. This referral will occur in consultation with the Dean of the MHSA Program, who would deploy appropriate resources on behalf of Bluefield.

## **Recommendation**

The Committee on Academic Affairs and Licensing recommends favorably to the Commission approval of an initial license to Bluefield University to offer a Master of Health Science in Anesthesia at their Spartanburg Campus and to begin enrolling students. In addition, provided that 1) no "unique cost" or other special state funding be required or requested; 2) a team visit by Commission staff of the Spartanburg facility to confirm compliance prior to the issuance of the license.



January 11, 2024

Dr. Michael Salmeier  
Interim President  
Bluefield University  
3000 College Avenue  
Bluefield, VA 24605

Dear President Salmeier:

The following action regarding your institution was taken by the Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) during its meeting held on December 3, 2023:

The SACSCOC Board of Trustees reaffirmed accreditation with a request for a Monitoring Report due **September 8, 2024**. Your institution's next reaffirmation will take place in 2033 unless otherwise notified. The Monitoring Report should address the visiting committee's recommendation applicable to the following referenced standard of the *Principles of Accreditation*:

**Standard 6.3 (Faculty appointment and evaluation), Recommendation 2**

*This standard expects an institution to publish and implement policies regarding the appointment, employment, and regular evaluation of faculty members, regardless of contract or tenure status.*

The institution has approved and implemented a policy on the evaluation of adjunct faculty. However, the completion of one cycle of reports is not sufficient to establish regularity. The institution should provide evaluation reports for an additional cycle.

Also, please submit to your SACSCOC staff member, preferably by email, a **one-page** executive summary of your institution's Quality Enhancement Plan. The summary is due **February 15, 2024**, and should include on the same page the following information: (1) the title of your Quality Enhancement Plan, (2) your institution's name, and (3) the name, title, and email address of an individual who can be contacted regarding its development or implementation. This summary will be posted to SACSCOC's website as a resource for other institutions undergoing the reaffirmation process.

All institutions are requested to submit an 'Impact Report of the Quality Enhancement Plan' as part of their 'Fifth-Year Interim Report' due five years before their next reaffirmation review. Institutions will be notified 11 months in advance by the President of SACSCOC regarding its specific due date. Directions for completion of the report will be included.



Dr. Michael Salmeier  
January 11, 2024  
Page Two

Guidelines for the Monitoring Report are enclosed. Since it is essential that institutions follow these guidelines, **please make certain that those responsible for preparing the report receive the document. If there are any questions about the format, contact the SACSCOC staff member assigned to your institution.** Please submit your report via the Institutional Portal by the deadline date.

Please note that Federal regulations and SACSCOC's policy stipulate that an institution must demonstrate compliance with all requirements and standards of the *Principles of Accreditation (Principles)* within two years following the SACSCOC Board of Trustees' initial action on the institution. At the end of that two-year period, if the institution does not comply with all standards and requirements of the *Principles*, representatives from the institution may be required to appear before the Board, or one of its standing committees, to answer questions as to why the institution should not be removed from membership. If the Board of Trustees determines Good Cause at that time, the Board may extend the period for coming into compliance for six months to one year, renewable for a maximum of two years, and must place the institution on Probation for Good Cause. If the Board does not determine Good Cause or if the institution does not come into compliance within the specified period of time while on Probation for Good Cause, the institution must be removed from membership. (See enclosed SACSCOC's policy, "*Sanctions, Denial of Reaffirmation, and Removal from Membership*," which includes the provision for a determination of Good Cause.)

We appreciate your continued support of SACSCOC's work and activities. If you have questions, please contact the SACSCOC staff member assigned to your institution.

Sincerely,

A handwritten signature in black ink, reading "Belle S. Wheelan".

Belle S. Wheelan, Ph.D.  
President

BSW:rg

Enclosures

cc: Dr. Kelli V. Randall, Vice President, SACSCOC



Peter Blake  
Director

*COMMONWEALTH of VIRGINIA*  
*STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA*  
*James Monroe Building, 101 North Fourteenth Street, Richmond, VA 23219*

(804) 225-2600  
FAX (804) 225-2604  
[www.schev.edu](http://www.schev.edu)

December 8, 2017

Ms. Cary G Wright  
Director of Financial Aid  
Bluefield College  
3000 College Avenue  
Bluefield, VA 24605

Dear Ms. Wright:

This letter is to confirm that, pursuant to §23-276.4(C) of the Code of Virginia, the State Council of Higher Education for Virginia (SCHEV) affirms that *Bluefield College* is (i) authorized to confer or grant academic or professional degrees beyond secondary education in the Commonwealth of Virginia; and (ii) is no longer required to obtain a Certificate to Operate by SCHEV pursuant to § 23.1-219 (D) of the *Code of Virginia*.

Institutions released from the requirements of certification can conduct academic affairs or business without seeking or obtaining SCHEV approval. The resulting scope of the institutional autonomy includes:

- Offering courses or programs for degree credit;
- Enrolling students in courses or programs;
- Conferring or awarding degrees;
- Initiating other programs for degree credit at a new or additional level; and
- Offering instruction at additional or new locations.

If you have any questions regarding this letter, please contact me at (804) 225-3399 or via e-mail at [SylviaRosaCasanova@schev.edu](mailto:SylviaRosaCasanova@schev.edu).

Sincerely,

A handwritten signature in cursive script that reads "Sylvia Rosa-Casanova".

Sylvia Rosa-Casanova  
Director, Private Postsecondary Education



# Commission on Accreditation of Allied Health Education Programs

## **Standards and Guidelines** *for the Accreditation of Educational Programs for the Anesthesiologist Assistant*

*Essentials/Standards initially adopted  
June 1987; revised in 2000, 2001, 2004, 2009, 2016*

**Adopted by the**  
**American Academy of Anesthesiologist Assistants**  
**American Society of Anesthesiologists**  
**Accreditation Review Committee for the Anesthesiologist Assistant**  
**and**  
**Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Accreditation Review Committee for the Anesthesiologist Assistant.

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Anesthesiologist Assistant profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

### **Preamble**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA), the American Academy of Anesthesiologist Assistants (AAAA), and the American Society of Anesthesiologists (ASA) cooperate to establish, maintain, and promote appropriate standards of quality for educational programs for Anesthesiologist Assistants and to provide recognition of educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Anesthesiologist Assistant programs. On-site review teams assist in the evaluation of the program's relative compliance with the accreditation Standards.

### **Description of the Profession**

The Anesthesiologist Assistant (AA) is qualified by academic and clinical education to provide anesthetic care under the direction of a qualified physician anesthesiologist. The physician anesthesiologist who is responsible for the Anesthesiologist Assistant is available to prescribe and direct particular therapeutic interventions.

By virtue of the basic medical science education and clinical practice experience, the Anesthesiologist Assistant is proficient in the use of contemporary patient monitoring and interpretation of data in all anesthesia care environments. The Anesthesiologist Assistant provides patient care that allows the supervising physician anesthesiologist to use his or her own medical education more efficiently and effectively.



The Anesthesiologist Assistant is prepared to gather patient data, perform patient evaluation, and to administer and document the therapeutic plan that has been formulated for the anesthetic care of the patient. The tasks performed by AAs reflect regional variations in anesthesia practice and state regulatory factors.

Under the direction of a physician anesthesiologist, in agreement with the ASA Statement on the Anesthesia Care Team (ACT) and in accordance with the AAAA Statement on the ACT, the Anesthesiologist Assistant's functions include, but are not limited to, the following:

- a. Obtain an appropriate and accurate preanesthetic health history, perform an appropriate physical examination, and record pertinent data in an organized and legible manner;
- b. Obtain diagnostic laboratory and related studies as appropriate, such as drawing arterial and venous blood samples and any other necessary patient fluids;
- c. Insert and interpret data from invasive monitoring modalities such as arterial lines, pulmonary artery catheterization, and central venous lines, as delegated by the supervising physician anesthesiologist;
- d. Administer anesthetic agents and controlled substances under the direction of a supervising physician anesthesiologist. This includes, but not limited to, administration of induction agents, maintaining and altering anesthesia levels, administering adjunctive treatment and providing continuity of anesthetic care into and during the post-operative recovery period;
- e. Establish and maintain appropriate airway management and provide appropriate ventilatory support;
- f. Apply and interpret advanced monitoring techniques;
- g. Make post-anesthesia patient rounds by recording patient progress notes, compiling and recording case summaries, and by transcribing standing and specific orders;
- h. Evaluate and treat life-threatening situations, such as cardiopulmonary resuscitation, on the basis of established protocols (BLS, ACLS, and PALS);
- i. Perform duties in intensive care units, pain clinics, and other settings, as appropriate;
- j. Train and supervise personnel in the calibration, troubleshooting, and use of patient monitors;
- k. Perform administrative duties in an anesthesiology practice or anesthesiology department, including management of personnel;
- l. Participate in the clinical instruction of others; and
- m. Perform and monitor regional anesthesia to include, but not limited to, spinal, epidural, IV regional, and other special techniques such as local infiltration and nerve blocks.

## **I. Sponsorship**

### **A. Sponsoring Education Institution**

A sponsoring institution must be at least one of the following:

1. a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree at the completion of the program.

The Anesthesiologist Assistant program must be supported by a Liaison Committee on Medical Education (LCME) accredited school of medicine, or its successor, or supported by an American Osteopathic Association's Commission on Osteopathic College accredited school of medicine, or its successor. The anesthesiology

department jointly with the Anesthesiologist Assistant program must have the educational resources internally or through educational affiliates that would qualify it to meet the criteria of the Accreditation Council for Graduate Medical Education (ACGME), or its successor, for sponsorship of an anesthesiology residency program.

2. a foreign post-secondary academic institution acceptable to CAAHEP that is authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree or equivalent upon completion of the program.

## **B. Consortium Sponsor**

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

## **C. Responsibilities of Sponsor**

The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

# **II. Program Goals**

## **A. Program Goals and Outcomes**

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, hospital administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

## **B. Appropriateness of Goals and Learning Domains**

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of these communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

*Advisory committee meetings may include participation by synchronous electronic means.*

## **C. Minimum Expectations**

The program must have the following goal defining minimum expectations: "To prepare competent entry-level Anesthesiologist Assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

*Nothing in this standard restricts programs from formulating goals beyond entry-level competence.*

### III. Resources

#### A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials; and faculty/staff continuing education.

#### B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

The program director must hold an academic appointment with the sponsoring institution. The medical director must hold either an administrative appointment or an academic appointment with the sponsoring institution.

#### 1. Program Director

##### a. Responsibilities

The program director must assume or delegate the following responsibilities:

- 1) supervise those activities of the faculty and administrative staff that are in direct support of the Anesthesiologist Assistant program;
- 2) organize, administer, continuously review, plan, and develop processes that ensure general effectiveness of didactic education in the program;
- 3) ensure that continuous and competent educational guidance is provided through contact with all entities that participate in the education of the students;
- 4) ensure that continuous and competent medical guidance for the clinically related program components is provided, so that:
  - a) supervised clinical instruction meets current standards of acceptable practice; and
  - b) Anesthesiologist Assistant students learn, develop, and practice the knowledge and skills essential to successful professional interactions with physicians in the medical workplace;
- 5) ensure that continuous and competent educational guidance is provided, so that the didactic demands placed by the clinical educational environment are adequately addressed by classroom curriculum design.

##### b. Qualifications

The program director must:

- 1) be a certified Anesthesiologist Assistant;
- 2) hold a graduate degree in education, administration, medicine, or the medical basic sciences;
- 3) have the requisite knowledge and skills to administer the classroom/academic aspects of the program; and,
- 4) have the requisite knowledge and skills to administer the operation of the overall program.

*The title of program director should not prevent a delegated division of duties or the involvement of educational or operational professionals. Delegated areas of responsibility, as defined by the program director, should exist in a clear organizational structure that facilitates timely review of problems, refinement of processes, and overall advancement of the educational mission of the program.*

#### 2. Medical Director

##### a. Responsibilities

The medical director must:

- 1) organize, administer, continuously review, plan, and develop processes that ensure general effectiveness of clinical education component of the program; and
- 2) Participate in teaching anesthesia practice and/or coursework focusing on principles of medicine.

##### b. Qualifications

The medical director must:

- 1) be a physician anesthesiologist currently licensed and board certified in anesthesiology; and
- 2) have the requisite knowledge and skills to administer the clinical/academic aspects of the program.

### 3. Faculty and Instructional Staff

#### a. Responsibilities

The instructional staff must be responsible for providing instruction, for evaluating students and reporting progress as required by the institution, and for periodically reviewing and updating course materials.

In each location where a student is assigned for didactic or supervised practice instruction, there must be a qualified individual designated to provide that supervision and related frequent assessments of the student's progress in achieving acceptable program requirements.

#### b. Qualifications

Faculty must be individually qualified by education and experience and must be effective in teaching the subjects assigned. Faculty for the supervised clinical practice portion of the educational program must include a physician alone or a physician with an Anesthesiologist Assistant or a physician with another non-physician anesthesia provider.

*Resident physicians may contribute to clinical or didactic instruction. However, the physician faculty roster should be composed predominantly of board certified physician anesthesiologists.*

### C. Curriculum

1. The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

General content areas must include:

- a. Those basic medical sciences that are needed as a foundation for the clinical role of the Anesthesiologist Assistant. In particular, the basic science curriculum must include appropriate content in anatomy, biochemistry, physiology, and pharmacology, with particular emphasis on the cardiovascular, respiratory, renal, nervous, and neuromuscular systems.
- b. Medical biophysics appropriate to anesthesia practice, including and emphasizing the principles underlying the function of the devices used in anesthesia delivery systems, in life support systems such as ventilators, and in basic and advanced patient monitors.
- c. The principles of patient monitoring emphasizing the design, function, and recognition of artifacts and interpretation of data relevant to anesthesia care.
- d. The function of lab instruments and interpretation of data obtained from clinical laboratories, cardiac and pulmonary laboratories.
- e. The concepts of data analysis as related to the collection, processing, and presentation of basic science and clinical data in medical literature emphasizing methods that support an understanding of clinical decision-making.
- f. Patient assessment, including techniques of interviewing to elicit a health history and performing a physical examination at the level appropriate for preoperative, intraoperative, and postoperative anesthetic evaluations.
- g. Extensive instruction in the clinical practice of anesthesia and patient monitoring, principally in an operating room setting, but also in preoperative areas, postoperative recovery areas, intensive care units, pain clinics, affiliated clinical laboratories and other supporting services.
- h. Clinical quality assurance conferences and literature reviews.
- i. Competencies in emergency preparedness consistent with professional standards.

2. For first year students, the program must set and require minimum number of clinical hours, and at least annually evaluate and document that the established program minimum is adequate to continue promotion to the second year of the program.

For second and third year students, the program must set and require minimum number of cases by patient population (including pediatrics, adults, geriatrics, acuity, and subspecialties cases - neuro, obstetrics, cardiac, trauma, out-patient) for each of the required patients and conditions listed in these **Standards**, and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.

*The curriculum should include the content in Appendix B. The suggested curriculum content is based on the AA Practice Analysis conducted in 2014.*

#### **D. Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

### **IV. Student and Graduate Evaluation/Assessment**

#### **A. Student Evaluation**

##### **1. Frequency and purpose**

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

##### **2. Documentation**

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

#### **B. Outcomes**

##### **1. Outcomes Assessment**

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

*"Positive placement" means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies in the educational program.*

##### **2. Outcomes Reporting**

The program must periodically submit to the ARC-AA the: program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the ARC-AA to develop an appropriate plan of action to respond to the identified shortcomings.

**V. Fair Practices****A. Publications and Disclosure**

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

*The sponsor should develop a suitable means of communicating to the communities of interest the achievement of student/graduates (e.g. through a website or electronic or printed documents).*

**B. Lawful and Non-discriminatory Practices**

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules and regulations. There must be a faculty grievance procedure made known to all paid faculty.

**C. Safeguards**

The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

Anesthesiologist Assistant students must be readily identifiable to patients and clinical co-workers as Anesthesiologist Assistant students.

The intent of the students' patient management experience must always be focused on patient safety while maximizing the educational experience. Students must undertake patient care duties commensurate with their level of competency. The students must at no time be considered the anesthesia provider of record. When students are assigned to any patient care duty, a physician anesthesiologist must be immediately available to provide hands-on care that can affect the patient outcome.

*As students approach graduation, the supervising physician anesthesiologist may assign to them an increased level of responsibility for the delivery of anesthesia care to patients commensurate with their demonstrated knowledge, skills, and clinical judgment.*

**D. Student Records**

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

**E. Substantive Change**

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/ARC-AA in a timely manner. Additional substantive changes to be reported to ARC-AA within the time limits prescribed include:



1. Change in relationship with the school of medicine; and
2. Change in relationship with the Department of Anesthesiology affiliations.

**F. Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the sponsor(s) and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity.

**Appendix A****Application, Maintenance and Administration of Accreditation****A. Program and Sponsor Responsibilities****1. Applying for Initial Accreditation**

- a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it electronically or by mail to:

ARC-AA  
N84W33137 Becker Ln  
Oconomowoc, WI 53066

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <https://www.cognitoforms.com/CAAHEP2/RequestForAccreditationServices>.

**Note:** There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the ARC-AA. The on-site review will be scheduled in cooperation with the program and ARC-AA once the self-study report has been completed, submitted, and accepted by the ARC-AA.

**2. Applying for Continuing Accreditation**

- a. Upon written notice from the ARC-AA, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it electronically or by mail to:

ARC-AA  
N84W33137 Becker Ln  
Oconomowoc, WI 53066

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <https://www.cognitoforms.com/CAAHEP2/RequestForAccreditationServices>.

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the ARC-AA.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the ARC-AA forwarding a recommendation to CAAHEP.

**3. Administrative Requirements for Maintaining Accreditation**

- a. The program must inform the ARC-AA and CAAHEP within a reasonable period of time (as defined by the ARC-AA and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the ARC-AA of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or

designated individual) to CAAHEP and the ARC-AA that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The ARC-AA has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.

- c. The sponsor must promptly inform CAAHEP and the ARC-AA of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the ARC-AA in accordance with its policies and procedures. The time between comprehensive reviews is determined by the ARC-AA and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay ARC-AA and CAAHEP fees within a reasonable period of time, as determined by the ARC-AA and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with ARC-AA policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a ARC-AA accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the ARC-AA.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

#### **4. Voluntary Withdrawal of a CAAHEP- Accredited Program**

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

#### **5. Requesting Inactive Status of a CAAHEP- Accredited Program**

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the ARC-AA and CAAHEP to maintain its accreditation status.

To reactivate the program, the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the ARC-AA. The sponsor will be notified by the ARC-AA of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

### **B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process**

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the ARC-AA forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the ARC-AA forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The ARC-AA reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the ARC-AA forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The ARC-AA reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the ARC-AA arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

**Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.**

**APPENDIX B**  
**Guidelines for Curriculum Didactic and Clinical Content**

**A. *PHYSIOLOGY* (Applied and General)**

1. *Neuromuscular physiology*
  - a. *Physiology of the neuron*
  - b. *Anatomy of the neuromuscular junction*
  - c. *Membrane and action potentials*
  - d. *Excitation and contraction of the smooth muscle*
  - e. *Neuromuscular blockade and transmission*
  - f. *Malignant hyperthermia*
2. *Nervous system*
  - a. *Organization of the nervous system*
  - b. *Peripheral and central nervous system*
  - c. *Physiology of neurons and synapses*
  - d. *Characteristics of synaptic transmission*
  - e. *Sensory receptors*
  - f. *Nerve fibers that transmit different types of signals and their physiologic classification*
  - g. *Spatial and temporal summation*
3. *Autonomic nervous system*
  - a. *Sympathetic nervous system*
    - i. *Anatomy of the sympathetic nervous system*
    - ii. *Sympathetic neurotransmission and catecholamine physiology*
    - iii. *Adrenergic receptors*
  - b. *Parasympathetic nervous system*
    - i. *Anatomy of the parasympathetic nervous system*
    - ii. *Parasympathetic neurotransmission*
    - iii. *Cholinergic receptors*
4. *Central nervous system*
  - a. *Neuroanatomy of spine and spinal cord*
    - i. *Cranial nerves*
    - ii. *Motor functions of the spinal cord and cord reflexes*
    - iii. *Cerebrospinal fluid*
      - a. *Cerebral blood flow and metabolism*
    - iv. *Intracranial pressure*
      - a. *Head trauma, psychiatric illness, and cerebrovascular disorders*
5. *Cardiac physiology*
  - a. *Electrophysiology and conduction pathways*
    - i. *Mechanisms of heart rate control and ventricular action potentials*
    - ii. *Specialized excitatory and conductive systems*
    - iii. *Control of excitation and conduction*
    - iv. *Electrocardiographic interpretation*
  - b. *Determinants of cardiac output and systemic arterial blood pressure*
    - i. *Preload, afterload, and contractility*
    - ii. *Cardiac output, venous return and their regulation*
    - iii. *Frank – Starling Mechanism*
  - c. *Left ventricular pressure-volume relationships*
  - d. *Ventricular function curves*
  - e. *Treatment of intra-operative ischemia and coronary artery disease*
  - f. *Subvalvular aortic stenosis*
  - g. *Cardiac arrhythmias*
6. *Circulatory physiology*
  - a. *Microcirculation, lymphatics, capillary fluid exchange, interstitial fluid*

- b. Local and humoral control of blood flow by the tissues*
- 7. Blood and Hemostasis*
  - a. Platelet aggregation and coagulation cascade*
  - b. Fibrinolysis, plasmin, and coagulation tests*
  - c. Disorders of coagulation*
  - d. Transfusion therapy*
- 8. Respiratory physiology*
  - a. Anatomy of the larynx*
  - b. Gas diffusion and partial pressures*
  - c. Oxygen and carbon dioxide carriage by blood*
    - i. Oxygen dissociation curves and abnormalities*
  - d. Control of ventilation*
    - i. Respiratory centers and sensory pathways*
  - e. Pulmonary mechanics*
    - i. Ventilation: perfusion relationships*
    - ii. Hypoxic pulmonary vasoconstriction and one-lung ventilation*
  - f. Pulmonary function tests*
    - i. Flow volume loops*
    - ii. Airway closure and closing capacity*
    - iii. Blood gas physiology*
  - g. Chronic and acute respiratory pathophysiology*
    - i. Restrictive and obstructive diseases*
    - ii. OSA*
- 9. Body fluid, electrolytes and the kidney*
  - a. Fluid compartments*
  - b. Fluid management*
  - c. Anatomy of the nephron and vascular supply*
  - d. Physiology of urine formation*
  - e. Regulation of fluid volume and osmolality*
  - f. Intra- and extra-cellular fluids*
  - g. Renal tubular control of electrolyte balance*
  - h. Renal failure and fluid-electrolyte disturbances*
  - i. Acid-base balance and disturbances*
- 10. Endocrine physiology*
  - a. Thyroid and adrenal physiology*
  - b. Insulin, glucagon and somatostatin*
  - c. Parathyroid hormone and calcitonin*
  - d. Endocrine disorders*
- 11. Hepatic physiology*
  - a. Hepatic anatomy and vascular physiology*
  - b. Hepatic disease*
- 12. Physiology of pregnancy*
  - a. Pathophysiology of the uterus and the placenta*
  - b. Parturition*
  - c. Pharmacological alterations*
- 13. Fetal and neonatal physiology*
  - a. Cardiopulmonary system*
  - b. Fluid balance*
  - c. Renal and hepatic function*



**B. PHARMACOLOGY**

1. *Pharmacokinetics and pharmacodynamics*
  - a. *Absorption, distribution, metabolism, and excretion*
  - b. *Drug-receptor interactions*
  - c. *Weak acids and weak bases*
2. *Inhalational anesthetics*
3. *Intravenous anesthetics*
4. *Opioids*
  - a. *Pharmacology of opioid agonists and antagonists*
  - b. *Central and peripheral administration of opioids*
  - c. *Pain pathways*
    - i. *Peripheral afferents and pain conduction*
    - ii. *Classification of pain*
    - iii. *Mechanism of analgesia*
    - iv. *Modulation of pain*
    - v. *Spinal and supraspinal analgesia*
5. *Neuromuscular blocking agents*
  - a. *Depolarizing and non-depolarizing agents*
  - b. *Interactions with neuromuscular blockers*
  - c. *Reversal of neuromuscular blockade*
6. *Drugs acting on the autonomic nervous system*
  - a. *Sympathetic nervous system*
    - i. *Clinical use of catecholamines and synthetic non-catecholamines*
    - ii. *Effects of adrenergic agonists and antagonists*
    - iii. *Centrally and peripherally acting sympathetic nervous system agents*
  - b. *Parasympathetic nervous system*
    - i. *Cholinergic agonists and antagonists*
7. *Local anesthetics*
  - a. *Structure activity relationships*
  - b. *Metabolism*
  - c. *Management of toxicity syndrome*
8. *Calcium channel blockers*
9. *Cardiac antidysrhythmic drugs*
10. *Cardiac glycosides and related drugs*
11. *Antihypertensives and vasoactive agents*
12. *Antihistaminergic drugs and autacoids*
13. *Antimicrobial pharmacology*
14. *Steroids*
15. *NSAIDs*
16. *Hormones*
17. *Hemostatic agents*
  - a. *Anticoagulants, antifibrinolytics, and thrombin inhibitors*

18. *Diuretics*
  - a. *Mechanisms of action and side effects*
19. *Gastrointestinal pharmacology*
  - a. *Antacids and prokinetics*
20. *Antiemetics*
21. *Insulin and oral hypoglycemic agents*
22. *Antiseizure drugs*
23. *Math for calculating concentrations*
24. *Drug-drug interactions and toxicities*
25. *Drug allergies*

### **C. ANESTHESIA EQUIPMENT**

1. *Anesthesia delivery systems*
2. *Gases, gas containers, and piping systems*
3. *Anatomy of the anesthesia machine*
4. *Vaporizing liquid anesthetic agents*
5. *Breathing circuits*
  - a. *Open, semi-open, closed, semi-closed breathing systems*
  - b. *Time constants*
6. *Anesthesia ventilators*
7. *Scavenging waste gases and controlling pollution*
8. *Oxygen delivery and ventilation during MAC, transport, and MRI*
9. *Ultrasound*

### **D. INSTRUMENTATION & MONITORING**

1. *Assess, interpret, and respond to changes in patient monitoring*
  - a. *ECG*
    - i. *ECG in relation to mechanical and electrical events of the heart*
    - ii. *Intervals and QRS nomenclature*
    - iii. *Atrial and ventricular arrhythmias and conduction abnormalities*
  - b. *Non-invasive monitoring*
    - i. *Blood pressure*
    - ii. *Transesophageal echocardiography (e.g., PFT, ECHO)*
    - iii. *Doppler and ultrasonic imaging*
    - iv. *Cardiac output*
  - c. *Oxygen monitoring, oximetry and plethysmography*
  - d. *Capnography & respiratory gas analysis*
  - e. *Monitoring the neuromuscular junction*
  - f. *Invasive monitoring principles and techniques*
    - i. *Peripheral arterial pressure waveforms and monitoring*
    - ii. *Pulmonary artery pressure and monitoring*
    - iii. *Central venous pressure and monitoring*

- iv. Intracranial pressure monitoring
      - v. Cardiac output measurement
    - g. Temperature control and monitoring
      - i. Body and fluid warming devices
    - h. Fetal Monitoring
      - i. Arterial blood gas analysis
      - j. EEG, processed EEGs, and evoked potentials
      - k. Point of care devices
  - 2. Cardiovascular support devices
    - a. Pacemakers and AICDs
    - b. Ventricular assist devices and cardiopulmonary bypass
  - 3. Blood salvage and rapid infusion devices

## **E. PHYSICS**

1. Units of measurement, dimensional analysis review of special functions, physical concepts and mathematical tools
2. Pressure, tension, and vacuum
3. Flow, resistance, power and work
4. Partial pressures and solubility
5. Diffusion and osmosis
6. Gas laws, cylinders, and transport processes
7. Vaporization and humidification
8. Physiologic signals and electrical analogs
9. Electrical circuits and physiologic analogs
  - a. Pressure/voltage, flow/current, resistance
  - b. Direct and alternating current sources
  - c. Series, parallel and series-parallel circuits
  - d. Capacitors and inductors – time constants
  - e. Impedance
  - f. Transformers
10. Principles of lasers, fires, explosions and radiation
  - a. Electrocautery and laser technology

## **F. AIRWAY MANAGEMENT**

1. Airway anatomy and physiology
2. Airway management equipment (e.g., fiberoptic and glide scopes, LMA, DLT)
3. Evaluation of the airway
4. Techniques for intubation & extubation
5. The difficult airway
6. Pediatric and advanced airway management
7. Ventilation assist devices (e.g., BiPAP, CPAP)

**G. METHODS OF ANESTHESIA** (e.g., general, regional, MAC, TIVA)

1. *Regional anesthesia*
  - a. *Neuraxial blockade*
  - b. *Peripheral nerve blockade*
  - c. *Intravenous regional anesthesia*
  - d. *Complications and techniques*
  - e. *Drug regimens for epidural and spinal anesthetics*
2. *Monitored anesthesia care*
  - a. *Unique challenges of diverse sedation management techniques and locations*
3. *Positioning*
  - a. *Considerations related to safe positioning in regard to surgical and anesthesia implications (e.g., lithotomy, sitting craniotomy, beach chair, brachial plexus, extremity neuropathy, prone facial/ocular, ventilation perfusion mis-match)*
4. *Obstetric anesthesia*
  - a. *Physiologic changes of the parturient*
  - b. *Fetal and placental physiology*
  - c. *General and regional anesthesia during pregnancy*
  - d. *Stages of labor and pain pathways*
  - e. *Management of the complicated pregnancy*
5. *Pediatric anesthesia*
  - a. *Pediatric physiology and anatomy*
  - b. *Pediatric congenital anomalies (cardiovascular and developmental)*
  - c. *Pharmacodynamics and kinetics of the pediatric patient*
  - d. *Airway management of the pediatric patient*
6. *Geriatric anesthesia*
  - a. *Physiologic and pharmacologic changes of aging*
7. *Neurosurgical anesthesia*
8. *Cardiac anesthesia*
9. *Trauma anesthesia*

**H. ANESTHESIA MANAGEMENT**

1. *Preoperative Assessment*
  - a. *preoperative evaluation and assessment techniques*
    - i. *Lab value assessment*
    - ii. *Physical exam*
    - iii. *Patient interview*
    - iv. *NPO guidelines*
    - v. *Anesthesia plan formulation*
    - vi. *Special tests (e.g., PFT, ECHO)*
  - b. *Imaging*
2. *Intraoperative Management*
  - a. *Communication with perioperative team*
    - i. *Timeout*
    - ii. *Care transitions or handoffs*
  - b. *Intraoperative complications/critical events*
    - i. *Hazards (e.g., airway fires, burns, electrical)*
  - c. *Changes in patient physiology*
  - d. *Documentation/charting*

*e. Perioperative pain management**3. Postoperative management*

- a. Patient care transfer to PACU, ICU, etc.*
- b. Acute pain management strategies*
- c. Post-operative complications*

**I. INFECTION CONTROL***1. Universal precautions*

- a. PPEs*
- b. Hand hygiene*
- c. Scrubbing and gowning*

*2. Surgical site infection prevention protocols (e.g., prophylactic antibiotic treatment, sterile technique)***J. CLINICAL PRACTICE MANAGEMENT AND DEVELOPMENT***1. ASA Practice Guidelines**2. ASA Standards of Care**3. Professional organizations in the field (e.g., ARC-AA, AAAA, NCCAA, ASA)**4. QA/QI process**5. Evidence-based case study analysis**6. Provision of high quality cost-effective care**7. Professional practice standards**8. Role of the Anesthesia Care Team**9. Cardiopulmonary Resuscitation**10. Situational awareness**11. Patient safety guidelines**12. Non-operating room anesthesia***K. PROFESSIONALISM***1. Truthfulness and transparency**2. Patient sensitivity, empathy, accountability, respect**3. Ethics in anesthesia**4. Advocacy***L. PROVIDER WELLNESS***1. Occupational health*

- a. Infection from patients*
- b. Exposure to anesthetic agents*

*2. Practitioner personal wellness*

- a. Stress management
- b. Managing challenging outcomes
- c. Dependency

#### M. CLINICAL CONTENT OUTLINE

<b>Total Anesthesia Cases</b>	600
<b>Total Hours Clinical Anesthesia</b>	2000
<b>Patient ASA Class III &amp; IV</b>	150
<b>Emergent (ASA Class E)</b>	30
<b>Trauma Cases</b>	5
<b>Ambulatory</b>	100
<b>Patient Population</b>	
Geriatric (65 + years)	100
Pediatric (0 - 18)*	50
<b>Anatomical Location Surgery</b>	
Intra-abdominal	75
Intracranial	5
Head & Neck	20
Intrathoracic	20
Heart	10
Lung	10
Obstetrical Cases (including Deliveries, C-Sect & Procedures)	35
Vascular	15
<b>Methods of Anesthesia</b>	
General Anesthesia	400
Induction, Maintenance & Emergence	
Mask Induction	35
Mask Management	30
Supraglottic Airway Device	35
Tracheal Intubation	255
Oral	250
Nasal	5
Total Intravenous Anesthesia	10
Emergence from Anesthesia	250
Regional Techniques	
Management/Administration	40
Monitored Anesthesia Care	30

<b>Other Anesthetic Management</b>	
<i>Alternative Airway Management</i>	
<i>Fiberoptic Intubation, Light Wand, etc. (all airway techniques other than direct laryngoscopy and supraglottic airway device)</i>	10
<i>Arterial Technique</i>	
<i>Arterial Puncture/Catheter Insertion</i>	25
<i>Intra-arterial BP monitoring</i>	30
<i>Central Venous Pressure Catheter</i>	
<i>Placement</i>	5
<i>Monitoring</i>	15
<b>Other</b>	
<i>Intravenous Catheter Placement</i>	125
<i>Gastric Tube Placement</i>	5
<i>Placement of One Lung Isolation Device</i>	5

9355 - 113th St. N, # 7709  
Seminole, FL 33775-7709  
Phone: 727-210-2350  
www.caahep.org



March 20, 2023

Dixie Tooke-Rawlins, DO  
President & Provost  
Bluefield University at VCOM-Auburn  
910 South Donahue Dr  
Auburn, AL 36832

Dear Dr. Tooke-Rawlins:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is pleased to inform you of its **March 17, 2023** decision to award **initial accreditation** to the Anesthesiologist Assistant program at Bluefield University at VCOM-Auburn, Auburn, AL. CAAHEP accreditation is awarded due to the program's demonstrated compliance with the Standards. The next evaluation of the program is scheduled to occur no later than **2028**.

The Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA) conducts comprehensive and annual reviews of the program's compliance with the Standards and submits recommendations regarding accreditation status to CAAHEP. ARC-AA monitors the program's outcomes through the program's annual report and supporting documentation (Standard IV.B.). Profession-specific CAAHEP Standards and Guidelines can be found on the website, [www.caahep.org](http://www.caahep.org).

CAAHEP publishes the accreditation award letters and accreditation actions summaries on its website. Award letters are accessible within the individual program listings in the "Find an Accredited Program" section of the CAAHEP website. CAAHEP categorizes programs according to the profession-specific Standards and Guidelines used to evaluate the program.

The accreditation standards are established by CAAHEP, ARC-AA, American Academy of Anesthesiologist Assistants, and American Society of Anesthesiologists.

The commission recognizes your organization's commitment to continuous quality improvement in health professions education, as demonstrated by your participation in CAAHEP programmatic accreditation.

Sincerely,

A handwritten signature in black ink that reads "Donald A. Balasa".

Donald Balasa, JD, MBA  
President



cc: Emily Lambert, PhD, Dean  
Michael Nichols, CAA, MBA, Program Director  
John Kimbell, CAA, Chair, ARC-AA  
Jennifer Anderson-Warwick, Executive Director, ARC-AA



# Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs, upon the recommendation of the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA), verifies that the following program

*Anesthesiologist Assistant  
Bluefield University at VCOM-Auburn  
Auburn, AL*

is judged to be in compliance with the nationally established standards and  
awarded Initial accreditation on March 17, 2023.

A handwritten signature in black ink, reading 'Donald A. Balasa'.

Donald Balasa JD, MBA  
President, CAAHEP

A handwritten signature in black ink, reading 'John Kimbell'.

John Kimbell, CAA  
Chair, ARC-AA



# The Final Step in the CAAHEP Accreditation Process

*Congratulations!* Now that your program has earned CAAHEP accreditation, there is just one more item to be done to complete the accreditation process. Within a week, the **program director** will receive an email with a link to an electronic Accreditation Process Assessment Survey. Response to this brief survey will complete the accreditation process and give CAAHEP valuable feedback about your program's experience.

In this packet you will find:

- This congratulatory notice, which includes information on CAAHEP
- A Certificate of Recognition
- Policy 302 Public Use of CAAHEP Accreditation Status by Programs and Institutions

If you are missing any of the above items, if an error was made, or if you have any questions, please contact us at 727-210-2350 ext. 104 or via email at [Katie@caahep.org](mailto:Katie@caahep.org).

## Some important notes:

- The [CAAHEP website](http://www.caahep.org) receives numerous visits every day from potential students looking for accredited programs. Please check the accuracy of your program's data by reviewing the list of [Accredited Programs](#). If an error is found, please email the correction to [updates@caahep.org](mailto:updates@caahep.org). Also, keep this information handy if your web address, phone number, dean, program director, or other key contact information changes. Please help CAAHEP keep its website accurate by keeping your program's information up to date.
- In accordance with CAAHEP's recognizing body, the Council for Higher Education Accreditation (CHEA), CAAHEP provides public accessibility to information about the accreditation process, the results of the accreditation reviews, and student achievement. An individual who is reviewing an accredited program's record on the CAAHEP website will find the Program Director's name and contact information as well as the address of the program, its current accreditation status, the degree(s) and concentrations or tracks offered, the most recent CAAHEP award letter, and the URL to the program's outcomes on the program's website. If any of this information changes, please provide the correct information to [updates@caahep.org](mailto:updates@caahep.org).
- In order to comply with the need for public disclosure, CAAHEP publishes a summary of accreditation actions taken at each of its meetings. The summary includes actions identified by profession, status awarded, date of the next evaluation, and whether a progress report (to improve program compliance with Standards) is required. Summaries can be found on the [CAAHEP website](http://www.caahep.org).
- In promoting your CAAHEP accreditation, if your institution would like to establish a link to our website, you have permission to do so. Please use the URL <http://www.caahep.org>.

***Publication of a program's accreditation status must include specific language, including the full name of CAAHEP and a link to the CAAHEP website, and may include CAAHEP's mailing address and telephone number. Please refer to [Policy 302 Public Use of CAAHEP Accreditation Status by Programs and Institutions](#) which is attached, and can also be found in the [CAAHEP Policies and Procedures Manual](#).***

- In addition, your program and institution are welcome to use the CAAHEP logo in marketing materials. The logo can be downloaded from the [CAAHEP website](http://www.caahep.org).

The logo must be used in accordance with CAAHEP **Policy 303 Use of CAAHEP Logo by Programs and Sponsoring Institutions**. This policy requires that any use of the logo and any reference to CAAHEP **must** be accurate. Remember, CAAHEP accreditation is programmatic, so there should be no reference that implies other programs or the institution itself is "CAAHEP-accredited."

**Be sure you have CAAHEP's current address:**

**9355 - 113<sup>th</sup> St N, #7709  
Seminole, FL 33775-7709**

- If your program experiences any type of substantive change as defined in the CAAHEP Standards under Section **V.E. Fair Practices-Substantive Change** or **Appendix A, A.3. Program and Sponsor Responsibilities-Administrative Requirements for Maintaining Accreditation** these changes must be shared with the appropriate [Committee on Accreditation](#) and CAAHEP immediately. Failure to do so may result in a withdrawal of accreditation.

**(Please refer to the appropriate set of Standards and Guidelines, found on the [CAAHEP website](#).)**

### **Background Information on CAAHEP**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) was incorporated as a non-profit organization on July 1, 1994. Prior to the formation of CAAHEP, the Committee on Allied Health Education and Accreditation (CAHEA) performed its allied health accrediting functions. CAHEA was both sponsored by and housed within the American Medical Association (AMA). The AMA continued to be CAAHEP's primary sponsor through a three-year transition period, ending on December 31, 1996. Currently, the AMA is one of CAAHEP's approximately 70 sponsoring organizations.

CAAHEP accredits educational programs that prepare health professionals in a variety of disciplinary areas. Accreditation is one step in a process that is meant to protect the public and ensure a supply of qualified health care professionals. Programs are accredited when it is determined that they meet the educational Standards and Guidelines established by the profession.

The 32 CAAHEP professions are:

- |  |                                       |
|--|---------------------------------------|
| • Advanced Cardiovascular Sonography         | • Medical Illustration                |
| • Anesthesia Technology                      | • Neurodiagnostic Technology          |
| • Anesthesiologist Assistant                 | • Orthoptics                          |
| • Art Therapy                                | • Orthotist and Prosthetist Assistant |
| • Assistive Technology                       | • Orthotics and Prosthetics           |
| • Cardiovascular Technology                  | • Orthotic and Prosthetic Technician  |
| • Clinical Research                          | • Pedorthist                          |
| • Cytotechnology                             | • Perfusion                           |
| • Diagnostic Medical Sonography              | • Personal Fitness Training           |
| • Emergency Medical Services-Paramedic       | • Polysomnographic Technology         |
| • Exercise Physiology                        | • Recreational Therapy                |
| • Exercise Science                           | • Respiratory Care                    |
| • Inclusive Rehabilitation Sciences          | • Specialist in Blood Bank            |
| • Intraoperative Neurophysiologic Monitoring | • Technology/Transfusion Medicine     |
| • Kinesiotherapy                             | • Surgical Assisting                  |
| • Lactation Consultant                       | • Surgical Technology                 |
| • Medical Assisting                          |                                       |

CAAHEP is the accrediting body. However, 25 committees on accreditation (each representing one or more of the CAAHEP accredited professions) do the day-to-day work of accreditation. These committees are composed of professionals from the individual disciplines. Each committee on accreditation is responsible for reviewing self-studies, performing on-site reviews, and making recommendations to the CAAHEP Board of Directors for final action.

For more information about CAAHEP or the Committees on Accreditation with whom CAAHEP works, visit our website at [www.caahep.org](http://www.caahep.org) or call 727-210-2350.

**302 Public Use of CAAHEP Accreditation Status by Programs and Institutions**

*CAAHEP requires institutions and programs to be accurate in reporting to the public the program's accreditation status.*

*Publication of a program's accreditation status must include the full name of CAAHEP and a link to the CAAHEP website, and may include CAAHEP's mailing address and telephone number.*

*CAAHEP requires a program to inform all current students and applicants in writing of the program's accreditation status in cases of Probation or Withdrawal (Voluntary and Involuntary).*

- A. Except for paragraphs 2 and 3 below, if a program has not yet been accredited by CAAHEP and has not yet been scheduled for an initial site visit by the appropriate Committee on Accreditation, no mention of CAAHEP accreditation may be made.

1. Once a site visit has been scheduled by the appropriate Committee on Accreditation, a program may publish the following statement:

*"The [name of program] at [institution] has a site visit scheduled for pursuing initial accreditation by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)). This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted."*

There should be no claims of timelines or when accreditation will be achieved.

2. If a program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) they may publish that fact with the following statement:

*"The EMT-Paramedic program at [institution] has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT an accreditation status; it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self-Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation."*

3. If a program has been issued a Letter of Review or Candidacy status by another Committee on Accreditation, it may publish that fact with the following statement:

*"The [name of profession] program at [institution] has been issued a Letter of Review/Candidacy status by the [name of CoA]. This is NOT an accreditation status; it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards to warrant that status. However, it is NOT a guarantee of eventual accreditation."*

- B. If a program has CAAHEP accreditation, the sponsor must use the following language when referring to that accreditation:

1. In at least one of its comprehensive publications customarily used to officially convey institutional information, it must state:

*“The [name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of [name of Committee on Accreditation].*

Commission on Accreditation of Allied Health Education Programs  
www.caahep.org

The program may also include the address and phone number:  
9355 113<sup>th</sup> St N, #7709  
Seminole, FL 33775  
727-210-2350

2. Provided the requirements of paragraph B.1 have been met, when the sponsor additionally publishes the accreditation status of the program, it must state:

*“The [name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of [name of Committee on Accreditation].*

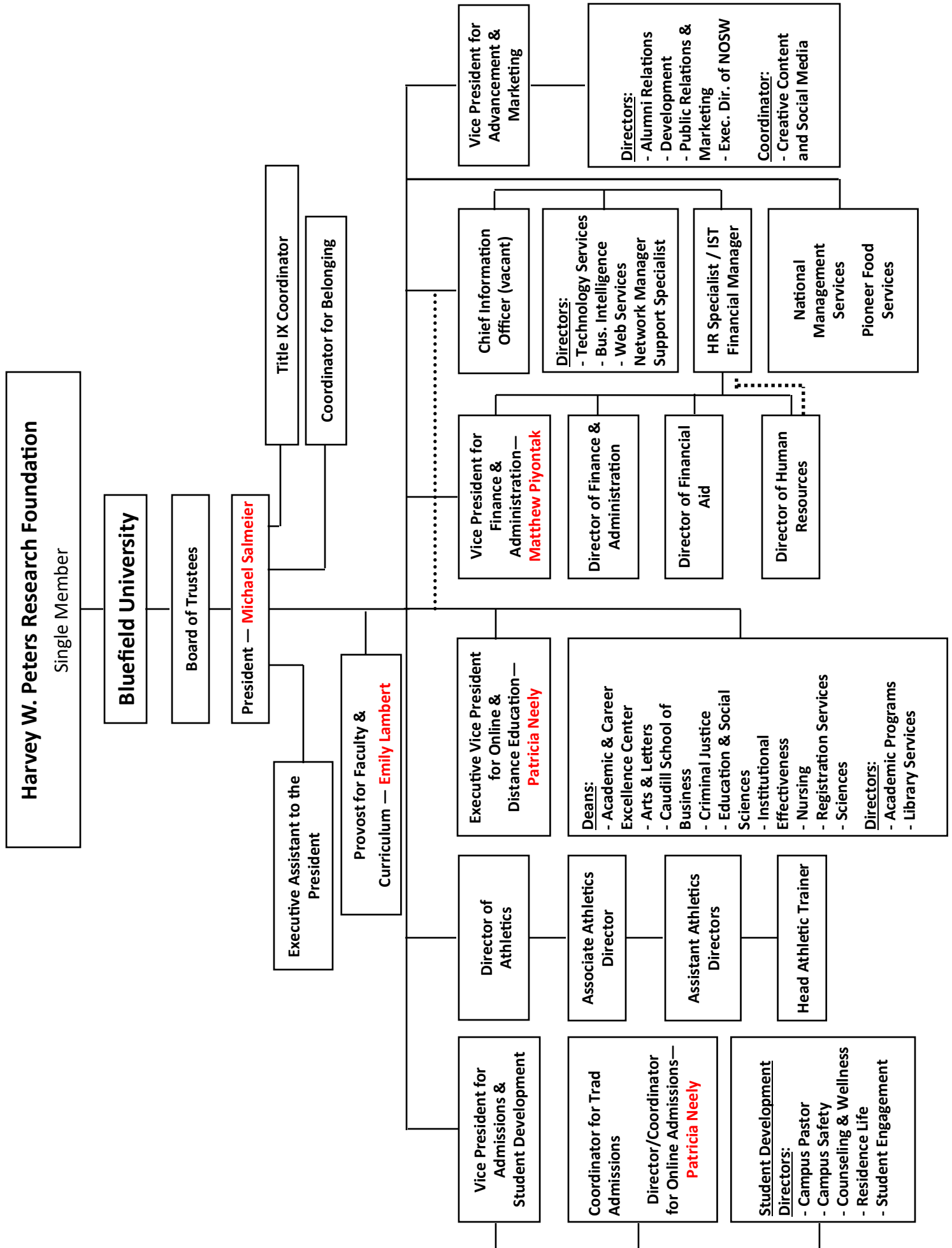
3. Provided the requirements of paragraph B.1 have been met, the sponsor may choose, but is not required, to include the program accreditation statement in small publications such as newspaper ads, flyers, pamphlets, etc.

- C. If a program has been placed on Probationary Accreditation by CAAHEP, it must inform all students and applicants in writing, and must disclose this status whenever reference is made to its accreditation status, by including the statement:

*“The [Name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of [name of Committee on Accreditation]. The program has been placed on Probationary Accreditation as of [date of Probation action].”*

Since Probationary Accreditation is a temporary status, publications that are published less frequently than once a year (e.g., catalogues) are not required to carry the above wording. However, whenever such publications are distributed to the program’s current students or potential applicants, they must include an insert containing the above language. Any promotional pieces, print advertisements or areas on the program’s website that make reference to an accreditation status must include the above language about Probationary Accreditation.

- D. All CAAHEP accredited programs must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards. Each CoA has adopted a policy about which outcome(s) they require their programs to publish. The program should keep CAAHEP informed of the appropriate URL where the public can find the outcomes(s).





## **Employee Conflict of Interest Policy**

### **PURPOSE**

The purpose of the following policy and procedures is to complement the *Bluefield University Trustee Bylaws* and the *Bluefield University Employee Handbook*, to prevent the personal interests of employees and Board members from interfering with the performance of their duties to, or resulting in personal financial, professional, or political gain on the part of such persons at the expense of Bluefield University or its trustees, supporters, and other stakeholders.

### **DEFINITIONS**

- *Conflict of Interest* (also *Conflict*) means a conflict, or the appearance of a conflict, between the private interests and official responsibilities of a person in a position of trust. Persons in a position of trust include employees, officers, and Board members of Bluefield University.
- *Board* means the Board of Trustees.
- *Employee* means a person who receives all or part of her/his income from the payroll of Bluefield University.
- *Supporter* means corporations, foundations, individuals, 501(c)(3) nonprofits, and other nonprofit organizations who contribute to Bluefield University.

### **POLICY AND PRACTICES**

1. Full disclosure, by notice in writing, shall be made by the interested parties to the full Board of Trustees in all conflicts of interest, including but not limited to the following:
  - a. A Board member is related to another Board member or employee by blood or marriage.
  - b. An employee in a supervisory capacity is related to another staff member whom she/he supervises.
  - c. A Board member or her/his organization stands to benefit from a transaction between her/him or her/his organization and Bluefield University, or an employee of such Board member's organization receives payment from Bluefield University for any subcontract, goods, or services other than as part of her/his regular job responsibilities or other than as reimbursement for reasonable expenses incurred as provided in the *Bluefield University Trustee Bylaws* and Board policy.
  - d. A Board member's organization receives grant funding from Bluefield University.



- e. A Board member or employee is a member of the governing body of a contributor to Bluefield University.
2. Following full disclosure of a possible conflict of interest or any condition listed above, the Board of Trustees shall determine whether a conflict of interest exists and, if so, the Board shall vote to authorize or reject the transaction or take any other action deemed necessary to address the conflict and protect Bluefield University's best interests. Votes shall be by majority vote, without the vote of any interested trustee.
  3. A Board member or Board Committee member who makes application for employment with Bluefield University shall resign from the Board.
  4. An interested Board member or employee shall not participate in any discussion or debate of the Board of Trustees, or of any Board Committee or Subcommittee thereof in which the subject of discussion is a contract, transaction, or situation in which there may be a perceived or actual conflict of interest. However, the interested Board member or employee may be present to provide clarifying information in such a discussion or debate unless objected to by any present Board or Committee member.
  5. Anyone in a position to make decisions about spending resources (i.e., transactions such as purchase contracts) – who also stands to benefit from that decision – has a duty to disclose that conflict as soon as it arises (or becomes apparent); she/he shall not participate in any final decisions.
  6. A copy of this policy shall be given to all Board members and employees upon commencement of such person's relationship with Bluefield University or at the official revision of this policy. Each Board member and employee shall sign and date the policy at the beginning her/his term of service or employment and each year thereafter. Failure to sign does not nullify the policy.
  7. This policy and disclosure form must be filed annually by all specified parties.

This policy was approved by the Board of Trustees of Bluefield University on April 17, 2010.

**Disclosure of conflicts:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



## SELF-PERFORMANCE APPRAISAL

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Jenzabar No.: \_\_\_\_\_

Period covered by review: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Performance Areas			Comments – Please use the Comments Section for any explanations.
1. Do you have a clear understanding of your job and your job description? If not, please explain in the comments section.	Y/N		Comments:
2. In your opinion, are you consistently meeting the objectives of your job as outlined in your job description? If not, please explain in the comments section	Y/N		Comments:
3. What are your strengths in relation to your current position? Please explain in the comments section.			Comments:
4. In what areas does your performance need further development?			Comments:
5. If you need to improve, how do you plan to accomplish it?			Comments:
6. Are you meeting the expectations of your supervisor? If not, please explain.	Y/N		Comments:
7. What have been your accomplishments and contributions to Bluefield University during the past 12 months?			Comments
8. What strong talents do you have that, in your opinion, are being under-utilized in your current position? (This information could be used in the future, should there be an employment opportunity that may utilize these talents.)			Comments:
9. Please share any other comments.			Comments:

**PLEASE CONTINUE ON NEXT PAGE**

**INTROSPECTIVE QUESTIONS:**

10. Do I have the opportunity to do what I do best on a daily basis? Please explain in the comments section.	Y/N		Comments:
11. Do I get to bring my best self to my life and my work? Please explain in the comments section.	Y/N		Comments:
12. Does my life and my work offer me the opportunities to learn and grow into the person I'm intended to be? Please explain in the comments section.	Y/N		Comments:

\_\_\_\_\_  
Employee Signature:\_\_\_\_\_  
(Date)

Please provide this form to your supervisor to be utilized in preparing your Annual Performance Appraisal.



**“I Will . . .”**

- Only make true statements.
- Provide accurate information to employees, students and prospective students in all areas;
- Refrain from sharing confidential information in all areas and every department of Bluefield University;
- Provide all required written disclosures, including those mandated by state and federal regulations;
- Provide true and accurate statements about our programs, including employment rates, length, cost, non-refundable charges, loans and grants;
- Provide true and accurate statements about required licenses, verified completion rates, admission requirements, government approval, accreditation, and rights of withdrawal and refund;
- Provide accurate information regarding transferability of credits from Bluefield University to other schools;
- Educate students and families through quality consumer information;
- Respect the dignity and protect the privacy of employees and students, and ensure the confidentiality of student and employee records and personal circumstances;
- Provide services that do not discriminate on the basis of race, gender, ethnicity, sexual orientation, disability, age, or economic status;
- Commit to the highest level of ethical behavior and refrain from conflict of interest or the perception thereof;
- Refrain from taking any action that is believed to be contrary to law, regulation, or the best interest of the students and parents that are served by the University;
- Ensure that the information that is provided is accurate, unbiased, and does not reflect any preference arising from actual or potential personal gain;
- Be objective and accurate in making decisions and advising the institution regarding relationships with any entity involved in any aspect of student financial aid;
- Refrain from soliciting or accepting anything of other than nominal value from any entity (other than an institution of higher education or a governmental entity such as the U. S. Department of Education) involved in the making, holding, consolidation or processing of any student loans, including anything of value (including reimbursement of expenses) for serving on an advisory body or as part of a training activity of or sponsored by any such entity.

**In affirming the requirements of honoring this commitment, each employee will read and sign an “I Will” Statement annually, and when hired as a new employee, and acknowledge that the failure to comply will result in disciplinary action up to and including termination from employment.**

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
(Date)



## **Excerpt from the Bluefield College Employee Handbook, Page 48**

### **Performance Evaluation**

In order to attract and retain a highly qualified and competent work force, Bluefield College has instituted a performance evaluation program to review employee performance in a fair and equitable manner based upon demonstrated job performance, and in accordance with its Equal Employment Opportunity policy.

Through this program, employees will receive constructive performance evaluations designed to address performance and skill developmental needs and interests. Contingent upon Bluefield College's financial performance, employees will typically be eligible for consideration of a wage or salary increase on an annual basis.

If an evaluation is given, the employee is asked to sign the evaluation to acknowledge that it has been completed and discussed. The employee is then given the opportunity to submit a written statement that is kept on file with the evaluation. If at any time there are questions about the job or performance, employees should not hesitate to speak with their supervisor.

## Bluefield College Faculty Handbook

## C. Service to the Profession

- a. Be a member of at least one professional organization.
- b. Attend professional meetings as time and funding allow.
- c. Maintain currency in respective academic discipline.
- d. Participate in professional endeavors, which may include research/creative activities, presentations at professional meetings, professional performances or exhibitions, publication of scholarly work, and completion of coursework toward an advanced degree.

## D. Service to the Church and Community

- a. Be actively involved in a local church.
- b. Participate in community activities.

**4.7.2 LIBRARY FACULTY PERFORMANCE STANDARDS**

## A. Library Service.

- a. Perform the Essential Functions and Requirements outlined in the appropriate job description.

## B. Service to the College

- a. Participate in Library and Faculty meetings.
- b. Participate as a committee member of a standing committee of the College.
- c. Counsel with individual students and/or groups as appropriate to enhance their growth and learning.
- d. Cooperate with the Office of Admissions to aid in the recruitment of students for the College.
- e. Contribute to the students' overall experience by participating in campus life. Some examples of such participation include attending Convocation, fine arts events, and athletic events; sponsoring a student organization; "adopting" an international student or an athletic team; participating in intramurals; and leading extracurricular student outings.
- f. Work cooperatively with other members of the College community.

## C. Service to the Profession

- a. Be a member of at least one professional organization.
- b. Attend a professional meeting at least biannually.
- c. Maintain currency in library science.
- d. Participate in professional endeavors, which may include research/creative activities, presentations at professional meetings, professional performances or exhibitions, publication of scholarly work, and completion of coursework toward an advanced degree.

## D. Service to the Church and Community

- a. Be actively involved in a local church.
- b. Participate in community activities.

**4.7.3 PROCEDURE FOR EVALUATIONS**

At the conclusion of each course in the Fall and Spring terms, students evaluate each teaching Faculty member.

2. By May 31, each year, the teaching Faculty member submits a written self-evaluation using the Faculty Annual Report Form (see Appendix) to the Dean of the College or School. Similarly, by May 31 each year, the library Faculty member submits a written self-evaluation using the Faculty Annual Report Form (Appendix).

3. By August 1, the College or School Dean/Library Director reviews the Faculty Annual Report, course evaluations, course syllabi, grade distributions, and other pertinent information and completes the Faculty Annual Report, which includes goal setting and assessment.

4. The College or School Dean/Library Director meets with the Faculty member to discuss the Faculty Annual Report with the completed Dean/Library Director response before the Fall semester begins.

5. The Faculty member may submit a formal written response that will become part of the Faculty Annual Report within a week of the conference. Both the Faculty member and the College or School Dean/Library Director sign the Faculty Annual Report, and the Faculty member keeps a copy for his or her file.

## Bluefield College Faculty Handbook

6. College and School Deans and the Library Director submit completed Faculty Annual Reports for their Faculty to the Office of Academic Affairs by September 30.
7. The Vice President for Academic Affairs conducts the annual evaluation process for Deans of Colleges and Schools and for the Library Director, following the same process and timeline as described above in Steps 1-6 and completing the same Faculty Annual Report Form, as found in the Appendix.

**4.8 FACULTY PROMOTION**

Promotion is a privilege granted by the Trustees upon recommendation by the administration. The requirements for specific ranks and for promotion are listed in Section 4.6.1. Fulfillment of the minimum requirements does not guarantee the promotion in rank. Promotion and rank are only a partial basis for salary determination.

Rank for an incoming Faculty member is negotiated in the initial contract. Promotion requires that the Faculty member has taught at least two years, full-time at Bluefield College and has received a multi-year contract. The Faculty member must satisfy the minimum standards for the next highest rank. Application for promotion in academic rank shall be initiated by individual Faculty members and be based on the Faculty Performance Standards.

**4.8.1 PROCEDURES FOR PROMOTION APPLICATION**

The Faculty member seeking promotion shall obtain an *Application for Promotion* from the Vice President for Academic Affairs. The applicant shall submit the *Application for Promotion* and supporting documentation, including a self-evaluation and a portfolio, to the Dean/Library Director by February 1.

The Dean/Library Director shall submit the application, supporting documentation and recommendation for or against promotion to the Faculty Promotions Committee by February 15. The Committee will review the materials, on the application for promotion by secret ballot. If a simple majority approves the application for promotion, the Committee shall send its recommendation to the President of the College. If the Committee fails to recommend for promotion, the applicant shall be notified. The Committee will provide the applicant with reasons for denial. The Committee shall report its decision by March 15. The Trustees of the College make the final decision to grant a promotion, after receiving a recommendation from the President.

**4.8.2 PROMOTION AND RANK FOR FULL-TIME ADMINISTRATIVE STAFF WHO TEACH**

Minimum promotion and rank standards as well as other considerations are the same for administrators who hold Faculty rank as for the regular Faculty. The President makes recommendations to the Vice President for Academic Affairs concerning promotions of administrators. Upon agreement between the Vice President for Academic Affairs and the President, the President recommends all promotions to the Board of Trustees.

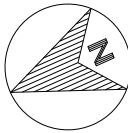
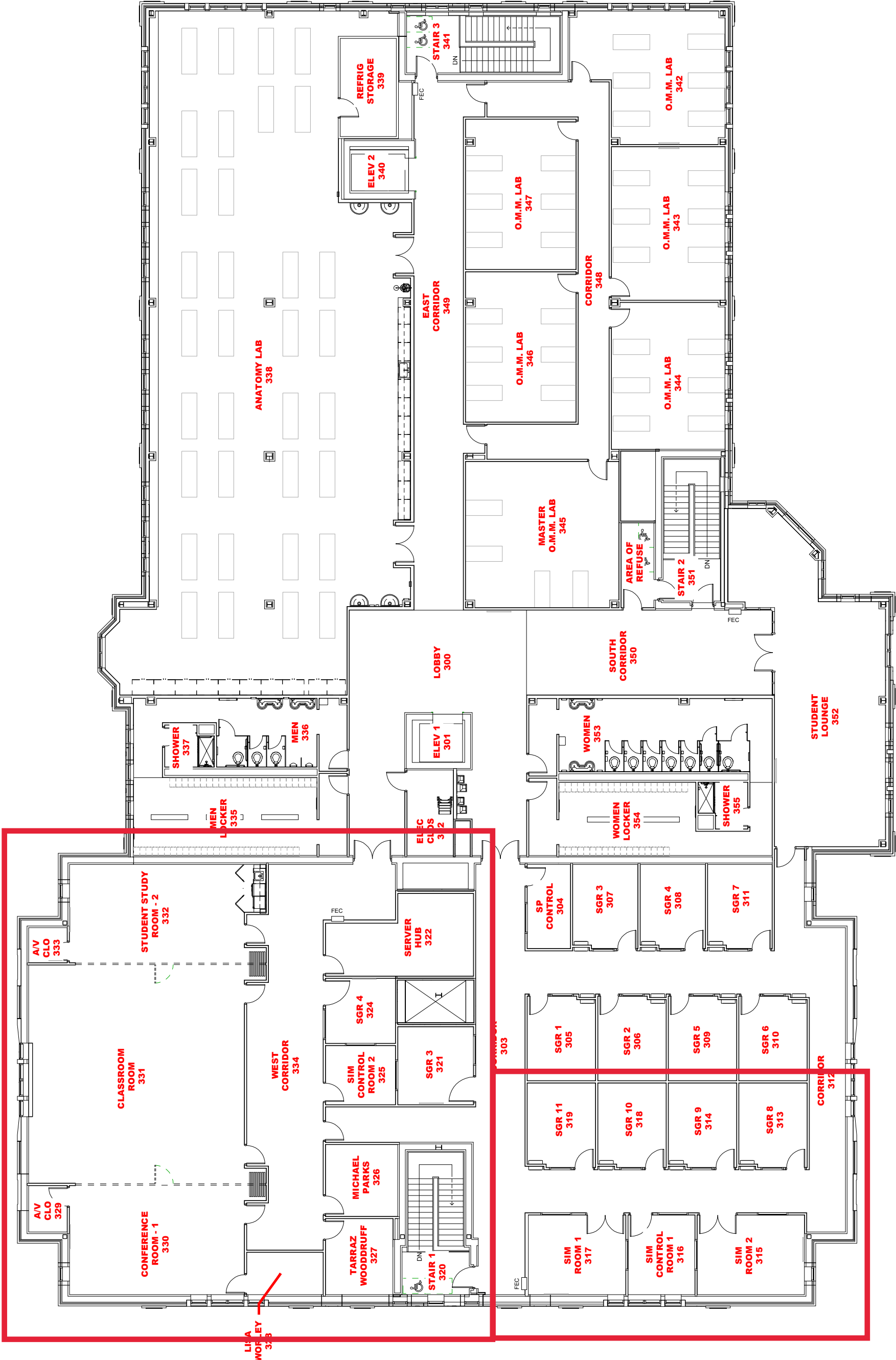
**4.9 FACULTY DEVELOPMENT****4.9.1 FACULTY WORKSHOPS**

All full-time Faculty members are required to attend the fall Faculty workshop and other workshops as scheduled, as well as monthly Faculty meetings. The Vice President for Academic Affairs, in consultation with Faculty officers, the President, and the Academic Council, plans and implements these workshops. The fall workshop constitutes the first official Faculty meeting of the academic year. Adjunct Faculty members are encouraged to attend.

**4.9.2 PROFESSIONAL MEETINGS**

Faculty members are urged to join and attend meetings of professional organizations. Subject to the availability of funds, the College will assist with the expenses for attendance or participation. Faculty members publishing papers or serving as an officer of the organization will receive priority consideration regarding distribution of professional development funds. Faculty members are encouraged to participate and contribute to their chosen disciplines through research, publication, professional presentations, and membership in their respective professional organizations. Appalachian College Association (ACA) funds may also be available.





Personnel Location Plan

Third Floor - VCOM Main Building - 350 Howard Street - Spartanburg - South Carolina

Scale: NTS

## AGREEMENT

THIS AGREEMENT (this "**Agreement**") is made and entered into this 14<sup>th</sup> day of November, 2023, by and between **BLUEFIELD UNIVERSITY**, a Virginia non-stock corporation (hereinafter referred to as "**Bluefield**"), and **EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE**, a Virginia non-stock corporation (hereinafter referred to as "**VCOM**").

### Recitals

1. Bluefield is an accredited university that offers a variety of undergraduate programs including a Bachelor of Science in Biology with a pre-health professions concentration, and a biomedical sciences program at the Master's level.
2. VCOM operates a College of Osteopathic Medicine with campuses located in Blacksburg, Virginia, Spartanburg, South Carolina, Auburn, Alabama, and Monroe, Louisiana, which seeks to train and graduate quality osteopathic physicians.
3. Bluefield and VCOM have affiliated previously to operate a Master's level Anesthesiologist Assistant program (the "Master of Health Science in Anesthesia" or "MHSA") on VCOM's Auburn Campus.
4. Bluefield and VCOM acknowledge that (i) there are limited opportunities for medical training in the United States, and a chronic shortage of healthcare providers in rural areas, especially in the Appalachian and Delta regions of the Southeastern United States; (ii) there are limited opportunities for students in rural areas and of minority backgrounds to enter careers in the medical field; and (iii) there is a shortage of Anesthesiologist Assistants in the Southeastern United States, especially in the State of Alabama.
5. VCOM has a medical campus located in Spartanburg, South Carolina, with 100,000 square feet of collective educational space, a medical library and parking facilities (the "VCOM Carolinas Campus"). The VCOM Carolinas Campus has sufficient excess capacity to accommodate the program contemplated by this Agreement.
6. VCOM employs qualified faculty and staff at the Carolinas Campus who are trained and certified to provide education in Anesthesiology and the Anesthesiologist Assistant Program.
7. VCOM and Bluefield have agreed to affiliate pursuant to this Agreement for the purpose of establishing a graduate level academic program to train Anesthesiologist Assistants (the "**Anesthesiologist Assistant Program**") at the VCOM Carolinas Campus.

8. It is anticipated that Bluefield's existing Bachelor of Science in Biology program and its proposed undergraduate biomedical science program will prepare students to enter the Anesthesiologist Assistant Program.

NOW THEREFORE, for and in consideration of the foregoing objectives and in further consideration of the covenants and promises hereinafter to set forth, the parties hereto mutually agree as follows:

## ARTICLE I ANESTHESIOLOGIST ASSISTANT PROGRAM

- 1.1 VCOM and Bluefield hereby enter into this Agreement for the purposes of establishing and administering the Anesthesiologist Assistant Program.

- 1.1.1 The Anesthesiologist Assistant Program shall be overseen by an Anesthesiologist Assistant Program board of directors (the "MHSA Program Oversight Board") as the governing authority over all Anesthesiologist Assistant Programs collectively operated by affiliation between Bluefield and VCOM. This Program Oversight Board shall consist of at least eight (8) Directors composed as follows: (i) the Dean of the Anesthesiologist Assistant Program selected and employed by Bluefield, (ii) the Dean of the College of Science and Health Sciences of Bluefield, (iii) the President of Bluefield, (iv) the Provost of Bluefield, (v) the President of VCOM, (vi) the Chief Financial Officer of VCOM, and (vii) the Chairman of the Board of the Harvey W. Peters Research Foundation, the Deans of VCOM-Auburn and VCOM-Carolinas; and (viii) at least a minimum of one Physician Anesthesiologist.
- 1.1.2 All proposals, resolutions, and actions adopted, undertaken, or approved by the Anesthesiologist Assistant Program Board shall require the affirmative vote of at least six (6) Directors.
- 1.1.3 The Anesthesiologist Assistant Program Oversight Board shall review and assure that appropriate academic outcomes, program assessments, and employment rates are achieved, and that program income is appropriately expended and distributed.
- 1.1.4 The written agreement of VCOM and Bluefield shall supersede any proposal, resolution, or action adopted, undertaken, or approved by the Anesthesiologist Assistant Program Oversight Board.

- 1.2 The faculty for the Anesthesiologist Assistant Program shall be located on the VCOM Carolinas Campus in Spartanburg, South Carolina, and VCOM shall lease to the Anesthesiologist Assistant Program necessary faculty for all purposes of instruction which shall be adequate in number and qualifications to teach the Anesthesiologist Assistant Program (the "Anesthesiologist Assistant Program Faculty").

1.3 VCOM shall lease to the Anesthesiologist Assistant Program administrative and staff personnel appropriate in number and qualifications to support and provide services to the faculty, students, and curriculum of the Anesthesiologist Assistant Program (the "Anesthesiologist Assistant Program Staff and Services"), and which leased services shall include, without limitation, administrative services, accounting services, security services, recruiting services, and the services of the VCOM Office of Faculty and Student Success to provide academic and professional counseling services for the Anesthesiologist Assistant Graduate Program.

1.4 VCOM shall provide and lease to Anesthesiologist Assistant Graduate Program buildings and improvements located on the VCOM Carolinas Campus in Spartanburg, South Carolina, for the operation of the Anesthesiologist Assistant Graduate Program including facilities with adequate space for instruction, library and study space, laboratory space, and areas for student services support (the "Anesthesiologist Assistant Program Facilities"). Provisions regarding the lease and use of the Anesthesiologist Assistant Program Facilities shall be specified in one or more addenda to this Agreement approved and executed by VCOM and Bluefield.

1.5 The VCOM President and the President of Bluefield shall mutually agree to the appointment of a Dean to oversee the Anesthesiologist Assistant Program together with the remuneration, duties, and authority of the Dean. The salary and other compensation of the Dean will be an expense of the Anesthesiologist Assistant Program.

1.6 The terms of and payment for the lease of, and the identification of, the Anesthesiologist Assistant Program Faculty, the Anesthesiologist Assistant Program Staff and Services, and the Anesthesiologist Assistant Program Facilities, shall be provided in an addendum to this Agreement executed by the VCOM President and the President of Bluefield on an annual basis or other basis as determined by VCOM and Bluefield.

1.7 All tuition, fees, and other funds of all Anesthesiologist Assistant Programs operated through affiliation between Bluefield and VCOM shall be maintained in the name of the Anesthesiologist Assistant Program (styled as Bluefield University–VCOM Anesthesiologist Assistant Program, or similar name) and shall be kept separate from the general funds of VCOM and Bluefield. The allocation and use of tuition and other fees received by or for the Anesthesiologist Assistant Program, the Anesthesiologist Assistant Program budget, and the allocation, reinvestment, or distribution of any funds or surplus from or by the Anesthesiologist Assistant Program to VCOM and Bluefield (including, but not limited to, any distribution of funds or surplus after termination of this Agreement) shall be agreed upon in writing by VCOM and Bluefield, to be reviewed and approved annually by the Presidents of VCOM and Bluefield, the Board of Trustees of Bluefield, and the Board of Directors of VCOM. In the event that the parties cannot agree on the distributive shares of Bluefield and VCOM (whether during the

term of this Agreement or after termination of this Agreement), such allocation and distribution of funds or surplus shall be made as follows: 50.01% to Bluefield and 49.99% to VCOM. However, VCOM shall be reimbursed for the composite of all start-up costs related to all Anesthesiologist Assistant Programs operated through affiliation between VCOM and Bluefield before Bluefield receives its share of any funds or surplus.

1.8 Bluefield shall provide general liability insurance coverage for the Anesthesiologist Assistant Program. VCOM shall provide general liability insurance coverage for the Anesthesiologist Assistant Program Faculty, the Anesthesiologist Assistant Program Staff and Services, and the Anesthesiologist Assistant Program Facilities which are leased by VCOM to the Anesthesiologist Assistant Program. Reimbursement of the ascertainable costs of such insurance for the Anesthesiologist Assistant Program shall be included in the Anesthesiologist Assistant Program's annual budget. VCOM and Bluefield shall each maintain general liability insurance coverage or self-insurance for their separate operations and programs, without reimbursement from the Anesthesiologist Assistant Program.

1.9 Bluefield will maintain its existing Bachelor of Science in Biology program, and Bluefield will use all commercially reasonable efforts to promptly establish an undergraduate biomedical science program, with the intent and expectation of preparing students to enter and successfully complete the Anesthesiologist Assistant Program

1.10 The parties hereto mutually agree that the relationship between VCOM and Bluefield shall not be a partnership or joint venture, and the parties will operate the Anesthesiologist Assistant Program in accordance with this Agreement to promote quality education in anesthesiology at Bluefield and VCOM.

## ARTICLE II ACCREDITATION AND STATE APPROVALS

2.1 The parties acknowledge that the Anesthesiologist Assistant Program will require accreditation by the Southern Association of Colleges and Schools Commission on Colleges ("SACSCOC") and the Commission on Accreditation of Allied Health Education Programs ("CAAHEP"), or their appropriate successor organizations which are the appropriate accrediting bodies.

2.1.1 Bluefield shall seek and apply for accreditation for the Aesthesia Assistant Program through SACSCOC and CAAHEP.

2.1.2 Bluefield shall seek all state and other governmental approvals needed for the Anesthesiologist Assistant Program.

2.1.3 VCOM agrees to cooperate and take all commercially reasonable steps to assist Bluefield in achieving and maintaining accreditation and state approvals.

ARTICLE III  
PROGRAM OPERATIONS

3.1 Bluefield shall take all commercially reasonable efforts to assure that the number of available slots for the Anesthesiologist Assistant Program are as follows: 35 students in the first year, and 40 students each in years two and three (the "Allocated Program Slots").

3.2 Qualified students shall be admitted to the Anesthesiologist Assistant Program to fill the Allocated Program Slots. VCOM and Bluefield will annually agree upon the number of Allocated Program Slots for the Anesthesiologist Assistant Program after taking into account resources available to the Anesthesiologist Assistant Program; provided however, that the minimum Allocated Program Slots per year shall not be less than 30.

3.3 Bluefield shall establish an Admissions Committee for the Anesthesiologist Assistant Program (comprised of the Anesthesiologist Assistant Program Dean, Bluefield's Dean of the College of Science and Health Sciences, and members of the Anesthesiologist Assistant Program Faculty and Anesthesiologist Program Staff) that will interview and accept students into the Anesthesiologist Assistant Program.

3.4 The Anesthesiologist Assistant Program Dean and VCOM Anesthesiologist Assistant Program Faculty will cooperate closely to assure that the requirements for the Anesthesiologist Assistant Program are compatible and in complete agreement and attuned to the curriculum and course changes made periodically by VCOM and Bluefield to keep their educational programs abreast of current requirements.

3.5 Bluefield shall assure all applications include an application, an appropriate consent form for disclosure of personal and academic information including a background check, a personal statement, and appropriate letters of recommendation from the undergraduate college committee or from an individual (faculty or advisor) familiar with the applicant's academic abilities, an anesthesiologist, and where available an Anesthesiologist Assistant.

3.6 Bluefield timely shall advise each prospective applicant of the following: The Program Handbook, the Bluefield Catalog, and other required materials to be read prior to submission of an application, including all rules, requirements, and guidelines set forth therein for which compliance by each person admitted to the Anesthesiologist Assistant Program will be mandatory.

3.7 Bluefield shall advise each applicant they must meet the minimum health and technical standards that are prerequisite to admission to the Anesthesiologist Assistant Program as listed in the Catalog and Handbook.

3.8 Bluefield shall provide written confirmation the student has reviewed and will comply with any medical or health-related information, immunizations, or technical requirements that are prerequisite to admission to the Anesthesiologist Assistant Program.

#### ARTICLE IV STANDARDS OF EDUCATION AND STUDENTS

4.1 Bluefield and VCOM shall be responsible for establishing the Anesthesiologist Assistant Program's educational standards for graduation to satisfy the requirements for graduation by Bluefield, all in accordance with applicable accreditation standards.

4.2 VCOM and Bluefield will establish a robust recruitment program for qualified applicants through the VCOM student services and admissions department. VCOM shall advertise the Anesthesiologist Assistant Program on the VCOM website and promote the program to VCOM applicants who are not accepted into its osteopathic medicine program, as well as to students of Clemson University and Wofford College, which are in close proximity to the VCOM Carolinas Campus. Bluefield shall advertise the Anesthesiologist Assistant Program on the Bluefield website and in all Bluefield catalogs and handbooks.

4.3 VCOM and Bluefield shall establish mutually agreed upon standards for admission to include, without limitation, an overall GPA of 3.0 or greater and a GPA of 3.0 or greater in the Sciences, and a list of prerequisite courses to enter the Anesthesiologist Assistant Program.

4.4 VCOM and Bluefield shall be jointly responsible for all decisions concerning tuition, welfare, and discipline of all the students in the Anesthesiologist Assistant Program and shall follow provisions in accordance with Bluefield policies and applicable accreditation standards.

4.5 Bluefield faculty and VCOM faculty will perform annual assessments of the Anesthesiologist Assistant Program and provide to the Anesthesiologist Assistant Program Board an annual "program outcomes plan" to track student and graduate success.

4.6 The Dean of the Anesthesiologist Assistant Program shall review all evaluations completed by faculty and shall utilize this input in making decisions on academic progress, matters of discipline, and other student-related matters.

4.7 The students in the Anesthesiologist Assistant Program shall be subject to Bluefield promotion policies and procedures.

4.8 Bluefield shall be responsible to provide services for financial aid and a registrar for recording all grades.

4.9 The Anesthesiologist Assistant Program shall advise students of all expected academic requirements and professional behavior requirements applicable to students enrolled in the Anesthesiologist Assistant Program. Bluefield will require students to follow all policies and procedures as set forth in the Bluefield Catalog and the Handbook for the Anesthesiologist Assistant Program.

4.10 VCOM reserves the right to control the environment on the VCOM Carolinas Campus, including the removal of any individual who fails to comply with the policies, procedures, rules, and regulations of the VCOM Carolinas Campus, especially when behavior is disruptive or threatens the safety of others. Bluefield, as specified in the Anesthesiologist Assistant Program policies, will remove from campus and/or the Anesthesiologist Assistant Program any student whose behavior is unethical or unprofessional or who fails to comply with Anesthesiologist Assistant Program policies, procedures, rules, and regulations, or who fails to meet the technical standards of the Anesthesiologist Assistant Program.

4.11 VCOM, Bluefield, and the Anesthesiologist Assistant Program shall comply with Title VII of the Civil Rights Act of 1973, Title IX of the Education Amendments Acts of 1972 and Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the Age Discrimination in Employment Act, and shall not illegally discriminate against any person on the basis of race, color, sex, religion, national origin, age, or handicap.

## ARTICLE V TERM

5.1 Subject to and conditioned upon approval by SACSCOC or its successor organization, the initial term of this Agreement shall be for eighteen (18) months commencing on December 1<sup>st</sup>, 2023, and ending on June 30, 2025 (the "Term"); thereafter the Term shall automatically renew for successive twelve (12) month periods on July 1, 2025, and on each succeeding July 1 unless and until VCOM or Bluefield gives written notice of termination to the other party no later than March 1 of the then current Term, in which event this Agreement shall terminate on June 30 next following such written notice of termination.

5.2 Either party may terminate this agreement, with or without cause, upon one hundred twenty (120) days' written notice to the other party.

5.3 In the event this Agreement terminates during the academic year (July 1 through June 30), such termination shall not be effective with respect to existing students until all such students then enrolled in the Anesthesiologist Assistant Program have an opportunity to complete the Anesthesiologist Assistant Program substantially on the



same schedule communicated to such students upon enrollment in the Anesthesiologist Assistant Program.

5.4 Upon termination of this Agreement, all leases of the Graduate Program Faculty, the Graduate Program Staff and Services, and the Graduate Program Facilities as set forth in this Agreement, shall automatically terminate simultaneously with the termination of this Agreement. Upon termination of this Agreement, all property (including intangible and intellectual property) of Bluefield shall remain the property of Bluefield, and all property (including intangible and intellectual property) of VCOM shall remain the property of VCOM. The remaining property owned by the Graduate Program, if any, shall be distributed in kind to VCOM and Bluefield or sold and the proceeds distributed to VCOM and Bluefield, as determined by written agreement of VCOM and Bluefield; in the event that the parties cannot agree on the distributive shares of Bluefield and VCOM, such distribution shall be made as follows: 50.01% to Bluefield and 49.99% to VCOM.

#### ARTICLE VI MISCELLANEOUS PROVISIONS

6.1 This Agreement shall not be changed, modified, amended, or supplemented except by written agreement executed by VCOM and Bluefield. This Agreement constitutes the sole and entire Agreement between the parties hereto concerning the subject matter hereof.

6.2 Each paragraph and provision of this Agreement is severable from the entire Agreement, and if any provision is declared invalid, the remaining provisions shall nevertheless remain in effect.

6.3 This Agreement shall be construed and enforced in accordance with and governed by the laws of the Commonwealth of Virginia.

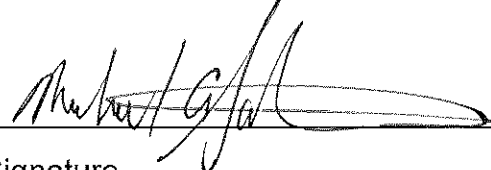
6.4 This Agreement shall be binding on and shall inure to the benefit of the parties hereto and their respective successors, heirs, and legal representatives, but shall not be assignable by either party without the written consent of the other.

6.5 This Agreement may be executed in multiple counterparts and all the executed counterparts together shall constitute this Agreement. An executed counterpart delivered by facsimile or electronic transmission shall constitute an original counterpart for all purposes.

IN WITNESS WHEREOF, the parties have executed this Agreement below:

**BLUEFIELD University**

By: Michael Salmeier, D.Phil.  
Provost of Bluefield University

  
\_\_\_\_\_  
Signature

11/14/2023  
Date

**EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE**

By: Dixie Tooke-Rawlins, D.O.  
President, VCOM

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MHSA CC

## Jun 2025 start 1 month

	FY24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	FY 31	FY 32	FY 33	FY 34
	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection
<b>Total Budget</b>											
<b>Revenues</b>											
First Yr	-	2,057,280	2,118,998	2,182,568	2,248,045	2,315,487	2,384,951	2,456,500	2,530,195	2,606,101	
Second Yr		2,013,048	2,073,440	2,135,643	2,199,712	2,265,704	2,333,675	2,403,685	2,475,796	2,547,907	
Final Block			654,771	674,414	694,646	715,485	736,950	759,058	781,830	804,701	
<b>Total Revenues</b>	-	2,057,280	4,132,047	4,910,779	5,058,102	5,209,845	5,366,141	5,527,125	5,692,939	5,863,727	
<b>Direct Expenses</b>											
Admin/Faculty Salaries and Benefits	29,604	1,546,906	2,082,962	2,119,719	2,079,094	2,118,096	2,157,877	2,198,455	2,239,844	2,282,061	2,363,267
Contractual Services - Preceptors/ Site Coordinators	-	686,594	760,000	760,000	760,000	760,000	760,000	760,000	760,000	760,000	760,000
Employee Training and Development	81,157	46,565	47,057	47,482	47,916	48,358	48,810	49,270	49,739	50,276	50,796
Business Dining/Meeting	19,000	33,000	38,000	33,000	33,000	38,000	33,000	33,000	38,000	38,000	38,000
General Business Travel	67,020	87,559	95,232	95,613	96,033	96,462	96,899	97,345	97,800	98,297	98,837
Student Expenses and Events	8,201	161,937	189,577	207,351	207,351	207,351	207,351	207,351	207,351	207,830	213,195
Student Insurance and Health Care	-	125,852	132,892	132,861	132,861	132,861	132,861	132,861	132,861	132,861	133,195
Books and Subscriptions	10,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Educational and Research Supplies	2,000	97,836	155,836	155,672	155,672	155,672	155,672	155,672	155,672	155,672	156,000
College-Dues and Fees	11,500	28,000	9,750	9,750	9,750	14,750	21,250	9,750	9,750	9,750	9,750
Technology-Supplies and Software	4,000	13,750	10,000	10,000	27,500	10,000	13,750	10,000	10,000	27,500	32,000
Supplies and Equipment <\$5000		26,092	30,781	32,570	32,563	32,563	32,563	32,563	32,563	32,563	32,600
Marketing		34,450	36,839	43,092	47,700	51,473	54,417	58,105	61,869	66,420	70,021
Depreciation	17,286	69,786	114,643	133,214	151,071	171,429	212,143	233,786	199,857	172,857	164,107
Other	100,000	100,000									
<b>Total Direct Expenses</b>	199,390	2,102,197	3,587,319	3,771,775	3,784,658	3,836,143	3,935,705	3,982,252	3,994,382	4,037,575	4,098,743
<b>Indirect Expenses/ Shared Cost (10% Howard St - LR076)</b>											
Leases and Rentals		144,088	144,088	144,088	144,088	144,088	144,088	144,088	144,088	144,088	144,088
Telecommunications and Data		4,330	4,330	4,330	4,330	4,330	4,330	4,330	4,330	4,330	4,330
Operations and Maintenance		80,135	80,135	80,135	80,135	80,135	80,135	80,135	80,135	80,135	80,135
Administrative Support		117,524	192,268	201,489	202,133	204,708	209,686	212,013	212,620	214,779	217,840
Teaching Faculty											
<b>Total Indirect Expenses</b>	-	346,077	420,820	430,042	430,686	433,260	438,238	440,566	441,172	443,332	446,392
Capital Equipment (depreciated over 7 years)	242,000	493,000	135,000	125,000	125,000	160,000	410,000	135,000	125,000	125,000	125,000
See Depreciation line for annual Expense	(242,000)	(493,000)	(135,000)	(125,000)	(125,000)	(160,000)	(410,000)	(135,000)	(125,000)	(125,000)	(125,000)
<b>VCOM Cost</b>	199,390	2,448,274	4,008,139	4,201,817	4,215,344	4,269,403	4,373,943	4,422,818	4,435,554	4,480,907	4,545,135
<b>Bluefield Cost</b>		40,000	160,000	160,000	160,000	160,000	160,000	160,000	160,000	160,000	160,000
<b>Total Cost</b>	199,390	2,488,274	4,168,139	4,361,817	4,375,344	4,429,403	4,533,943	4,582,818	4,595,554	4,640,907	4,705,135
<b>Revenue over Expenses</b>	(199,390)	(2,488,274)	(2,110,859)	(229,770)	535,435	628,699	675,902	783,323	931,571	1,052,032	1,158,592

**PRIVATE SCHOOL PERFORMANCE BOND**

FORM DPE-PS -2/2

DEGREE GRANTING

BOND # \_\_\_\_\_

We, \_\_\_\_\_, a (an) \_\_\_\_\_, d/b/a \_\_\_\_\_,  
Owner of School Corporation, Partnership, Individual  
 \_\_\_\_\_, whose address is, \_\_\_\_\_,  
Name of School Street Address  
 \_\_\_\_\_, as principal; and \_\_\_\_\_ as  
City/State/Zip  
 surety, whose address is, \_\_\_\_\_,  
Street City/State/Zip

are held and firmly bond unto the Department of Postsecondary Education, as Trustee, in the sum of fifty thousand dollars (\$50,000) U.S. Currency for which payment well and truly to be made. We jointly severally bind ourselves and each of our heirs, executors, administrators, and successors firmly by these and presents.

THIS OBLIGATION IS THEREFORE CONDITIONED, in accordance with Alabama Statutes, to provide indemnification to any student suffering loss as a result of a breach of contract, fraud, or misrepresentation used in procuring enrollment in, and/or administering a course of study, or for any violation of any obligation due a student pursuant to Alabama Code § 16-46-1 through 10 (1975). This bond shall be conditioned to refund of tuition and fees due aggrieved student only, pursuant to Alabama Code § 16-46-1 through 10 (1975).

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the principal above named has applied for license to operate a private school and/or solicit enrollment pursuant to Alabama Code § 16-46-1 through 10 (1975).

NOW THEREFORE, the condition of the above obligation is such that if, for the period beginning on \_\_\_\_\_, and ending \_\_\_\_\_, the principal shall faithfully perform its duties as a private school at all locations within the State of Alabama, whether resident or non-resident, according to Alabama Code § 16-46-1 through 10 (1975), then this bond shall be void, otherwise to remain in full force and effect.

PROVIDED HOWEVER, that regardless of the number of years that this is in force, the aggregate liability thereon shall in no event exceed the amount of this bond for all breaches of condition thereof; and

PROVIDED HOWEVER, the surety may cancel the bond upon giving thirty days prior notice to the cancellation date in writing to the Department of Postsecondary Education, and thereafter shall be relieved of liability for any breach of condition occurring after the effective date of said cancellation.

WITNESS our hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name and Title of School Official Signature

\_\_\_\_\_  
Name and Title of Authorized Agent Signature of Surety

**Mail completed application to:  
 Department of Postsecondary Education, Post Office Box 302130, Montgomery, AL 36130-2130**

# POWER OF ATTORNEY

Direct Inquiries/Claims to:  
Attachment #1  
BOND, T-11  
One Hartford Plaza  
Hartford, Connecticut 06155  
[Bond.Claims@thehartford.com](mailto:Bond.Claims@thehartford.com)  
call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name:  
Agency Code:

- ☐ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☐ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☐ **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- ☐ **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:  
Bond No.

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof**, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*Shelby Wiggins*

Shelby Wiggins, Assistant Secretary

*Joelle L. LaPierre*

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



*Jessica Ciccone*

Jessica Ciccone  
My Commission HH 122280  
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of \_\_\_\_\_.

Signed and sealed in Lake Mary, Florida.



*Keith D. Dozois*

Keith D. Dozois, Assistant Vice President



**Date:**

**Agency Code:**  
**Agency Information**

**Obligee Information**

**Insured / Principal:**  
**Policy / Bond #:**  
**Account Name/Number:**  
**Policy Term:**  
**Type of Policy:**  
**Billing Term:**  
**Billing Type<sup>1</sup>:**  
**Transaction Type:**  
**Transaction Effective Date:**  
**Bond Limit:**

<b>Premium</b>
\$

<b>State Tax / Surcharge if applicable</b>
\$

This record is a billing advice only.

If you have any questions regarding this transaction, please contact your agent or The Hartford's Billing Department.

---

**<sup>1</sup> Billing Type:**

- Agency Bill – Premium will be billed through your Agent.
- Direct Bill – You will receive a billing statement directly from The Hartford.
  - Credit Card – Premium noted on this statement has been submitted to your Credit Card for this term only and it will be reflected in your Direct Bill notification you receive from The Hartford.

## INCREASE PENALTY RIDER

BOND AMOUNT \$3,050,000.00 BOND NO. 9318899

To be attached and form a part of Bond No. 9318899 dated the 11th Day of February, 2020, executed by Fidelity and Deposit Company of Maryland as surety, on behalf of Edward Via College of Osteopathic Medicine d/b/a VCOM as current principal of record, and in favor of South Carolina Commission on Higher Education, as Obligee for Nonpublic Post Secondary Institution Bond (2024-2025 Renewal), and in the amount of Three Million Fifty Thousand Dollars and 00/100 (\$3,050,000.00).

In consideration of the agreed premium charged for this bond, it is understood and agreed that Fidelity and Deposit Company of Maryland hereby consents that effective from the 30th Day of January, 2024, said bond shall be amended as follows:

THE BOND PENALTY SHALL BE INCREASED:

FROM: Three Million Fifty Thousand Dollars and 00/100 (\$3,050,000.00)

TO: Three Million Two Hundred Thousand Dollars and 00/100 (\$3,200,000.00)

The INCREASE of said bond penalty shall be effective as of the 30th Day of January, 2024, and does hereby agree that the continuity of protection under said bond subject to changes in penalty shall not be impaired hereby, provided that the aggregate liability of the above mentioned bond shall not exceed the amount of liability assumed by it at the time the act and/or acts of default were committed and in no event shall such liability be cumulative.

Signed, sealed and dated this 30th Day of January, 2024



Edward Via College of Osteopathic Medicine d/b/a VCOM  
PRINCIPAL

BY

Fidelity and Deposit Company of Maryland  
SURETY

BY

Maí-Ling Rodriguez, ATTORNEY-IN-FACT

THE ABOVE BOND IS HEREBY AGREED TO AND ACCEPTED BY:

South Carolina Commission on Higher Education  
OBLIGEE

BY

TITLE

Bond Number: 9318899

Obligee: South Carolina Commission on Higher Education

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Mai-Ling Rodriguez, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York, the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland, and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland, in their own proper persons.

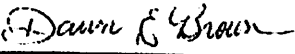
The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 10th day of October, A.D. 2023.



**ATTEST:**  
ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

  
By: Robert D. Murray  
Vice President

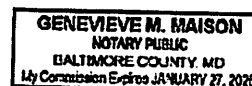
  
By: Dawn E. Brown  
Secretary

State of Maryland  
County of Baltimore

On this 10th day of October, A.D. 2023, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maison



Authenticity of this bond can be confirmed at [bondvalidator.zurichna.com](http://bondvalidator.zurichna.com) or 410-559-8790



**EXTRACT FROM BY-LAWS OF THE COMPANIES**

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

**CERTIFICATE**

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 30th day of January, 2024.



*MJ Pethick*

By: Mary Jean Pethick  
Vice President

**TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:**

Zurich Surety Claims  
1299 Zurich Way  
Schaumburg, IL 60196-1056  
[reportsfclaims@zurichna.com](mailto:reportsfclaims@zurichna.com)  
800-626-4577

Authenticity of this bond can be confirmed at [bondvalidator.zurichna.com](http://bondvalidator.zurichna.com) or 410-559-8790

## Master of Health Science in Anesthesia – Foundation Phase

Foundation I		
Block 1: Basic Science of Medicine (June – October 2025)		
Class Number	Class name	Credit hours
ANE 5004	<b>Human Form &amp; Function: Pharmacology for Anesthesia</b>	4
	The course introduces students to the study of pharmacology with clinical applications. Emphasis has been placed on the integration of clinical therapeutics of various anesthesia medications as well as basic principles and pharmacologic properties of clinically relevant medications. The course content provides an opportunity for students to deepen their understanding of the clinical use of medications. This course introduces basic principles of pharmacology and focuses on those drugs most often used in the practice of anesthesia, including inhaled anesthetics, opioids, barbiturates, benzodiazepines, anticholinesterases and anticholinergics, neuromuscular blockers, and adrenergic agonists and antagonists. The course provides an overview of drug actions, interactions, metabolism, methods of administration, dosages, side effects, precautions, and contraindications. This course focuses on the pharmacokinetics and pharmacodynamics of major drug classifications. Their interactions with anesthetic agents are discussed. Basic principles of drug action; absorption, distribution, metabolism, and excretion of drugs; mechanisms of drug action; toxicity. Basis for the use of medicines in pharmacologic therapy of specific diseases.	
ANE 5014	<b>Human Form &amp; Function: Human Physiology</b>	4
	Human physiology seeks to understand the mechanisms that work to keep the human body alive and functioning through scientific enquiry into the nature of mechanical, physical, and biochemical functions of humans, their organs, and the cell of which they are composed. The principal level of focus of physiology is at the level of organs and systems within systems. As a detailed study of the functioning, integration, and interrelationships of organ systems This course is designed to provide the student with the essential and fundamental concepts in medical physiology for a career in healthcare. This information will be categorized into six sections within one block, covering Cell & Muscle Physiology, Autonomic & Endocrine Regulation of Body Systems, Cardiovascular Physiology, Pulmonary, Gastrointestinal, Renal, and Reproductive Physiology.	
ANE 5024	<b>Human Form &amp; Function: Clinical Anatomy</b>	4
	This course teaches students the structures within the human body; to include surface anatomy and diagnostic imaging, through regional study of prosected systems of the body. Utilizing lectures, discussion, models and prosected cadavers, students will have a structural introduction to the organ systems of the thorax, head and neck, abdomen, and pelvic vault. Upon completion of the course, students will be able to identify normal anatomical structures, recognize abnormal anatomy, and determine the clinical implications of pathologic anatomy.	
ANE 5044	<b>Basic Technical Skills &amp; Patient Assessment</b>	4
	This is an anesthesia laboratory in which we will begin our basic anesthesia concepts and skills. This course will incorporate all anesthesia classroom knowledge into the clinical setting as well as provide hands on work to learn our anesthesia skills. The knowledge base for this class includes the information learned in Intro to Clinical Anesthesia, Airway Management, Medical Terminology, Anatomy and Physiology. Skills learned in this class will be necessary for your introduction into your clinical anesthesia rotations where you will be performing all skills learned in this semester's lab. The skills learned are: (1) airway management including endotracheal intubation and laryngeal mask airway insertion; (2) anesthesia machine checkout; (3) patient monitoring; (4) intravenous insertion and management; and (5) patient positioning. This course provides students with the tools to conduct a comprehensive medical interview. Students will learn effective methods for obtaining and documenting historical information, developing communication skills with patients and healthcare providers, and providing patient counseling through lectures, case discussions, simulations, and standardized patients. This course also provides students with the skills to perform a complete physical examination essential to patient evaluation and anesthetic management. Students will learn critical thinking skills, physical examination techniques, and interpretation and documentation of medical findings through participation in laboratory sessions, patient simulations, and small group discussions. Basic Life Support (BLS), Advanced Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification is required for course completion.	

ANE 5902	<b>Comprehensive Competency Examination I &amp; II</b>	2
	In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).	
ANE 5053	<b>Technology &amp; Monitoring in Anesthesia</b>	4
	Students are taught the proper balance between circuits and engineering concepts and the clinical application of anesthesia instrumentation. Monitors and devices used in the operating room are studied with respect to principles of operation, calibration, and interpretation of data. Principles, application, and interpretation of various monitoring modalities including ECG, invasive and non-invasive blood pressure, oximetry, cardiac output, respiratory gas analysis, and respiration. Also includes intraoperative neurophysiology monitoring, temperature, renal function, coagulation/hemostasis, neuromuscular junction, transesophageal echocardiography, and ICP. The course covers advanced concepts of arterial pressure monitoring, ICP monitoring, transesophageal echocardiography, electric and radiation safety, and the hazards and complications of monitoring patients during anesthesia. The course all introduces the physical principles and their clinical application in anesthesia. Measurement and monitoring are a key element of anesthesia for the Anesthesiologist Assistant. Topics covered will include fluid and gas laws, strain, and pressure, imaging metrics, ionizing radiation and radiation safety, radioactivity, radiation therapy, computed tomography, nuclear medicine, ultrasound, and magnetic resonance imaging.	
ANE 5062	<b>Cardiac Electrophysiology</b>	1
	Acquiring a deeper understanding of the cardiovascular system and how it functions, students will practice basic electrocardiograph patient care techniques, applying legal and ethical responsibilities. Students learn the use of medical instrumentation, electrocardiogram theory, identification of and response to mechanical problems, recognition of cardiac rhythm and response to emergency findings. This course is designed to fill the needs of students who desire the ability to interpret the resting normal and abnormal ECG, as well as provide an overview of heart anatomy, function, and neurophysiology. Coursework includes basic and advanced ECG interpretation using simulators to understand an overview of heart anatomy, function, and electrophysiology. Diagnosis and practical applications of electrocardiography and echocardiography as monitoring techniques in the operating room will be emphasized.	
ANE 5081	<b>Themes in Anesthesia: Professionalism &amp; Servant Leadership</b>	1
	Themes in Anesthesia I is the first of three Theme weeks during the Foundation Phase of the curriculum, followed by a 'threaded' theme course throughout the Integrative Phase. This course integrates thematic content with an emphasis on core concepts needed for professional clinical practice in the changing healthcare environment. Students will explore areas related to humanism in medicine including the themes of diversity, equity and inclusion, determinants of health, advocacy for the profession and sub-specialties of anesthesiology. Theme Week I focuses on professionalism and advocacy for the Anesthesiologist Assistant profession and the Anesthesia Care Team. This course exposes students to the societal, regulatory, ethical, and professional aspects of coming an Anesthesiologist Assistant. Students will learn the history of the AA profession and address specific topics including professional mobility, governmental funding, healthcare system structure, employment, credentialing, intra-professional communication, leadership, and resources for lifelong learning all through the lens of servant leadership. The week-long intensive also explores aspects of wellness of mind, body, and spirit with a focus on work-life balance.	
<b>Total Credit Hours Block 1</b>		<b>24</b>
<b>Block 2: Clinical Immersion (November 2025 – January 2026)</b>		
ANE 5807	<b>Foundations of Clinical Anesthesia (Early Clinical Experience)</b>	7
	This course is a hybrid course, integrating immersive experience in clinical anesthesia and educates the student to work within the anesthesia care team (ACT) as an anesthesiologist assistant (AA). The coursework focuses on an introduction to experiences in the operating room with emphasis on the fundamental procedures and techniques used in administering an anesthetic. Prepares and educates the student to work within the anesthesia care team. The course includes an anesthetic techniques, hazards and complications, universal precautions and infection control, layout of the operating room, sterile fields and techniques, interacting with patients, starting intravenous catheters, and application of ASA-standard monitors. Students will utilize anesthesia simulator to gain the basic knowledge and usage of monitors. Preoperative assessment, IV placement techniques, airway management, intraoperative patient care and postoperative management are all emphasized in this course. During the first year of the program curriculum students encounter eight weeks of broad education in basic science disciplines relevant to the practice of anesthesiology. This academic year,	

	<p>termed the Foundation Year emphasizes the fundamental aspects of anesthesia, including basic physiology and pharmacology, and the skills involved in the administration of anesthesia and associated invasive and non-invasive monitoring. Much of this year is spent completing the didactic curriculum, with approximately 400 hours of clinical experience in the general operating rooms of adult hospitals. During the Foundation year students develop knowledge and skills in patient assessment and physical examination and optimization, vascular access, and airway management. Clinical experience is intertwined with didactic and simulation-based learning. The Clinical Performance Goals for the Foundation Year are pre-defined and must be satisfactorily completed prior to student promotion to the Integrative Year.</p>	
ANE 5911	Comprehensive Competency Examination III	1
	<p>In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).</p>	
ANE 5151	Themes in Anesthesia II: Diversity, Equity & Inclusion	1
	<p>Themes in Anesthesia II is a continuation in the series during the Foundation Phase of the curriculum, followed by a 'threaded' theme course throughout the Integrative Phase. This course integrates thematic content with an emphasis on core concepts needed for professional clinical practice in the changing healthcare environment. Students will explore areas related to humanism in medicine including the themes of diversity, equity and inclusion, determinants of health, advocacy for the profession and sub-specialties of anesthesiology. Theme II focuses on diversity, equity and inclusion in healthcare as well as seeking work-life balance through wellness. Healthcare professionals have a growing responsibility to improve diversity, equity, and inclusion (DEI) efforts not only for their employees, but also to better serve patients and their families. DEI has been a recent focus for many businesses and organizations across the world. But the healthcare industry has a particularly unique opportunity to make a greater impact, as it directly affects a broad set of patient health outcomes and quality of life in a profound way.</p>	
<b>Total Credit Hours Block 2</b>		<b>9</b>
<b>Foundation II</b>		
<b>Block 3: Foundation of Anesthesia (February – June 2026)</b>		
ANE 5103	Pathophysiology for Anesthesia	3
	<p>Pathophysiology is defined as the physiology of altered health. Pathophysiology deals with the study of structural and functional changes in cells, tissues, and organs of the body that cause or are caused by disease. Pathophysiology also focuses on the mechanisms of the underlying disease process and provides the background for preventative as well as therapeutic health care measures and practices. In this course, students will have the opportunity to apply their knowledge of normal physiology while analyzing the consequences of pathophysiological processes and applying this analysis to basic diagnostic and treatment principles. Students will also be evaluating and analyzing current medical advances using the scientific process. This course focuses on the pathophysiology of the human cardiovascular, respiratory, and renal systems, and on how these systems are altered by various physiologic challenges. The concept of homeostasis is integrated with general disease processes such as injury, inflammation, fibrosis, and neoplasia to demonstrate ways in which perturbations in physiological regulatory mechanisms and anatomy result in pathophysiology. We particularly focus on the effects of stress and obesity on these systems, and on differences between men and women in the manifestation of diseases of these systems.</p>	
ANE 5113	Applied Physiology for Anesthesia	3
	<p>Anesthesia practice depends on the basic sciences of physiology and pharmacology, and this course summarizes the main aspects of physiology to anesthesiology. While anesthesia is intended to block or diminish the physiologic responses to painful stimuli, as well as the perception of pain, the neurologic effects are not the only important consideration. Circulatory and respiratory effects of anesthesia and perioperative events are also vital concerns. Additionally, interactions with the patient's pathophysiology can crucially affect the anesthetic course. This course offers Basic and applied human systems physiology with emphasis on topics and areas of special concern to the anesthetist. This course has been developed to instruct anesthesiologist assistant students in application of physiology with a focus on the clinical relevance of human physiology that pertains to patients in the perioperative period.</p>	

ANE 5123	Anesthesia & Co-Existing Diseases	3
	The course offers a concise, thorough coverage of pathophysiology of the most common diseases and their medical management relevant to anesthesia. The primary aim of the course is to provide the guidance to the student needed to successfully manage or avoid complications stemming from pre-existing conditions with detailed discussions of each disease, the latest practice guidelines, and easy-to-follow treatment algorithms. The course will also present detailed discussions of common diseases, as well as highlights of more rare diseases and their unique features that could be of importance in the perioperative period, as well as specific anesthesia considerations for special patient populations—including pediatric, obstetric, medically underserved, and elderly patients.	
ANE 5133	Anesthesia Principles & Practices	3
	This course offers a deep dive into specific surgical and procedural specialties to understand the implications on a derivative anesthetic plan. The course serves as the culmination of medical knowledge learned to this point and ties together knowledge and application domains for anesthetic plan development. Principles involved in the formulation of anesthetic plans based upon data obtained during the preoperative evaluation will be discussed, including the formulation and practices of different anesthetic plans and techniques as related to specific surgical procedures and pathophysiology. Advanced principles of anesthesia equipment, monitoring, documentation, patient assessment, basic patient care, and infection control are examined with detailed studies of anesthetic techniques for different surgical procedures and for patients with acute and chronic diseases. Concepts of perioperative and psycho-social assessment, care plans, and anesthesia techniques are explored in detail.	
ANE 5143	Advanced Technical & Non-Technical Skills	4
	A hybrid course experience in the standardized patient laboratory and anesthesia simulator will prepare the student for the usage and complete understanding of the monitors and practice of anesthesia. Students will apply their didactic knowledge to scenarios on the anesthesia simulator. Patient modalities are explored, such as pulse oximetry, capnography, and blood pressure monitoring systems. Laboratory experiments will develop the students understanding of anesthesia delivery systems, various types of breathing circuits, fresh gas flow effect, theory of dilutional methods of cardiac output monitoring, relations between mean circulatory filling pressures and central venous pressure. Additionally, the course expands upon the student skill set of tools to perform a comprehensive health assessment on clients across the lifespan. Builds knowledge of anatomy, physiology, pathophysiology, and health assessment skills previously attained in the curriculum. The diagnostic reasoning skills needed for clinical reasoning in the advanced practice role is emphasized. The ANTS system supplies students with a language for discussing the 'behavioral aspects' of performance. It can be used for assessing an individual's behavior, to provide input for the training process, and for structuring feedback on skills development. Instructors utilize simulator technique to teach advanced principles of anesthesia, including case management, effective communication while under stress, diagnosis, and treatment of acute physiologic abnormalities, including support for and review of training in BLS and ACLS. A review of critical crisis management and rescue techniques, which are not often seen in practice.	
ANE 5922	Comprehensive Competency Examination IV & V	2
	In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).	
ANE 5211	Themes in Anesthesia III: Patient Satisfaction & Customer Service	1
	Themes in Anesthesia III is a continuation in the series during the Foundation Phase of the curriculum, followed by a 'threaded' theme course throughout the Integrative Phase. This course integrates thematic content with an emphasis on core concepts needed for professional clinical practice in the changing healthcare environment. In this section, students will explore an intensive instruction in the anesthesiology specialty areas of critical care, regional anesthesia, and pain medicine. The Theme III concentration areas are grouped together as important components of the Perioperative Surgical Home in efficiency of care, patient safety, and transitions of care. Students explore the principles and concepts of customer service through directed study of service industries and learn how to apply the concepts to healthcare and patient satisfaction.	

ANE 5161	Human Factors & Decision Making	1
	<p>Healthcare is a high-stakes industry that is prone to crises; this is especially true for acute care specialties such as anesthesiology and emergency medicine, in which healthcare practitioners must treat critically ill patients while facing diagnostic ambiguity, resource limitations, and numerous disruptions in chaotic work environments. To deliver safe and effective patient care, Anesthesiologist Assistants must execute highly coordinated team-based strategies. Crisis resource management (CRM) refers to a set of principles dealing with cognitive and interpersonal behaviors that contribute to optimal team performance. This course is designed around a two-fold objective: (1) understanding how human factors can improve patient safety; and (2) how to mitigate errors in anesthesia care through an appreciation for how they occur and how human providers react in a crisis. Human factors are the study of how humans behave and interact with each other and their surroundings. It considers how humans interact in the perioperative workplace and how, due to the inevitability of human error, mistakes are likely to occur. In this course you will look at human factors in a healthcare environment, an area where it is vital to limit mistakes because human error can affect patient safety. Students will learn about systems that pre-empt the inevitability of human error and can help improve clinical practice and patient safety.</p>	
<b>Total Credit Hours Block 3</b>		<b>20</b>
<b>Total Credit Hours Foundation</b>		<b>53</b>

## Master of Health Science in Anesthesia – Integrative Phase

### Integrative I

#### Block 4: Clinical Practicum

Class number	Class name	Credit hours
ANE 5817	Clinical Practicum II	7
	Both clinical and non-clinical learning activities during the Integrative Year are based upon a philosophy of increasingly self-directed learning. The didactic lectures are presented in a seminar format directed toward critical review of literature on selected topics. The Block clinical exposure is primarily spent in general anesthesia rotations, but advanced student standing may allow some exposure to specialty areas of care. At the discretion of the Medical Directors, all students in good standing are given the opportunity to undertake satellite elective months. During the entire Integrative Phase, students are permitted to complete up to three (3) elective satellite rotations. Additionally, students may voluntarily utilize their vacation time between the fall and winter semesters for additional satellite rotations.	
ANE 5201	Context Appropriate Simulation Training I	1
	This course is a continuation in the student's exploration into cognition and decision-making under stressful situations, with recognition that performance of both novice and experienced anesthesia clinicians is limited in certain ways. The simulation-based course is designed expose students to difficult immersive situations to continually reinforce abnormal situation recognition, error mitigation and team dynamics. The course is a structured and systematic training in handling critical events, to provide reference source for such information, and to aid in handling emergency procedures to prepare students in advance and to support them as they manage crisis situations. Anesthesiologist assistants need to know how to manage a variety of resources effectively, bringing them together in concert as necessary to deal with the situation. The Context Appropriate Simulation Training (C.A.S.T.) System is based on the same principles while incorporating innovative simulation-based education and unique scenarios.	
ANE 5932	Comprehensive Competency Examination VI & VII	2
	In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).	
BMS 5920	Research Methods	2
	The course will provide an overview of the important concepts of research design, data collection, statistical and interpretative analysis, and final report presentation. The focus of the course is not on mastery of statistics but on the ability to use research in the clinical anesthesia environment. The course uses systematic inquiry and analysis while reinforcing the problem-solving method and uses research in the improvement of healthcare practice to affect positive outcomes. The course focuses on the fundamentals of the research process, namely research ethics, qualitative research methods and non-experimental methods. Students are taught how to use statistics to answer questions and how to use this skill to aid in the review and interpretation of healthcare literature and research.	
<b>Total Credit Hours Block 4</b>		<b>12</b>
Block 5: Anesthesia Specialty Care I		
ANE 5836	Clinical Practicum III	6
	increasingly self-directed learning. The didactic lectures are presented in a seminar format directed toward critical review of literature on selected topics. The Block clinical exposure is primarily spent in subspecialty anesthesia rotations, including pediatrics, cardiothoracic, neurosurgery, obstetrics, critical care and Perioperative Surgical Home. At the discretion of the Medical Directors, all students in good standing are given the opportunity to undertake satellite elective months. During the entire Integrative Phase, students are permitted to complete up to three (3) elective satellite rotations. Additionally, students may voluntarily utilize their vacation time between the fall and winter semesters for additional satellite rotations.	

ANE 5241	Context Appropriate Simulation Training II	1
	This course is a continuation in the student's exploration into cognition and decision-making under stressful situations, with recognition that performance of both novice and experienced anesthesia clinicians is limited in certain ways. The simulation-based course is designed expose students to difficult immersive situations to continually reinforce abnormal situation recognition, error mitigation and team dynamics. The course is a structured and systematic training in handling critical events, to provide reference source for such information, and to aid in handling emergency procedures to prepare students in advance and to support them as they manage crisis situations. Anesthesiologist assistants need to know how to manage a variety of resources effectively, bringing them together in concert as necessary to deal with the situation. The Context Appropriate Simulation Training (C.A.S.T.) System is based on the same principles while incorporating innovative simulation-based education and unique scenarios.	
ANE 5941	Comprehensive Competency Examination VIII	1
	In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).	
ANE 5332	Health Care Quality Improvement	2
	In this course, students will acquire knowledge of practice transformation in specific ways to improve health care. Upon successful completion of the course, students will be eligible for certification through the Institute for Healthcare Improvement (IHI). The course modules address patient safety, health care leadership, the Triple Aim, patient safety, quality improvement, and patient-focused care. The first half of the course introduces patient safety, discusses the relationship between error and harm, explores how human factors impact safety, stresses the importance of teamwork and communications in delivering safe care, and explains how to respond to adverse events. The latter course content focuses on the challenges to continuous quality improvement, the model for improvement, approaches to implementing change, how to test and measure changes in the PDSA cycle, interpret quality improvement data, and lead quality improvement initiatives. The course also touches on patient-centered care and includes addressing implicit bias, the components of empathy, and effective communications, the Triple Aim for populations, what contributes to population health, and the importance of providing a high-value health care system. Students will be prepared to exhibit leadership in quality improvement, describe the characteristics of effective leadership, and practice different approaches to implement changes.	
ANE 5821	Capstone Project I	1
	In this course the student will learn about the importance of quality in healthcare and how they can contribute by implementing a project to improve processes of care and patient outcomes. The student will learn the steps in the QI process during short lectures and reflective exercises then will identify a clinically relevant project to address or a personal improvement project and apply the QI tools. The QI project will be considered within the context of inter-professional teams and from a systems perspective. Care environments are complex settings and call for a sophisticated set of collaborative teamwork skills and systems thinking. This course provides students with the opportunity to develop critical thinking and problem-solving skills. Students will learn how to connect the knowledge and attitudes developed in behavioral, basic, and clinical science courses to patient care. Increasing student capacity to seek and apply knowledge as individual problem solvers and members of a health care team are key to this course. The Project is a culminating activity that provides a way for students to demonstrate the knowledge and skills they acquired throughout the Program. It engages students in a project/experience that focuses on an interest relative to healthcare delivery, quality improvement, or coordinated perioperative care that synthesizes didactic study and real-world perspective.	
<b>Total Credit Hours Block 5</b>		<b>11</b>
<b>Integrative II</b>		
<b>Block 6: Anesthesia Specialty Care II</b>		
ANE 5856	Clinical Practicum IV	6
	Both clinical and non-clinical learning activities during the Integrative Year are based upon a philosophy of increasingly self-directed learning. The didactic lectures are presented in a seminar format directed toward critical review of literature on selected topics. The Block clinical exposure is primarily spent in subspecialty anesthesia rotations, including pediatrics, cardiothoracic, neurosurgery, obstetrics, critical care, and Perioperative Surgical Home. At the discretion of the Medical Directors, all students in good standing are given the opportunity to undertake satellite elective months. During the entire Integrative Phase, students are permitted to complete up to three (3) elective satellite rotations. Additionally, students may voluntarily utilize their vacation time between the fall and winter semesters for additional satellite rotations.	



ANE 5951	Comprehensive Competency Examination IX	1
	In its entirety, this course will provide a complete review of current anesthesia practice. The Comprehensive Competency Examinations (CCE) are administered at ten (10) intervals throughout the Anesthesiologist Assistant Program. These examinations serve to ensure continued development of the core fundamentals of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. The examination will also serve as a guide to relevant study material for the student prior to sitting for his or her national certification examination administered by the National Commission on the Certification of Anesthesiologist Assistants (NCCAA).	
ANE 5303	Topics in Health Policy, Law & the Business of Medicine	3
	Future health professionals must obtain the knowledge and skills necessary to be competent practitioners. However, success also requires knowledge of the structure of the health system and health policies that impact patient care and health outcomes. Therefore, future health care professionals must understand how system issues and policies impact the delivery of patient care and the ability of patients to receive care. Also, medical professionals can serve as advocates for their patients and professions and understand the development of health policy and the characteristics and goals of effective health policy.	
ANE 5842	Capstone Project II	2
	This is a continuation of Capstone I and focused on the development and presentation of the Capstone Project. With the guidance of a faculty advisor, each student completes an approved master's paper during the final nine months of the clinical phase of the Program. Completion of this learning activity serves to deepen the students' fund of knowledge as well as promoting the development of critical thinking abilities through critical analysis of current literature and exploration of key anesthesia care issues. Emphasis is placed on the enhancement of the students' abilities to communicate with precision, cogency, and force in both written and oral forms. Satisfactory completion of the capstone project is a final requirement of the MHSA degree. Conducting actual scientific research is not mandatory, but highly recommended. An in-depth review of the primary literature regarding a faculty-approved anesthetic topic is required. The project should be a systematic investigation of a topic in the anesthesia field and should demonstrate an ability to critically analyze and integrate pertinent literature. The final paper must be considered suitable for publication in a refereed professional journal.	
<b>Total Credit Hours Block 6</b>		<b>12</b>
<b>Block 7: Transition to Practice</b>		
ANE 5866	Clinical Practicum V	6
	Both clinical and non-clinical learning activities during the Integrative Year are based upon a philosophy of increasingly self-directed learning. The didactic lectures are presented in a seminar format directed toward critical review of literature on selected topics. The Block clinical exposure is primarily spent in subspecialty anesthesia rotations, including pediatrics, cardiothoracic, neurosurgery, obstetrics, critical care, and Perioperative Surgical Home. At the discretion of the Medical Directors, all students in good standing are given the opportunity to undertake satellite elective months. During the entire Integrative Phase, students are permitted to complete up to three (3) elective satellite rotations. Additionally, students may voluntarily utilize their vacation time between the fall and winter semesters for additional satellite rotations.	
ANE 5221	Professional, Ethical & Legal Concepts in Anesthesia	1
	The course begins with a discussion on the basic principles of medical ethics and expands to include major principles and themes in clinical ethics. Topics covered include legal aspects of the doctor-patient relationship, informed consent and competence, privacy issues, end-of-life issues, organ donation, pediatric bioethics, responsible prescribing, and human genetics. Particular attention is paid to health disparities and the difficulties related to the development of normative ethical arguments in a multicultural context and the role a physician plays as a patient advocate. The course concludes by bringing attention to the ethical dilemmas faced when encountering the hidden values in the clinical setting.	
ANE 5962	Certification Exam Preparation: Comprehensive Competency Examination X	2
	In its entirety, the course will provide a complete review of current anesthesia practice framed against the primary topic areas of the certification exam delivered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA). Students will be provided a thorough update on issues and topics germane to the professional practice of the AA, including the principles of anesthesia, pathophysiology, technology and monitoring, pharmacology, and subspecialty areas of anesthesiology. The course	

## Attachment #13

	builds off the progressive curriculum-wide comprehensive examinations and provides a culminating review of material likely to be addressed on the national certifying exam.	
<b>Total Credit Hours Block 7</b>		<b>9</b>
<b>Total Credit Hours Integrative</b>		<b>45</b>
<b>Total Credit Hours Program</b>		<b>97</b>