

Medical University of South Carolina  
Anesthesia for Nurses Program  
**Student Handbook**  
Class 2011

## **1.0 Description and Program Design**

The nurse anesthesia program is a twenty-eight month course of study leading to a master's degree in nurse anesthesia. This program includes a didactic portion conducted at Medical University of South Carolina and a clinical anesthesia component to be carried out at local and regional hospitals. The first twelve months are primarily didactic, allowing the student to acquire the basic and advanced skills necessary for the safe administration of anesthesia. During the next sixteen months the student continues didactic instruction and receives an introduction to the practice of clinical anesthesia under the supervision of adjunct faculty who are Certified Registered Nurse Anesthetists and Anesthesiologists. As the student progresses through the program, didactic instruction lessens while clinical time and case complexity increases. Second year students explore professional leadership issues while assuming greater responsibility in the hospital through increased call and leadership under a certified registered nurse anesthetist.

The curriculum of the program has a wide range of physical, behavioral, and biological science courses to help the student establish a theoretical base. Instructional approaches include a one-to-one instructor/student ratio, lecture, lab, self-directed study and structured learning. The clinical portion of the program consists of a hands-on approach to the administration of anesthesia.

Students are encouraged to expand personal, educational, and professional goals as they push toward excellence.

### **1.1 Accreditation**

The Anesthesia for Nurses Program is accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA), and the Medical University of South Carolina is accredited and graduate programs reviewed by Southeastern Association of Colleges and Universities. The Council on Accreditation is a specialized accrediting body recognized by the Council on Post-Secondary Accreditation and the United States Department of Education.

#### **1.1.1 Truth in Accreditation**

Medical University of South Carolina and the Anesthesia for Nurses Program believe that no person or organization should be allowed to make false claims as to the accreditation status of this program.

Revision: 6/02

### **1.2 Philosophy**

These statements are the beliefs of the faculty of the Anesthesia for Nurses Program and are within the framework of the philosophy of Medical University of South Carolina.

#### **The faculty believes that each person:**

1. is a unique, dynamic organism varying in a state of well-being along a continuum;
2. has ever-changing needs and the capacity to make choices in satisfying these inherent needs;

3. interacts with the total environment;
4. progresses through stages of development which may give rise to crises leading to growth and regression.

**The faculty believes that society:**

1. is composed of communities;
2. has resources to provide for the needs of its members;
3. allocates resources through economic, political and legal processes;
4. should utilize ethical principles in interactions.

**The faculty believes that community:**

1. is composed of people, values and institutions;
2. has populations who interact to achieve common goals;
3. has attitudes, morals and ethics that influence behaviors;
4. is culturally diverse, dynamic and influences the health care delivery system.

**The faculty believes that health:**

1. is biological, psychological, spiritual and has ethical integrity;
2. occurs along a continuum which ranges from optimal wellness to death;
3. is influenced by the individuals', families, groups', and communities' ability to adapt to the internal and external environment.

**The faculty believes that teaching:**

1. is an interactive, communicative process;
2. is the process of structuring objectives, organizing content, designing experiences and evaluating performance in ways that promote learning.

**The faculty believes that learning:**

1. is a life-long process through which changes in behavior occur;
2. is the responsibility of the individual;
3. is an integration of cognitive, affective and psychomotor experiences;
4. is influenced by the learner's ability, motivation, goals and readiness;
5. is enhanced by the critical thinking process.

**The faculty believes that a Master's of Science in Nurse Anesthesia graduate:**

1. analyzes, synthesizes and transmits knowledge in the art and practice of nurse anesthesia;
2. actualizes advanced practice in nurse anesthesia;
3. emphasizes the ethos of caring as a fundamental concept in anesthesia;
4. articulates the advanced practice role of the nurse anesthetist in professional and collaborative relationships;
5. incorporates theory and research in clinical practice;
6. advocates for individuals, families and the nursing profession;
7. applies the process of critical thinking and decision making in the clinical area;
8. integrates life-long learning into professional practice;
9. implements ethical principles in the advanced role;
10. assumes accountability for the quality of one's practice.

### **1.3 Mission**

#### **Mission of MUSC**

The University provides an environment for learning and discovery through education of health care professionals and biomedical scientists, research in the health sciences and provision of comprehensive health care. The University is committed to fulfilling these responsibilities:

- To educate students to become caring, compassionate, ethical, and proficient health care professionals and creative biomedical scientists;
- To recruit and develop dedicated, scholarly teachers who inspire their students to lifelong learning in the service of human health;
- To offer educational opportunities to graduates, faculty and staff; to other biomedical scientists and practicing health professionals; and to the public;
- To seek and welcome students, scholars, and staff regardless of gender, race, age, nationality, religion or disability, recognizing the benefits of diversity;
- To conduct research in the health sciences, advancing knowledge and encouraging new responses to health care needs;
- To provide excellence in patient care in an environment that is respectful of others, adaptive to change, accountable for outcomes, and attentive to the needs of underserved populations;
- To advance economic development by introducing new technology and fostering research links with industry and other academic institutions;
- To optimize the use of all resources, including financial support from the State and revenues generated from research, clinical operations, and philanthropy;
- To provide leadership to the State in efforts to promote health and prevent disease;
- To serve as a state resource in health policy, education, and related matters for other institutions and the public.

### **1.4 Non-Discrimination**

This program will not discriminate with regard to sex, race, creed, national or ethnic origin. Because of the nature and intensity of the work, disabled students will be assessed on an individual basis in relation to their ability to meet the didactic and clinical requirements of the curriculum.

To successfully progress through the anesthesia for nurses program applicants must be able to perform the essential functions or tasks of an anesthetist using the following abilities:

#### **Sensory**

- Discriminate variations in human responses to disease using visual, auditory, tactile and other sensory clues.
- Discriminate changes in monitoring devices and alarms using visual and auditory senses.
- Communicate clearly and effectively in English through oral and written methods in order to interact with other health care providers and patients of all ages.

#### **Motor**

- Coordinate gross and fine motor movements and the senses of touch and vision required of the anesthetist to safely provide all aspects of general, regional and Monitored Anesthesia Care (MAC) and the endurance to handle multiple patient needs.
  - Examples of such care include, but are not limited to, such tasks as: insertion of intravascular and intra-arterial access lines, administration of regional anesthetics, performance of airway management, and the ability to respond to in-house emergencies in a timely manner.
- Demonstrate sufficient physical strength to perform airway management, move and position patients and equipment.
- Sufficient stamina to stand or sit for prolonged periods of time.
- Safely maneuver the operating room and other anesthetizing locations.
- Respond appropriately to alarms and changes in patient conditions that require physical interventions.

#### Cognitive

- Use reason, analysis, calculations, problem solving, critical thinking, self-evaluation and other learning skills to acquire knowledge, comprehend and synthesize complex concepts.
- Interpret information derived from auditory, written and other visual data to determine appropriate anesthetic management plans.
- Apply theoretical knowledge to practice to provide safe anesthetic care.

#### Behavioral

- Demonstrate personal and professional ethical behavior, self-control as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy and respect.
- Work flexibly and effectively in stressful and rapidly changing situations.
- Cooperate with other members of the health care team to provide a therapeutic environment and safe patient care.

Any person having inquiries concerning these program requirements may contact, Glen Askins MD, Chairperson Department of Clinical Services.

Rev: 10/06; 10/07

### 1.5.1 Program Administration

College of Health Professions

Mark Sothmann PhD  
 Dean CHP  
 151A Rutledge Ave  
 Charleston, SC 29425  
 792-8702

Department Health Professions

Lisa Saladin PhD  
 Chairperson  
 792-2928

Division Administrator/Program Director

Anthony Chipas PhD, CRNA  
151 B Rutledge Ave #209  
Charleston, SC 29435  
792-3785

Assistant Director/  
Clinical Director

Dennis McKenna, MHS, CRNA  
151B Rutledge Ave #208  
Charleston, SC 29425  
Office: 792-3785

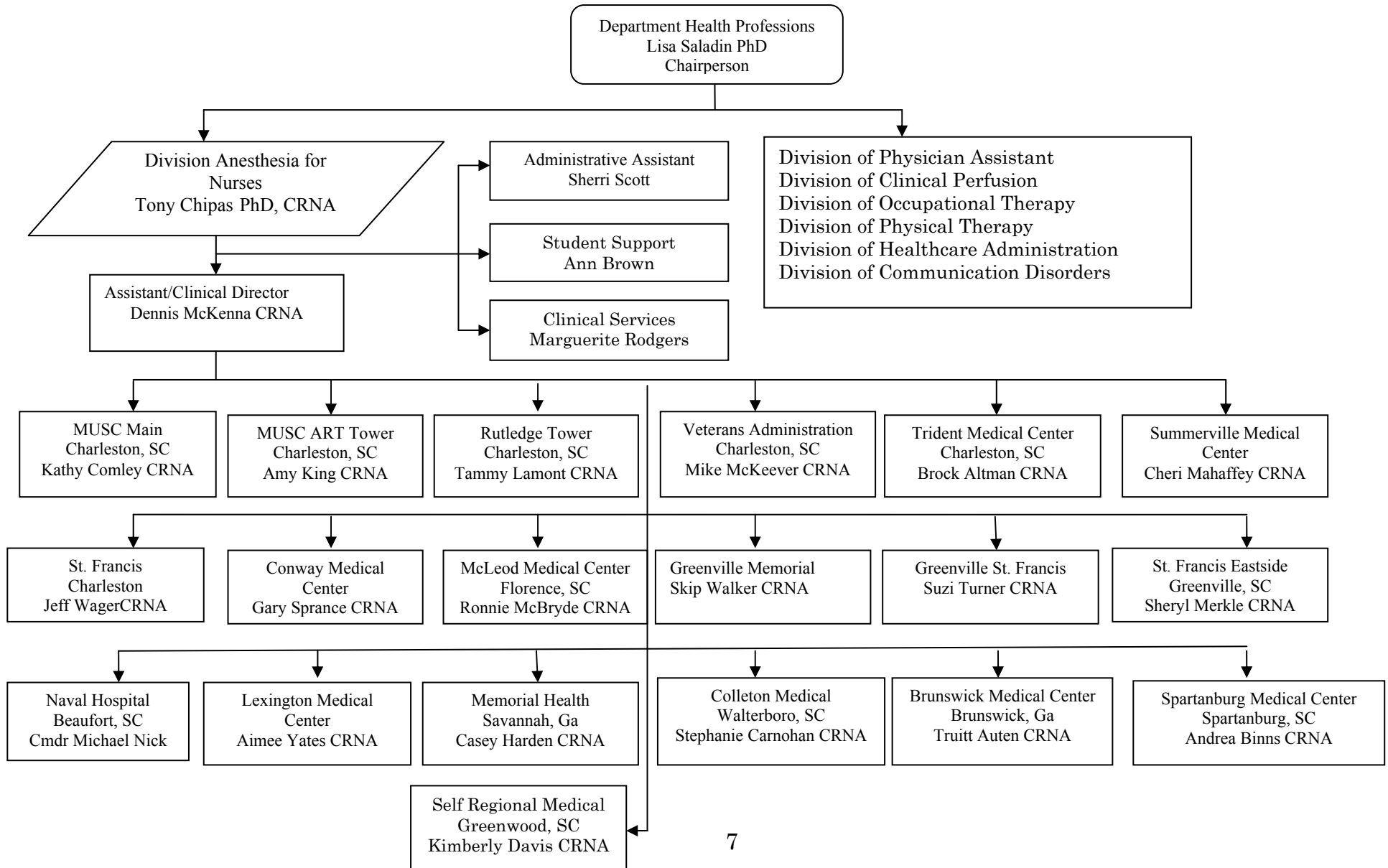
Administrative Assistant

Sherri Scott 792-3785  
Administrative Support

Ann Brown 792-2115  
Student Services

Revised: 2/06; 5/08; 7/09

## 2.1 Medical University of South Carolina Department of Health Professions/Division of Anesthesia for Nurses



## 3.1 Program Director

### 3.1.1 Job Description

The Program Director is appointed by and is responsible to the Chair of the Department who in turn is responsible to the Dean of the College of Health Professions. The Program Director's responsibilities are understood to encompass the program's operation, whether delegated to others or not.

#### Overall Duties and Responsibilities

The Program Director has the authority and responsibility for the continuous administration and leadership of the academic program, thereby ensuring the successful preparation of the students for entry into the health profession and to meet requirements set forth by the accreditation agency. The Program Director will have the education, credentials, and experience deemed necessary by the college, university and accrediting agency. The Program Director reports to the Department Chair, and collaborates with the Chair in fulfilling the mission and policies of the department, college and university.

### 3.1.2 Qualifications

#### 3.1.2a Education

The qualified person must:

- be a graduate of an accredited school of nursing;
- be a graduate of an accredited program of nurse anesthesia;
- hold a doctoral (preferred) or masters degree;
- have a minimum of 5 years experience in administrative, clinical, and didactic activities;
- possess South Carolina nursing credentials (registered nurse license, advanced registered nurse practitioner certification, registered nurse anesthetist authorization);
- have current preparation in the area of curriculum instruction and testing and evaluation.

#### 3.1.2b Expertise

The qualified person must:

- demonstrate knowledge of principles and theory of anesthesia equipment, techniques, procedures;
- demonstrate professional development by:
  1. maintaining recertification through the Council on Recertification
  2. maintaining current membership in the American Association of Nurse Anesthetists (AANA)
  3. attendance at departmental and hospital in-service education programs
  4. reviewing current anesthesia literature

5. attendance at local, state, and national meetings
6. participation in the administration of anesthesia.

### **3.1.3 Specific Duties Check alignment of numbers**

- 1.0 Provides administrative oversight for program operation.
  - 1.1 Manages the daily operations of the program.
    - 1.1.1 Coordinates all aspects of the program, academic and clinical, ensuring that the process is in compliance with the Educational Standards and Guidelines.
    - 1.1.2 Plans/coordinates the clinical and academic affiliations, initiates clinical contracts and ensures that the process is in compliance with the Educational Standards and Guidelines.
  - 1.2 Complies with existing department, college and university policies and procedures.
  - 1.3 Communicates effectively with faculty, staff, students and other stakeholders in all activities directly related to the program.
  - 1.4 Collaborates in the development and management of the program budget.
  - 1.5 Maintains labs and equipment where appropriate.
  - 1.6 Prepares regular reports of program progress to internal and external stakeholders.
  - 1.7 Ensures maintenance of accreditation status.
- 2.0 Provides direction for the design, implementation, and evaluation of the curriculum. Check numbers and alignment
  - 2.1 Establishes goals for the curriculum that are consistent with the philosophy and mission of the college, university and profession.
    - 2.1.1 Keeps informed of requirements and standards for licensure, recertification, authorization and accreditation.
    - 2.1.2 Integrates ethical and professional principles of nursing practice.
  - 2.2 Assigns, schedules, and coordinates faculty responsibility for teaching academic courses where applicable.
  - 2.3 Assigns and coordinates faculty responsibility for clinical or field experiences.
  - 2.4 Conducts regular review of the curriculum with the faculty to assure its quality and currency.
  - 2.5 Institutes curriculum changes as needed.
    - 2.5.1 Participates in didactic instruction.
    - 2.5.2 Participates, instructs, and supervises students in administering anesthesia.

2.6.1 Insures that the curriculum meets accreditation requirements

3.0 In accordance with department, college, and university policies and procedures, establishes criteria for admissions, academic progress, and graduation, as follows:

3.1 Oversees the process of student recruitment and selection.

3.2 Assures that students are informed of and comply with department, college, and university policies.

3.3 Maintains knowledge of students' progress and performance.

3.3.1 Counsel students regarding clinical and academic performance.

3.4 Assigns and coordinates faculty responsibility for student advising.

3.5 Makes recommendations when students experience difficulty in academic or professional development.

3.6 Ensures that students receive due process as needed.

3.7 Provides information and resources for students entering or advancing in the profession.

4.0 As applicable, directs core, adjunct, and clinical program faculty and staff.

4.1 Collaborates in the process of program faculty recruitment, appointment, and retention.

4.2 Provides orientation for core, adjunct, and clinical program faculty where applicable.

4.3 Provides support and guidance for faculty professional development.

4.4 Collaborates in the development of annual workload, professional development plans and evaluation of core faculty.

4.5 Collaborates in the direction and evaluation of program staff.

5.0 Appropriately uses the institution's organizational structure to establish regular communication mechanisms with the following internal and external stakeholders:

5.1 Communicates and liaises with internal stakeholder groups. Participates on University, departmental, program, health care agency and other committees as required.

5.1.1 Department

5.1.2 College

5.1.3 University

5.1.4 Medical University Hospital Authority (MUHA)

5.2 Communicates and liaises with external stakeholder groups

5.2.1 Clinical and/or field sites

5.2.1a Works collaboratively with the Assistant Director/Clinical Director, Medical Director, and Chief Nurse Anesthetist in maintaining clinical activities and policies.

5.2.1b

5.2.2 Alumni

5.2.3. Employers (current and potential)

5.2.4. Professional associations

5.2.5 National and state credentialing and/or licensing agencies, where applicable

5.2.6 Accreditation agency

5.2.6a Maintains lines of communication with the American Association of Nurse Anesthetist (AANA) Director of Accreditation, AANA Director of Education and Research and the Council on Accreditation.

5.2.6b Responds to all correspondence from the Council on Accreditation in a timely manner.

5.2.7 Future program applicants

5.2.8 Donors (current and potential)

5.2.9 Community groups

Revised: 2/06; 8/07

## 3.2 Assistant Director/Clinical Director

### 3.2.1 Job Description

The assistant program director is responsible for the day-to-day operation of the school in the absence of the director. In addition, the assistant director coordinates all student activities in the clinical area, including pre- and post-clinical conferences, Mortality/Morbidity conferences and journal club. The assistant program director reports to the program director.

### 3.2.2 Qualifications

#### 3.2.2a Education

The qualified person must:

- be a graduate of an accredited school of nursing;
- be a graduate of an accredited program of nurse anesthesia;
- hold a masters degree;
- have a minimum of 3 years experience in administrative, clinical, and didactic activities;
- possess South Carolina nursing credentials (registered nurse licensure, advanced registered nurse practitioner certification, registered nurse anesthetist authorization);
- have current and appropriate preparation in the area of curriculum instruction, and testing and evaluation.

#### 3.2.2b Expertise

The qualified person must:

- demonstrate knowledge of principles and theory of anesthesia equipment, techniques, procedures;
- demonstrate professional development by:
  1. maintaining recertification through the Council on Recertification
  2. maintaining current membership in the American Association of Nurse Anesthetists (AANA)
  3. attendance at university, departmental and hospital in-service education programs
  4. reviewing current anesthesia literature
  5. attendance at local, state, and national meetings
  6. participation in the administration of anesthesia.

### 3.2.3 Specific Duties

The qualified person must:

1. Demonstrate the knowledge and ability to coordinate activities related to compliance of the program of nurse anesthesia with University policy and with Council on Accreditation of Educational Standards and South Carolina Board of Nursing Guidelines.

2. Teach/Lead the development of the following courses/activities:
  - Introduction to Clinical Practice
  - Journal Club
  - M&M Conference
3. Demonstrate the knowledge, ability, and academic preparation to assume the duties of the CRNA program director on request.
4. Attend the AANA Assembly of School Faculty meetings.
5. Participate on University, program, and hospital committees.
6. Assume primary responsibility for coordinating student clinical instruction.
7. Act as a liaison between the clinical agency and the University.
8. Meet with the Program Director on a weekly basis regarding students' clinical progress.
9. Integrate ethical and professional principles in nursing practice.
10. Review and sign students' monthly case records.
11. Hold faculty conferences quarterly.
12. Act as an intermediary between students and other hospital personnel, including clinical instructors.
13. Maintain proficiency in clinical competencies.

Revised: 6/02

### 3.3 Clinical Coordinators

#### 3.3.1 Job Description

The Clinical Coordinator is responsible for the positive development of the SRNA in the clinical site. The Coordinator acts in a positive manner to assist in that development. The Coordinator reports to the Clinical Director of the Program.

#### 3.4.2 Qualifications

##### 3.4.2a Education

The qualified person must:

- be a graduate of an accredited school of nursing;
- be a graduate of an accredited program of nurse anesthesia;
- possess South Carolina nursing credentials (registered nurse licensure, advanced registered nurse practitioner certification, registered nurse anesthetist authorization).

##### 3.4.2b Expertise and Qualifications

The qualified person must:

- be a full-time employee within the clinical site
- demonstrate knowledge of principles and theory of anesthesia equipment, techniques, procedures;
- demonstrate professional development by: do you verify all of these?
  1. maintaining recertification through the Council on Recertification;
  2. maintaining current membership in the American Association of Nurse Anesthetists (AANA);
  3. attendance at departmental and hospital in-service education programs;
  4. reviewing current anesthesia literature;
  5. attendance at local, state, and national meetings;
  6. participation in the administration of anesthesia.

#### 3.4.3 Specific Duties

1. Supervises (coordinates supervision of) the SRNA in the clinical area.
2. Supports the goals and objectives of the AFN Program.
3. Counsels SRNA as to strengths and areas of improvement at the conclusion of the clinical rotation.
4. Promotes clinical development of the SRNA through assignment of cases with increasing complexity and autonomy.
5. With other professional members of the clinical staff, judges the appropriateness of the care rendered by the SRNA.
6. Acts as a liaison between the Program and the Clinical staff.
7. Serves as a positive role model.
8. Completes a summative evaluation at the completion of the SRNA rotation.
9. Serves as a member of the Clinical Advisory Committee.

Rev: 6/07; 8/07

## 3.4 Clinical Instructors

### 3.5.1 Job Description

Clinical instructors work with and supervise students in the operating room offering them increasing amounts of autonomy. The clinical instructors may be asked to serve on specific committees.

### 3.5.2 Qualifications

#### 3.5.2a Education

The qualified person must:

- be a graduate of an accredited school of nursing;
- be a graduate of an accredited program of nurse anesthesia;
- be a full-time, part-time or adjunct employee of any group with a clinical affiliation agreement with Medical University of South Carolina;
- possess appropriate South Carolina nursing licensure (registered nurse license , advanced registered nurse practitioner certification, registered nurse anesthetist authorization).

#### 3.5.2b Expertise

The qualified person must:

- demonstrate knowledge of principles and theory of anesthesia equipment, techniques, and procedures;
- maintain recertification through the Council on Recertification;
- attend departmental and hospital in-service education programs;
- review current anesthesia literature;
- attend local, state, and/or national meetings;
- participate in the administration of anesthesia.

### 3.5.3 Specific Duties

1. Supervise students in the clinical area.
2. Counsels students as to strengths and weaknesses at the conclusion of the daily clinical time.
3. Reviews and critiques students on their anesthetic care plans.
4. Offering increasing amounts of autonomy.
5. Serve as a professional role model.
6. Evaluates student on a case or daily basis.

Revision: 4/06

## 4.1 Master of Science in Nurse Anesthesia

### 5. Admission Requirements:

#### 4.2.1 Admission to University

1. A completed University Graduate Studies application.
2. Application fee (non-refundable).
3. An official transcript documenting a baccalaureate degree from a regionally accredited college or university and an official transcript from each college where undergraduate or graduate credit was earned.
4. Evidence of having achieved a cumulative grade point average of 3.0 or higher in all upper division and/or graduate level course work taken.

#### 4.2.2 Admission to Nurse Anesthesia Program

Application to the AFN Program must be completed by at least January of the year the applicant wishes to be admitted. Acceptance into the AFN Program is on a competitive basis.

1. Complete application to the AFN program.
2. Current unrestricted registered professional nurse licensure in the state of South Carolina.
3. Graduate Record Examination (GRE) scores. Minimum score 1000 (Combined Verbal & Quantitative).
4. Three professional recommendations. One recommendation from each of a) most recent employer; b) a health care professional, preferably a licensed physician or CRNA; and c) an individual that can attest to academic suitability to pursue graduate education. The letters should reflect an accurate appraisal of clinical skills, experience, and independent decision making.
5. One page letter written by applicant, detailing professional and educational goals.
6. Be a graduate of an accredited baccalaureate or higher generic nursing program or hold a bachelor of science degree in a basic or appropriate health science.
7. Have academic preparation and licensure as a registered nurse (RN).
8. Statistics course which includes descriptive and inferential statistics.
9. Undergraduate research course (or evidence of other equivalent research courses).
10. Minimum of one-year full-time employment as a professional nurse in a critical care setting, excluding emergency room.
11. Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) - PALS must have at least two (2) years left on accreditation when starting the program.
12. Interview and acceptance by the Admissions & Progressions Committee.

### 4.3 Program Curriculum

PREREQUISITE COURSES: Statistics, Research, Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) , Pediatric Advanced Life Support (PALS)

Course #	Course Title	Credit Hrs.
Fall Semester I		
AFN-527	Human Anatomy for Nurse Anesthetists	5.0
AFN-651	Life Support Measures	2.0
HP-610	Research Methods	3.0
SCCP 600	Integrative Physiology/Pathophysiology I	2.0
AFN-510	Professional Issues	3.0
HP- 622	Introduction to Pharmacology	<u>3.0</u>
		18
Spring Semester I		
AFN- 627	Applied Pharmacology of Anesthesia	3.0
AFN-511	Chemistry and Physics of Anesthesia	4.0
AFN-525	Basic Principles of Anesthesia Practice	3.0
AFN-581	Anesthesia Seminar	1.0
SCCP-601	Integrative Physiology/Pathophysiology II	<u>5.0</u>
		16.0
Summer Term I		
AFN-526	Advanced Principles of Anesthesia Practice	5.0
AFN-582	Anesthesia Seminar	1.0
AFN-532	Introduction to Clinical Anesthesia	<u>2.0</u>
		8.0
Fall Semester II		
AFN-541	Anesthesia Practicum	9.0
AFN-583	Anesthesia Seminar	<u>1.0</u>
		10.0

Spring Semester II

AFN-641	Anesthesia Practicum	11.0
AFN-681	Anesthesia Seminar	<u>1.0</u>
		12.0

Summer Semester II

AFN-642	Anesthesia Practicum	11.0
AFN-682	Anesthesia Seminar	<u>1.0</u>
		12.0

Fall Semester III

AFN-643	Anesthesia Practicum	11.0
AFN-652	Research Methods II	3.0
AFN-683	Anesthesia Seminar	<u>1.0</u>
		15.0

91.0

In addition, each student must pass a comprehensive examination during the final fall term of the curriculum.

**Rev: 5/08**

The curriculum as previously outlined is a 92-hour graduate level curriculum that includes 6 hours for research and a master's thesis/project. In addition 18 credit hours of clinical practicum, amounting to 310 days of clinical education, start in the second semester.

Revision: 2/06

**AFN-510. Professional Aspects of Nurse Anesthesia.** Acquaints the student with current professional issues relevant to anesthesia practice. The course encompasses five major categories including: elements of professionalism, practice issues, legal aspects, quality improvement and personal well being (in the provision of anesthesia care). In addition, nurse anesthesia practice is addressed from a historic perspective. **3 s.h.**

**Summer. Chipas**

**AFN-511. Chemistry and Physics of Anesthesia.** The principles of physics concerning solids, liquids, gases and vapors are covered. The physics and chemistry of inhalation appliances, as well as CO<sub>2</sub> absorption, and flammability of gases and vapors are

presented. Special emphasis is placed on understanding the operating principles of anesthesia machines and patient monitors. **4 s.h. Spring. Chipas**

**AFN-525. Basic Principles of Anesthesia Practice.** Presents the fundamentals of anesthetic management to include topics such as preoperative preparation, induction, airway strategies, positioning, monitoring and fluid/blood therapy. Also covers regional anesthetic techniques such as spinal, epidural and plexus blockade. **3 s.h. Spring. Chipas / McKenna**

**AFN-526. Advanced Principles of Anesthesia Practice.** Provides in depth coverage of anesthesia for different patient populations, coexisting diseases and specialty procedures. Patient populations include obstetrics, pediatrics and geriatrics. The unit on coexisting diseases presents anesthetic implications of various forms of cardiopulmonary, endocrine, renal, hepatic and other pathophysiology. The course concludes with anesthetic management of patients undergoing specific types of neuro, thoracic, vascular and cardiac operations. **5 s.h. Summer. Chipas / McKenna**

**AFN-527. Human Anatomy for Nurse Anesthetists.** This course is a detailed study of the structure of the human body with cadaver dissection. The respiratory, circulatory and peripheral nervous systems will be stressed in a regional approach. Anatomic features of neural blockade will be discussed in depth. **5 s.h. Fall. Thomas, Chipas**

**AFN-532. Introduction to Clinical Anesthesia.** Acquaints the student with the clinical setting in which anesthesia is administered. The student is introduced to pre- and post-anesthesia rounds, prepares patients for anesthesia, observes the administration of anesthesia, and advances to selection of anesthetic agents and clinical application of anesthetic techniques. **2 s.h. Summer. McKenna**

**AFN-541. Anesthesia Practicum.** A continuation of AFN-532. Emphasis is placed on developing and increasing skills and responsibilities in the administration of anesthetic drugs, predicting drug interactions, and clinical application of anesthetic techniques. **9 s.h. Fall. McKenna**

**AFN-581. Anesthesia Seminar.** Includes student participation in discussion of clinical experiences, case presentations, and mortality-morbidity conferences; also presentations of current articles from anesthesia literature at the Journal Club. **1 s.h. Spring. Faculty**

**AFN-582. Anesthesia Seminar.** A continuation of AFN-581. **1 s.h. Summer. Faculty**

**AFN-583. Anesthesia Seminar.** A continuation of AFN-582. **1 s.h. Fall. Faculty**

**AFN-627. Applied Pharmacology of Anesthesia.** Each anesthetic is described with regard to chemical structure, pharmacodynamics and pharmacokinetics. In addition, important adjuvant drugs are discussed to allow an understanding of global perioperative drug therapy. The course is divided into the following six units: principles, inhaled anesthetics, induction agents, opioids, neuromuscular blockers/local anesthetics and adjuvant drugs. **3 s.h. Spring. Chipas**

**HP-611 Introduction to Pharmacology.** Covers pharmacokinetics and dynamics of drug. Pharmacology of the cardiovascular and respiratory system are included.

**AFN-641. Anesthesia Practicum.** A continuation of AFN-541 with special emphasis on predicting, preventing, identifying, and solving anesthetic problems as well as increasing skills and responsibility. The student selects and operates all equipment necessary for various anesthetic cases. **11 s.h. Spring II. McKenna**

**AFN-642. Anesthesia Practicum.** A continuation of AFN-641 with special emphasis on developing the set-up and management of complex anesthetic cases and problems and developing greater responsibility in anesthetic management and independent learning. **11 s.h. Summer II. McKenna**

**AFN-643. Anesthesia Practicum.** A continuation of AFN-642. The student develops total anesthetic management with minimal supervision from the anesthesiologist or the certified registered nurse anesthetist consulting with the anesthesiologist. The student is involved in evaluating self and generating discussion of same. **11 s.h. Fall III. McKenna**

**AFN-651. Life Support Measures.** An introduction to the pathophysiology of the common life-threatening cardiopulmonary crises due to trauma, disease, or surgical intervention. The student is taught sound principles of evaluating the patient, thus providing him/her with an effective and systematic approach to resuscitation, life-support, and management of those conditions. **2 s.h. Fall. Chipas**

**AFN-652. Research Methods II.** This is a follow-up to HP-610. Applying the principles taught in that class, students will be writing and presenting a clinically relevant research proposal under the direction of the course directors. **3 s.h. Fall. Chipas**

**AFN-681. Anesthesia Seminar.** A continuation of AFN-581 series. Includes student participation in discussion of clinical experience, case presentations, mortality/morbidity conferences, and presentations of current articles from anesthesia literature at the Journal Club and the conferences at Medical University Hospital, Veterans Administration Medical Center, Charleston Naval Hospital and Trident Regional Medical Center. **1 s.h. Spring II. McKenna**

**AFN-682. Anesthesia Seminar.** A continuation of AFN-681. **1 s.h. Summer II. McKenna**

**AFN-683. Research Seminar.** A continuation of AFN-682. **1 s.h. Fall III. Chipas**

**HP-610. Research Methods.** This course provides a multidisciplinary approach to research methods in the health professions. Quantitative and qualitative approaches to research are addressed. Major topics include the role of research in the practice professions, experimental and naturalistic methods of inquiry, searching and analyzing research literature, principles of scientific writing, and research ethics. Attention will be given to the unique research needs of each health profession represented in the course. **3 s.h. Fall II. Thomas**

**SCCP-600. Integrated Physiology-Pathophysiology I.** The study of integrative regulatory mechanisms responsible for maintenance of homeostasis in the normal human and the alterations which occur in these mechanisms leading to specific disease processes. Understanding the mechanisms of disease is essential to the role of the anesthetist in determining the appropriate pharmacotherapeutic treatment of the patient. This course is taught between Charleston and Columbia Campus by interactive video.

**SCCP-601. Integrated Physiology-Pathophysiology II.** The study of integrative regulatory mechanisms responsible for maintenance of homeostasis in the normal human and the alterations which occur in these mechanisms leading to specific disease processes. Understanding the mechanisms of disease is essential to the role of the anesthetist in determining the appropriate pharmacotherapeutic treatment of the patient. This course is taught between Charleston and Columbia Campus by interactive video.

**Rev: 2/07; 5/08**

## **5.1 Student Performance Evaluation**

### **5.1.2 Daily Clinical Evaluation (Formative)**

Students will be supervised and evaluated daily while in the clinical area by either a CRNA or MD member of the faculty. The instructor will critique the student at the end of the clinical day. Evaluation will be done either on the student's Palm Pilot or on paper evaluations (it is the student's responsibility to provide the instructor their evaluation). This evaluation will be maintained on file. Clinical practice is evaluated on a satisfactory/unsatisfactory system (Appendix A – Daily Clinical Evaluation).

Revised: 3/06

### **5.1.3 Student Rotation Evaluation**

The student will be evaluated at the end of each clinical rotation by the Clinical Coordinator. The evaluation will include evaluation of both clinical skills and didactic knowledge.

Revision: 6/02; 6/08

### **5.1.4 Student Self-Evaluation**

While in the clinical portion of the program, the student will conduct a self-evaluation on a semi-annual basis. This evaluation will be reviewed by the Clinical Director (Appendix A – Student Self-Evaluation).

Revision: 6/02

### **5.1.5 Practicum Evaluation**

Satisfactory clinical performance is required to successfully complete the practicum. A final course grade of F is given when a student has an unsatisfactory clinical performance in a clinical practicum. A student who receives an F will be dismissed from the nurse anesthesia program.

A student who is unable to complete the objectives of a clinical practicum within the specified time frame may petition the Admission and Progression Committee for an Incomplete (Inc.). If the request is granted, the student must complete the course prior to the middle of the next academic term. An incomplete must be removed prior to being allowed to enroll in the next practicum.

### **5.1.6 Self-Evaluation Examination (SEE)**

Students will take the SEE exam in May of their final year in the program. This exam will be paid for from their initial program deposit.

Revision: 6/02

## 5.2 Faculty Evaluation

### 5.2.1 Didactic Faculty

The students will evaluate the didactic faculty at the completion of each course. The university will provide the tool for this evaluation.

### 5.2.2 Clinical Faculty

Students will participate in the clinical faculty evaluation process on a yearly basis (April) (Appendix A – Faculty Evaluation). In addition, clinical faculty will be asked to perform a self-evaluation in April of each year. All evaluations will be kept for 1 year (Appendix A – Faculty Self-Evaluation).

Revision: 6/02

The policies that follow have been developed and revised over the years to provide mutual understanding of expectations and commitments between the Anesthesia for Nurses Program Faculty (AFN Program) and the Student Registered Nurse Anesthetists (Students) who are enrolled at the Medical University of South Carolina (MUSC). They are in accordance with general MUSC policies, as noted with references to the University Bulletin (<http://www.musc.edu/es/bulletin>). They also comply with the Standards and Guidelines established by the American Association of Nurse Anesthetists (AANA) Councils on Accreditation and Certification.

## 1. Evaluations/Examinations for Didactic Phase

Student evaluation by the program instructors and other MUSC faculty will be mandatory for each course. Instructors for didactic courses may determine the type of evaluation instrument to be used upon agreement with the AFN faculty.

- The instructor will inform the student within the first two weeks of class what the criteria will be for acceptable performance.
- All examinations will be administered by the instructor or his/her designee.
  - Examination make-up will be at the discretion of the instructor.
  - Any student missing a regularly scheduled examination because of illness must have a physician's statement prior to being cleared to take the examination.

Rev: 11/08

- With regard to written exams in core anesthesia courses, classroom review of exam questions will be limited to items incorrectly scored by more than one-third of the class. Individual review with the faculty member responsible for the test item is encouraged, as needed, anytime before the next exam in the course.

- In addition to the exams administered on campus, the student will be required on two occasions to complete the Self-Evaluation Exam administered by the Council on Certification (e.g., upon completion of the didactic phase and again at the beginning of the last semester of Practicum).

Students are encouraged to participate in the shaping of academic programs, and completion of a course evaluation is required at the end of each semester as directed by the responsible coordinator.

## 2. Academic Standards

A student must complete all of the required courses in the Anesthesia for Nurses/ Master of Science in Nurse Anesthesia curriculum and be in satisfactory academic standing with a cumulative GPA of 3.0 or above (see also Guidelines for Student Progress) with no more than two grades less than 3.0 in any course. Grades of Unsatisfactory are likewise unacceptable for graduation. Students will be graded according to the uniform system published in the *MUSC Bulletin*, which can be summarized as follows: A = 95% and above, B = 85 - 94% and C = 75-84%. Courses graded pass fail will convert to either an “A” or an “F”.

Revision: 6/04; 7/07; 5/08

### 2.1 Didactic Evaluation

Classroom evaluation and methods are up to the individual classroom instructors. Terminal requirements for graduation require an overall grade point average (GPA) of at least 3.0 with no more than two grades less than 3.0 during the course of study. If a student’s cumulative grade point average drops below 3.0, or they have a semester grade point average of less than 3.0, the student is automatically placed on probation for the following semester. If at the end of that semester of probation, the 3.0 cumulative grade point average has not been attained, or if they fail to have a 3.0 GPA for that semester, the student will not be allowed to enroll in further classes and will be dismissed from the program. Summer sessions do count as a semester for probationary purposes. No student may graduate while on academic probation. If a student is dismissed for academic reasons, they can appeal to the Dean of the College of Health Professions for a one semester academic exception.

If a student receives a grade of less than 3.0 in any class, they will receive a cautionary letter and students receiving more than two (2) grades of less than 3.0, or one grade of less than 2.0 in any class will be dismissed from the program. Grades of 2.0 or less received on courses taken prior to formal admission into the program count toward probationary/dismissal status unless the course is retaken resulting in a higher grade. Satisfactory clinical performance is required to successfully complete the practicum. A final course grade of F is given when a

student has an unsatisfactory clinical performance. Students receiving an “F” in a practicum will be dismissed from the program.

Rev: 5/08

## **2.2 Distance Education Courses**

Distance education courses will be evaluated by the AFN program administration using the same tools as traditional campus based courses, i.e. the E-value survey system.

- New courses (taught for the first time in the AFN Program) will be evaluated twice during the semester, at mid-term and course end.
  - If evaluation is below average for courses in the College of Health Professions, the program director will meet with the course instructor to resolve problems.
    - The next time the course is taught it will again be evaluated twice during the semester.
- Course grades will be monitored at the conclusion of each test to assure students are retaining the information taught.

Adopted: 6/08

## **3. Guidelines for Student Progress (*MUSC Bulletin*)**

- In order to remain in satisfactory standing, a student must maintain a cumulative grade point average (GPA) of 3.0 or higher in all courses for the Master of Science in Nurse Anesthesia degree.
- A student with a cumulative GPA of less than a 3.0 in any semester will be placed on Academic Probation and allowed one semester to raise the cumulative average to the required 3.0. Students who have been admitted on probationary status will be required to achieve a cumulative GPA of 3.0 or higher within the first semester, or they will be asked to withdraw from the Program.
- Withdrawal from the program will be recommended if the student is unable to achieve the required GPA during the next semester. A student can only have one period of probation. If criteria are again met subsequent to having probationary status removed once, the student will be asked to withdraw or will be dismissed from the program.
- If a student earns a grade below 3.0 in a course but the semester and/or cumulative grade point ratio remains at or above a 3.0, a letter of academic warning will be issued to the student. An academic warning statement will not appear on the student's transcript.

- A failing grade in pass/fail courses will be treated as a quantitative point value of 0.0 for the determination of a student's GPA.
- A grade below 3.0 in any two core anesthesia courses\* (e.g., designated as "AFN") in a single academic semester, despite an overall cumulative GPA above 3.0, will warrant a request for withdrawal or dismissal from the Program.  
\* In the Summer I semester, a grade of 3.0 or more is required for AFN-526
- All exams must be completed in accordance with the College's Honor Code as described and distributed upon matriculation.

#### **4. Attendance While in the Didactic Phase**

Unless the student has a justifiable reason for being absent (such as illness), he/she is expected to attend, and be on time for, all classes and participate in all assigned instructional labs. The student is responsible for all materials given both in attendance and absence.

- The student should be aware that class attendance reflects a degree of reliability and level of interest that are held in high regard in the Program.
- Patterns of absence or absenteeism on the day of exams are especially discouraged. Make-up exams will be arranged at the discretion of the instructor and will probably consist of a format other than that of the original test.

#### **5. Evaluation of Clinical Performance**

- A student is expected to develop professionally and achieve clinical behavioral objectives according to the time frame stated in the Behavioral Objectives for students in the clinical area.
- Clinical performance will be documented on daily case plans, instructor evaluations and rotation evaluations. The student will be afforded the opportunity to discuss an evaluation with the instructor who completed it, as well as the Clinical Coordinators and Program administrators. In addition, all person-to-person contact (e-mail, phone calls, personal conversations) concerning student performance will be documented and may be included in the evaluation process.

Rev: 6/08

- At least 150 patient specific Case Plans must be submitted and evaluated to fulfill graduation requirements. It is the responsibility of the Student to ensure every attempt has been made to have the daily Case Plans evaluated and signed by the clinical instructor. The student is responsible for completing the self-evaluation section before submitting the Case Plan for the instructor's evaluation.
  - \* Additional requirements will be determined by quality of preparation and evaluation by the clinical instructor and/or AFN faculty. Any instructor can request a Case Plan from a student, despite his or her total submission in excess of 150. All Case Plans or Clinical Evaluations completed by an instructor must be submitted to the AFN office for review.
- Case Plans accrued throughout the month must be submitted to the AFN office within the first week of the following month. They will be evaluated and tabulated. The student is also responsible for maintaining accurate Monthly Student Clinical Case Records, which are to be submitted to the AFN office within the first week of each month during the Anesthesia Practicum. Failure to maintain accurate records or fulfill Case Plan requirements will result in the student being placed on probation. Ultimately, the student will be asked to withdraw from the Program if the problem is not rectified.
- If an instructor feels that a student is not prepared for the day's assignment, he/she may either ask the student to observe for the day or may dismiss the student from the clinical area. If a student is cited for failure to prepare the student should immediately contact the Assistant/Clinical Director. Should this occur, it will be reported to the AFN office so that the absence can be subtracted from the student's pool of Excused Time Off (refer to Policy 14).  
Rev: 6/08
- Clinical performance will be reviewed by the Program administrative faculty at mid-term and at the end of each semester. A conference will be held with each student at this time and he/she will be counseled as to reported strengths and weaknesses. It is the responsibility of each student to schedule these conferences with the Program Faculty.
- A student with one "unsatisfactory" or two "marginal" overall clinical competency ratings on Rotation Evaluations will receive a professional development warning and be placed on probation. Even individual Case Plans or case evaluations that have been scored "unsatisfactory" may warrant a professional development warning (or probationary status) if the failure involves a critical element of patient safety. If a student fails to

submit a Case Plan with an "unsatisfactory" evaluation and the occurrence is otherwise reported to the AFN faculty, he/she will automatically receive a professional development warning. A subsequent, similar occurrence will warrant Professional Probation.

Revision: 2/06; 6/08

- During the clinical phase, a student receiving two Rotation Evaluations with overall clinical competency ratings of "marginal" and/or one "unsatisfactory" will be placed on Probation. If a student is dismissed from any clinical rotation early (before scheduled completion of a rotation) for lack of preparation, clinical performance problems, violation of safe patient practices or professional misconduct (including negative interpersonal interactions) they will automatically receive an unsatisfactory evaluation for that clinical rotation. If necessary, the student's clinical performance may be reviewed by an Anesthesia for Nurses Ad Hoc Promotions Committee that is comprised of members of the standing AFN Advisory Committee plus a faculty advocate of the student's choice. This review will be used to confirm the appropriateness of probation or further action.

Rev: 6/08

- If the student is able to perform at a satisfactory level for the remainder of the practicum, no further action will be taken. If the student fails to perform at a satisfactory level and receives another "unsatisfactory" Rotation Evaluation, the student will be asked to withdraw or will be dismissed from the Program.
- A student on Clinical Probation will have a performance review following the next rotation assignment. If he/she is still not performing at a satisfactory level, the student will be asked to withdraw or will be dismissed from the Program. However, if the student is performing at a satisfactory level, it will be recommended that the probationary status be reconsidered. If any of the above criteria for probation are again met (subsequent to having probationary status removed once), the student will automatically be asked to withdraw or will be dismissed from the Program.
- Since the Anesthesia for Nurses/Master of Science in Nurse Anesthesia Program and other programs in the College of Health Professions follow prescribed sequential curricula, detailed guidelines governing academic standing, dismissal and appeal are delineated under Guidelines for Student Progress in the *MUSC Bulletin*.

Rev: 6/08

- If requested, all matters relating to academic standing and professional conduct are presented by the Program Director to the appropriate college committee for review (e.g., Faculty Committee). This committee presents its recommendations to the Dean for review and disposition.
- If the student wishes to appeal, he/she may do so by written request to the Dean of the College of Health Professions. The Grievance Procedure should be adhered to as delineated in the *MUSC Bulletin*.
- In addition to evaluations by clinical instructors, the grade earned in the Anesthesia Practicum will include performance on Academic Day Exams as follows: Pass = 80-100% and Fail = semester mean less than 80%.

\* The student must also demonstrate above average clinical evaluations.

Students who have entered the clinical phase of the program on Academic Probation must achieve an average on the first semesters' AD Exams greater than 80% in order to remain in the Program. Otherwise, students who have not achieved at least an 80% average on the AD Exams for a semester will be placed on probation for the following term. To clear probation and remain in the program, the student must maintain a semester mean of greater than 80% on AD Exams for each subsequent semester.

- In addition to meeting the above criteria, all students must pass a Comprehensive Exam with a score greater than 80% in order to fulfill degree requirements. A student on probation during the last semester will be required to pass the Comprehensive Exam on his/her first attempt in order to complete the Program. A student not on probation will be afforded a second opportunity to successfully complete an equivalent Comprehensive Exam. Failure to achieve an 80% on the second attempt will result in dismissal from the Program.
- Attendance in the clinical phase is mandatory. Any student who is absent for any reason **must** notify the clinical coordinator of the site at least one hour prior to the start of their first case and must notify the Assistant Program Director before 9 AM on that same day. If the student fails to report their absence from the clinical area in a timely manner then 16 hours will be deducted from the personal time bank for students working 8 hour rotations and 20 hours will be deducted for students working 10 hour rotations.  
Rev: 6/08
- Vacation must be scheduled with the Assistant Director at least two weeks prior to the rotation in which the vacation will be taken. (See Policy 14).

- Any unusual clinical occurrence **must** be reported to the assistant program director within 24 hours.  
2/07; 5/08

Revision: 6/05; 2/07; 5/08; 6/08

## 6. Professional Standards

The faculty of the Anesthesia for Nurses/Master of Science in Nurse Anesthesia Program may recommend dismissal if a student demonstrates inappropriate or unprofessional behavior. Examples include, but are not limited to, matters such as substance abuse, fraudulent records, physical contact with another student or faculty member or breach of the Standards of Care as described by the American Association of Nurse Anesthetists. In such cases, the student will be given the right to appeal to the Chairperson Department of Clinical Services; the Chairperson's decision will be final. The student is expected to uphold the code of ethics of the State Board of Nursing and the American Association of Nurse Anesthetists and the Medical University of South Carolina. In addition, the Code of Professional Conduct for the College of Health Professions must be maintained.

## 7. Personal Conduct

- Students are expected to maintain the good name of the Medical University of South Carolina and its constituent colleges. Their behavior must be consistent with the Professional Standards of the American Association of Nurse Anesthetists and the Medical University of South Carolina. Any function where the student is attending with approved time-off of clinical is considered University time.  
Revision: 6/05
- In accordance with the MUSC Honor Policy (*MUSC Bulletin*), examinations are proctored by an assigned faculty member or his/her designee. Additionally, all performances and materials submitted for grading are to be those of the student submitting them or properly credited otherwise.
- Acceptance or retention of a student in any academic program in the College of Health Professions is deemed acknowledgment of willingness to be governed by the general regulation of conduct and any other regulations as promulgated from time to time while remaining a student in the College of Health Professions of the Medical University of South Carolina.

- While on rotation at various hospitals, each student is considered a member of the Anesthesia Professional Staff and is subject to the regulations of hours of attendance, conduct and personal neatness applicable to that staff. For example, rules for the Anesthesia Staff of the MUSC Medical Center are established by the Chairman of the Department of Anesthesia and Perioperative Medicine. Each student is subject to the rules and regulations of the affiliating hospitals and their anesthesia departments when assigned to an affiliating hospital. Guidelines for each hospital will be distributed to students prior to their first assignment.
  - While on out of town clinical rotations where housing is provided for the student there are the following expectations.
    - When leaving the housing it is to be returned in a clean and orderly fashion. The key should be directly presented to one of the apartment complex office staff or appropriate person in the anesthesia department.
    - At NO time should the student transport to or maintain a pet in clinical site provided housing.

Revision: 10/08

## 8. **University Student Conduct Standards** (*MUSC Bulletin*).

### Identification

A validated university identification card should be carried at all times while on campus, including registration periods, and may be required by faculty for admission to classes. A student may be prohibited from attending class after the first day without a validated identification card.

### University Property

Students are held financially responsible for breakage and damage of University property.

### Controlled Substances

MUSC recognizes that substance abuse and addiction is a treatable disease, and encourages students to seek help through Counseling and Psychological Services or another appropriate facility for any alcohol or other drug abuse problem.

Any student who is charged with violation of any state or federal law involving drugs or controlled substances will be informed that he/she will not be granted a degree from the Medical University of South Carolina until he/she has been acquitted of such a charge. Any student guilty of any charges involving drugs or controlled substances will be expelled immediately from the Medical University of South Carolina.

### Conduct Review

The student is referred to the Conduct Review policy as described in the *MUSC Bulletin*.

Appeals ( *MUSC Bulletin*)

Students may appeal any decision that affects them as students. In academic, ethical, or curriculum matters, the student should initiate the appropriate procedure in the office of the dean of his/her college. In all other areas of student life, the student should initiate the appropriate procedure through the Dean of Student Life. Appeal procedures may be reviewed in these respective offices.

**9. Professional Conduct Guidelines** (*MUSC Bulletin*)

A MUSC student is a representative of our University and his or her profession whether engaged in academic, research or purely social pursuits, on or off of MUSC's campus. As stated in the MUSC Honor Code, "the health care professions require men and women of impeccable character who can live private and professional lives that exemplify high standards of conduct." The protection of vulnerable patient populations is of utmost importance to the Medical University and the clinical sites where our students complete clinical requirements for completion of their academic program. The Medical University must be informed and be prepared to take appropriate punitive or corrective action when students are involved in inappropriate conduct or activities involving moral turpitude that could tarnish MUSC's reputation through illegal acts.

The College has adopted a Code of Professional Conduct that all students are expected to follow. Each student's professional conduct will be observed by the faculty, both full time and clinical, and will be evaluated each semester. The evaluation will appear on the grade report as Satisfactory (S) or Unsatisfactory (U).

A student who receives an unsatisfactory evaluation on Code of Professional Conduct will be counseled by the Program Faculty. Upon recommendation of the Program Faculty and approval by the Dean, a student who receives an unsatisfactory evaluation on Professional Development for one or more semesters may be required to withdraw or be dismissed from the College of Health Professions.

Under the Code of Professional Conduct, a student enrolled in the College of Health Professions is expected to:

- Appear and conduct him/her in a professionally acceptable manner.
- Be cognizant of and adhere to the channels of authority.
- Be academically and professionally honest. Use of any examination questions or material not authorized/approved by applicable MUSC faculty members will be considered a breach of the Honor Code and will result in dismissal from the Program. The student is responsible for

ensuring that all material used in preparation for exams is acceptable to the course instructor.

- Show respect for and be mutually supportive of fellow students, faculty and staff regardless of race, religion, sex, nationality or economic status.
- Identify truthfully and accurately his/her credentials and professional status.
- Refrain from performing any professional service\* which requires competence that he/she does not possess or which is prohibited by law, unless the situation morally dictates otherwise.

\* Please refer also to Policy 16.

- Accept responsibility for relating incompetence and unethical conduct to the proper authorities.
- Regard as strictly confidential all information concerning each patient and refrain from discussing this information with any unauthorized individual, including the patient.
- Show respect and consideration for the patient, regardless of race, religion, sex, nationality or economic status.
- Be guided at all times by concern for the welfare of patients entrusted to his/her care.
- Criminal Background Checks
  - All students entering into the AFN program, and the College of Health Professions, must submit to a Federal criminal background check.
- ARREST POLICY
  - Should a student be arrested or formally charged with any infraction of the law other than minor traffic violations and misdemeanors, the offending student shall report such violation or charges to his or her respective Dean within two university/college business days of the offense. The Dean will determine an appropriate corrective or punitive action and grant the student an opportunity to be heard. After consultation of the Dean with the Provost, the decision of the Dean will be final.

Revision: 5/07; 5/08

## **10. General Faculty Responsibilities to the Students**

- Faculty members shall meet their assigned classes regularly at the specified time and place. Any rescheduling of classes must have the approval of the Program Director.
- Faculty members shall make themselves available for student conferences by holding office hours and, in special instances, by arranging appointments at other mutually convenient times.
- Faculty members shall not exploit students for professional or personal gain.
- Faculty members shall acknowledge significant research assistance from students.

## **11. College and Program Graduation Requirements**

Candidates for graduation from any graduate program in the College of Health Professions must:

- Satisfy all requirements in the specified curriculum and be in satisfactory academic standing with a cumulative GPA of 3.0 or above.
- Be enrolled in the program for the time specified by the professional accrediting body if applicable.
- Be recommended for graduation by the faculty of the specific department.
- Satisfy all financial obligations to MUSC and successfully complete the Graduation Check-Out form including the financial aid exit conference (if applicable).

Candidates for graduation from the AFN Program must also:

- Receive satisfactory scores on at least 85% of Case Plans and Rotation Evaluations (refer to Policy E. Evaluation of Clinical Performance).
- Complete the Self-Evaluation Examination administered by the AANA Council on Certification at least once during the 28-month curriculum.
- Be currently certified as a provider in Basic Life Support, Advanced Cardiac Life Support and Pediatric Advanced Life Support.

- Meet all the quotas set for the individual required categories on the Official Transcript of the AANA Council on Certification\* and meet preferred quotas for at least 95% of the same categories. It is the student's responsibility to monitor and achieve the greater than all specified totals. (\* Included as appendix D).
- Demonstrate professional ethics and behavior expected of a Graduate Registered Nurse Anesthetist.
- Successfully complete the comprehensive Graduation Exam with a score of 75% or greater.

Revision: 6/05

## **12. Student Dress**

On the MUSC Campus, students are expected to dress in a manner that meets the accepted standards of professional workers in the field of health care. Color-coded scrub uniforms (furnished by the hospital) are to be worn only in the operating rooms. Each student is required to have a long, white lab coat to wear over his/her scrub clothing when leaving the operating room area. Scrub attire should be stored in the locker rooms of the O.R. suites and must be worn when leaving the suites between or after cases. However, no scrub clothing is to be worn outside the hospital even if covered unless mandated by clinical responsibilities at remote anesthetizing locations. Disposable shoe covers must be worn at all times in the operating room and should not be worn outside the hospital or even in other areas of the hospital. Students are expected to conform to dress codes of affiliating hospitals and will be informed of the same before rotating to a new clinical site. Protective eyewear must be worn anytime a student is administering an anesthetic. Students must wear their MUSC jackets while in the clinical area identifying themselves as students.

According to clinical site guidelines OR personnel, whether they be employees or students shall refrain from wearing jewelry while in the clinical environment. Earrings are limited to no more than two (in each ear) small, non-dangling, post/stud type earrings worn in the earlobes only. Any other type or site is not acceptable and if not removed could be met with dismissal from the clinical setting.

Body art (tattoo) is never to be displayed. All forms of tattoos are to be covered at all times.

All students are expected to be in a proper state of hygiene for the clinical area. Hair is maintained to acceptable levels. Facial hair is expected to be groomed, and always contained within a mask while in the operating room.

### 13. Pregnancy

The University subscribes to and complies with the dictates of federal and state statutes and considers pregnancy of a student as a temporary disability. All reasonable accommodations will be made for pregnant students but because of the basic physical demands and requirements of the program, it is imperative that a student reports her pregnancy to the director immediately. It shall be the student's decision, on advice of her physician, whether to continue the program.

Anesthesia tasks are a basic element of the course and as such may not be rescheduled. The student will be required to confirm her desire to complete her course work and will be asked to release MUSC from liability from possible medical complications during her pregnancy that may arise directly or indirectly from her course requirements.

### 14. Holidays/Sick Leave and Vacations (Excused Time Off)

For the first 12 months of the program (Academic Phase), days off (i.e., holidays) will be in accordance with the University calendar. During the final 16 months (Clinical phase), students will observe major holiday schedules according to staff responsibilities at each clinical site. In addition, a pool of 20 days (160 hours) will be provided during the clinical phase to be used for sick leave and/or vacation time. During the clinical phase of the program, all legal holidays will be recognized but additional days around the holiday must be scheduled from the personal time pool.

- For unscheduled leave such as a sick day, it is the student's responsibility to notify the appropriate staff per guidelines distributed for individual clinical sites. Failure to also notify the AFN office before 9:00 AM on the day missed (a voice mail or e-mail during non-office hours is acceptable) will result in additional time removed from your pool (e.g., missing one day without contacting the office results in two days subtracted from the pool of Excused Time Off).
  - Any student who is absent from the clinical area for more than two (2) consecutive days must have a physician's release on file with the AFN office prior to returning to clinical.

Rev: 6/08

- During the clinical phase, scheduled leave must be requested in writing at least 14 days in advance of the start of a clinical rotation. All requests for leave must be authorized by the AFN faculty. **After** the leave is approved by the AFN Administration, the Clinical Director will then notify the appropriate Clinical Coordinator. Clinical Coordinators may **NOT** approve leave without consultation with the AFN Administration.

- **NO** ½ days may be taken.
  - Vacation requests from clinical sites that work other than 8 hour schedules will be deducted on an hourly basis.
  - No more than 5 days off during any clinical rotation.
  - Vacation days may **NOT** be scheduled to give the student more than one 3-day weekend during any clinical rotation.
  - **NO** vacation may be scheduled on an Academic Day, SCANA Annual meeting or during the Charleston Anesthesia Conference.
  - **No** vacation days may be scheduled during specialty rotations such as OB or rotations where regional experience is available or rotations deemed critical for a student by the program.
  - **Vacation time should not be saved until the end of November of the year of graduation. No student will be excused for terminal vacation before 7 days prior to the scheduled graduation date.**
- Prior approval is required for more than three days of leave during out-of-town rotations.
    - Failure to notify the Assistant Director of time taken as vacation/personal/sick days will result in two days being removed from the pool for each day taken and a letter of reprimand being placed in the student's personal file.
  - Patterns of absence (i.e., excused or otherwise) or excessive use of leave at a particular clinical site will warrant investigation by the AFN faculty and possible probation (Policy 5.)
  - Time off for attendance at AFN approved professional meetings or review courses will not require time being removed from the pool.
  - Leave can be used as "terminal" but, as noted below, employment as a Nurse Anesthetist is not permitted until after the official graduation date. Despite adequate accrued time, attendance may be mandated, as needed, at any time on or before the official date of graduation in order to fulfill University or Program requirements.

Time missed in excess to the Excused Time Off, due to illness, maternity leave or personal issues may necessitate being placed on Medical Leave. Students on Medical Leave may require an extension of the time allocated for completion of the educational program. The College of Health Professions does not grant mid-term graduations so extensions will be for a full semester. The extension, depending upon the amount of time missed, may require the student to enroll for a maximum of two additional semesters if needed to complete requirements for graduation. This extension would necessitate additional tuition costs and applicable fees for the entire semester regardless of the number of days required

to fulfill time commitments. Students who require a Medical Leave must have a physician's clearance for readmissions and may have additional requirements stipulated by the program in a Reentry Contract to be initiated between the student and the program at the time the leave is granted. Time missed in excess of two semesters would warrant withdrawal from the Program.

Revision: 9/07; 10/07; 3/08; 5/08

**15. Emergency Leave Due to Death in Family**

Emergency leave, upon request, may be granted up to three consecutive days on the death of any member of the student's (or their spouses) immediate family. Immediate family is defined as the spouse, great-grandparents, grandparents, parents, brothers, sisters, children, grandchildren, and great-grandchildren of either the student or his/her spouse.

**16. Employment** (student employment outside of educational program commitment)

A student whose grades and health are satisfactory may be permitted to accept suitable part-time employment as a registered nurse either on or off campus. Employment shall be terminated if the student's performance is adversely affected by job responsibilities. Registered Nurse Anesthesia students shall not be employed as Nurse Anesthetists by title or function while in student status. Employment as a Nurse Anesthetist is not permitted (by law) until after the official class graduation date which will be established upon matriculation.  
Rev: 5/08

**17. Hurricane Preparedness**

In the event that the Charleston Area has been issued a "hurricane warning" as defined by the National Weather Service, the following will apply.

- During the didactic phase, students can verify campus closures/class cancellations by calling the MUSC Help Line at 792-MUSC (792-6872).
- Students on clinical rotations are expected to follow specific staffing guidelines for each site, but they should not be considered as "essential personnel" even though they can volunteer for duty by contacting appropriate clinical site coordinators.
- If students are on an out-of-town rotation, they should consult with the Clinical Coordinator, as well as AFN Faculty if possible, to determine the most appropriate course of action.

Students should not place themselves at risk if unable to contact the AFN office or appropriate clinical coordinators. They should exercise their best judgment in all decisions regarding safety for themselves or family members.

## **18. Advertising**

All disclosures concerning the program will be kept honest and truthful. This policy extends to all aspects of the program including accreditation, curriculum, admissions, evaluation, quality issues and case requirements.

## **19. Association Membership**

Associate membership is required in the American Association of Nurse Anesthetists (AANA). The membership fees will be borne by the student. Attendance at the semi-annual meetings of the South Carolina Association of Nurse Anesthetists (SCANA) is mandatory and attendance at the AANA Mid-Year Assembly is strongly encouraged.

## **20. Bloodborne Pathogens**

Students are expected to wear protective eyewear and gloves whenever they are in the process of administering an anesthetic. This is irrespective of what the supervising staff wears. Eyewear must include splash protection above the brow and on the sides. The standards are set by the Occupational Safety and Health Administration (OSHA).

In case of a needle stick, the student will:

- immediately report to either the Assistant Director or the anesthesiologist in charge;
- complete an institutional unusual occurrence form;
- go to health services at the hospital for an evaluation.

## **21. Clinical Experience**

After appropriate instruction, students will be given the opportunity to administer all types of general anesthesia and perform an assortment of invasive monitoring techniques, in a variety of clinical settings. In addition, students will be allowed to administer and monitor a variety of regional anesthetics. Students are required to administer a minimum of 650 anesthetics in a variety of techniques to graduate. Revision: 6/02

## **22. Confidentiality**

During the course of administering an anesthetic or reviewing a patient's chart, the student anesthetist is privy to confidential and/or sensitive information. It is

the policy of this school that all patient information remains confidential, unless needed by other health care providers for the safe conduct of this patient's care. If information is conveyed to another, it must be done so in a professional manner, keeping in mind the need for patient confidentiality. All materials shared during the course of a clinical conference must have personal references and patient identifiers removed. Students will be required to sign a confidentiality statement and violation of this policy will result in disciplinary action up-to and including termination from the program. Students must make themselves aware of the individual clinical institutions Health Information Privacy and Portability Act information (HIPPA).

Regular and adjunct faculty are expected to respect and protect the confidentiality of information concerning students or other employees.

### **23. Consensual Relations**

No student should enter into a consensual relationship with a faculty member, including clinical faculty, who exerts control or authority over him/her. Situations of authority include, but are not limited to, teaching, formal mentoring, supervision of research, clinical practicum supervision, and exercising substantial responsibility for grades, honors, or degrees; and considering disciplinary action involving the student.

Students and faculty alike should be aware that entering into a consensual relationship will limit the faculty member's ability to teach and mentor, direct work, employ, and promote the career of a student involved with him or her in a consensual relationship. No faculty member should accept authority over a student with whom he or she has had a consensual relationship without a written agreement from the appropriate supervisor or dean. No faculty should participate in decisions pertaining to a student's grades or consider disciplinary action involving the student with whom he or she has had a consensual relationship.

If nevertheless a consensual relationship exists or develops between a faculty member, including clinical faculty, and a student involving any situation of authority or supervision, the student must inform the Program Director or Assistant Program Director of the relationship and that situation of authority must be terminated. Termination includes, but is not limited to, the student withdrawing from a course, or clinical site, taught by the faculty member, transfer of the student to another course or section, or assumption of the position of authority by a qualified alternative faculty member. The student will also be reassigned to another academic advisor, and/or clinical mentor for supervision.

Rev: 6/06; 5/07

## **24. Criminal Background Checks**

All students shall submit to having a criminal background check performed by the organization deemed appropriate by the College of Health Professions or the Medical University of South Carolina. During their academic term students may be asked to undergo an additional background check at their expense. Names of students who have been cleared will be provided to the appropriate clinical facilities.

Individuals who wish to appeal adverse findings must provide a letter of appeal to the Assistant Director. During the appeal process review of convictions, the following normally will be taken into consideration:

1. Length of time since the conviction(s);
2. Type and circumstances of the offense;
3. Applicant's employment record or subsequent behavior since the offense(s);
4. Number of convictions;
5. Rehabilitation;
6. Nature of the clinical assignments and relatedness of conviction(s);
7. Location of clinical assignments;
8. Adverse outcome on professional licensure.

Rev: 5/06

## **25. Discipline**

If a clinical student is considered to have a problem or concern considered significant by the faculty, disciplinary action will be handled with a three-step procedure.

- **Counseling** - The student will be counseled by the Assistant Director. At this time, the student will be advised of the problem and possible steps to correct the problem. A written action plan for improvement will be formulated. The student has the right to be heard.
- **Admission and Progression Committee** - If the problem is not corrected by counseling with the Assistant Director, the student will be asked to meet with the Admissions and Progression Committee. At this meeting, continued violation of the above stated problem will be discussed and a written action plan with goals and objectives will be formulated. The committee will discuss possible options for the student, up to and including possible termination from the program. If the student is terminated, he/she will be notified by registered mail.

- University Appeal Committee – If a student is terminated from an academic program, he/she is entitled to a University hearing. Refer to the University Bulletin for procedures and policies.

### 25.1 Disciplinary Reasons

The following are considered reasons to warrant disciplinary action or dismissal; HOWEVER, this list in no way implies or represents all reasons for discipline:

- violation of rules and regulations of any clinical site;
- abusive and profane language;
- breach of confidentiality;
- surrender of nursing license;
- poor attitude or disloyalty;
- carelessness and neglect;
- dishonesty or falsification of documents and papers;
- insubordination;
- poor performance in the classroom or clinical area;
- felony conviction;
- plagiarism;
- refusing to perform as the instructor requests;
- failing to turn in unsatisfactory clinical evaluations;
- unprofessional behavior around staff members, classmates, patients, or their families;
- talking back to, cussing at, gossiping about, or demeaning any instructor, co-worker, or hospital employee;
- **USE, OR BEING UNDER THE INFLUENCE, OF ALCOHOL WHILE IN THE CLINICAL OR DIDACTIC AREA;**
- **DRUG USE AT ANY TIME.**

In addition, any clinical affiliate may refuse to allow a student access to use of its facilities for violation of affiliate rules.

### 25.2 Disciplinary Rights of the Student

The student has the right to:

- know what is expected and what the disciplinary process is;
- consistency in response to any infraction;
- question any facts and present a defense;
- progressive and fair discipline;
- consideration as an individual;
- appeal disciplinary action.

**26. Complaints Against the Program**

A file will be kept in the Program Director's office of all complaints brought against the program or any clinical personnel affiliated with the Medical University of South Carolina Anesthesia for Nurses Program. Complaints against full-time Medical University of South Carolina faculty will be kept in the office of the Provost & Vice President of Academic Affairs. All complaints will be kept on file for five years.

Revision: 6/04

**27. Health Insurance**

Students must provide their own health insurance. Proof of coverage of current health care insurance must be on-file while enrolled in the program. Health insurance can be purchased through the MUSC.

**28. Leave of Absence**

Students may submit a written request for a one-semester leave of absence from the clinical portion of the program. Applications will be evaluated on a case-by-case basis by the Program Directors. Students must work with the Office of Financial Aid of the Medical University to make sure their accounts are up to date. Prior to re-entry into the clinical portion of the program, students must submit to, and have a negative result, from a witnessed urine or hair drug screen. A positive drug screen will result in termination from the program. Cost of the drug screen will be paid for by the student.

Students wanting a leave of absence during the didactic portion of the program may submit written application and may be allowed to re-enter on a space available basis at the start of the next academic year.

Adopted: 6/08

**29. Liability Insurance**

Students must provide their own medical liability insurance in the amount of \$1,000,000/3,000,000. Proof of coverage of current liability insurance must be on-file while enrolled in the clinical portion of the program. Professional liability insurance can be purchased through the AANA Insurance Services.

Rev: 3/06

**30. Meetings**

During their time in the program, all students are required to attend the annual meeting (September) of the South Carolina Association of Nurse Anesthetists and the Legislative Breakfast (January, Junior students). Attendance will be at the student's

own expense and time-off will be granted from the clinical area. In addition, students are strongly encouraged to attend at least one national meeting with no loss of vacation time.

### **31. Notification**

Any change in contact information, including address, phone number and e-mail address **must** be conveyed to the program administrative assistant within 48 hours.  
2/06

### **32. Pre-Anesthetic Visits**

- The clinical student will visit each assigned patient pre-operatively either the night before surgery or in the pre-anesthesia care unit.
- A reasonable attempt should be made to see the patient the day prior to the scheduled surgery. After reviewing the chart and interviewing the patient, pre-operative medication orders should be written. **All orders will be counter signed by a physician prior to being administered.**
- Before leaving the clinical area for the day, each student will check with the anesthesiologist on call and make at least one pre-operative visit for the next day.

### **33. Post-Anesthetic Visits**

- If a patient anesthetized by a student is hospitalized overnight, that student, if he/she is at that same facility the next day, **must** make a post-operative visit and write an appropriate note.
- To document the visit, a Continuous Quality Improvement (CQI) form must be turned in to the Clinical Director.

Revision: 6/04

### **34. Promotion**

Terminal requirements for graduation require an overall grade point average of at least 3.0 with no more than two merit grades of > 2.0 but less than 3.0 during the course of study. Students receiving more than two merit grades > 2.0 but less than 3.0, a merit grade of < 2.0 in any class, or whose cumulative grade point average falls below 3.0 will be dismissed from the program.

Rev: 1/05

## **35. Publications**

### **35.1 Review of Policies and Regulations**

All policies and regulations will be reviewed annually (June) by the Program and Curriculum Committee. This review will be used to make appropriate changes in the program policies.

Revision: 6/04

### **35.2 Publication of Handbooks and Other Program Materials**

All handbooks will be published and revised in July after review by the Program and Curriculum Committee in June.

Revision: 6/04

The nurse anesthesia program will maintain the following publications:

#### **35.2.1 Faculty Handbook**

To include:

- accreditation;
- affiliations;
- anesthesia care plans;
- appeal policies/procedures;
- committees;
- course descriptions;
- curriculum;
- discipline;
- employment;
- evaluations
  - faculty
  - student
- faculty appointment;
- grading;
- graduation criteria;
- holidays;
- immunizations and student health;
- leave of absence;
- medical requirements;
- non-discrimination;
- program goals;
- program mission;
- program philosophy;
- rights and responsibilities

- faculty
- student
- SRNA;
- sick leave;
- substance use and abuse;
- terminal objectives
- academic
- clinical
- time commitment;
- tuition and fees;
- vacation;
- withdrawal.

### **35.2.2 Recruitment brochure**

To include:

- admission information;
- description of the program;
- statement of non-discrimination;
- time commitment;
- tuition and fees.

### **35.2.3 Student handbook**

To include:

- orientation;
- accreditation;
- association membership;
- committees;
- disciplinary process and appeal;
- dress code;
- description of the program;
- employment statement;
- ethical code of conduct;
- holidays;
- illegal substance abuse policy;
- immunizations and student health;
- important dates;
- insurance statement including health and liability;
- grading;
- graduation requirements;
- leave of absence;
- non-discrimination;
- program mission;
- program philosophy;

- rights and responsibilities
  - faculty
  - student
- sick leave/vacation policy/holidays;
- student fees;
- terminal objectives
  - academic
  - clinical
- time commitment;
- transfer policies;
- transportation;
- withdrawal/resignation policy.

### **35.2.3 Administrative Manual**

An administrative manual will be kept by the Program Director with a master copy of all University and Program Policies and Procedures.

Revision: 6/04

### **35.2.4 Webpage**

All materials for the webpage will be submitted by the program director to the webmaster.

Revision: 6/02

## **36. Readmission**

Students who have been dismissed or who withdraw from the nurse anesthesia program and wish to continue must reapply to the program and go through the student selection process. An updated medical form must be submitted if required by contractual agreement with clinical agencies.

## **37. Records**

### **37.1 Program Records**

All program records will be maintained in the Program Director's office. Records requiring sensitivity and confidentiality will be stored in a locking file. Program records will include:

- administrative manual;
- current edition of the Council on Accreditation Educational Standards and Guidelines;
- committee meeting minutes;
- faculty files for all didactic and clinical faculty members to include:

- current curriculum vitae;
- position description;
- quarterly or university evaluations;
- evidence of current RN licensure, certification, and/or recertification information (when appropriate);
- faculty appeal mechanisms;
- affiliation agreements;
- pertinent correspondence;
- program evaluation
  - general evaluation plan;
  - assessment plan;
  - student exit interviews;
  - employer evaluation of graduates;
- program of study
  - program philosophy and objectives;
  - program design and master schedule of faculty assignments;
  - course outlines, objectives and reading lists;
  - affiliation agreements with objectives and guidelines.
- self-evaluation study, including previous studies and interim studies;
- student records to include:
  - application materials;
  - documentation of disciplinary action and student action plans;
  - exit interview;
  - official transcript;
  - quarterly clinical evaluations;
  - request for transfer.
- university policy manual (electronic).
- student grievance and appeal.

### **37.2 Clinical Evaluation Records**

For three years after successful completion of the certifying examination, the Clinical Director will maintained the following student records on file in his/her office. Where appropriate, the files will be stored in locked files.

- Correspondence with the Council on Accreditation.
- Disciplinary action forms and student action plans.
- Instructor evaluation data.
- Notes from student counseling sessions.
- Quarterly clinical evaluations.
- Weekly clinical evaluations.

### **37.3 Student Records**

Each student will have a permanent file containing the following information.

- Admission information
  - Application
  - Personal interview summary
  - Report of admissions committee
- Evaluations
  - Academic evaluations and official transcript
  - Quarterly clinical evaluations
  - Student self-evaluation
  - Graduate evaluation of program
  - Supporting documentation for dismissal (if indicated)
  - Disciplinary or Counseling reports (if indicated)
- Student program records will be maintained for three (3) years after successful completion of the certifying examination given by the Council on Certification.
- All records that are disposed of will be shredded.
- Records of students who did not successfully complete the program will be maintained for five (5) years.

Revision: 6/04

## **38. Rights and Responsibilities**

### **38.1 Faculty Responsibilities**

Clinical faculty are expected to:

- discuss care plans with students under their supervision;
- demonstrate communication skills;
- praise positive performance;
- relate didactic knowledge to clinical experiences;
- treat learners in a professional manner and as adults;
- maintain appropriate confidentiality;
- be good role models;
- evaluate student performance;
- instruct students;
- encourage independence; and
- inspire confidence.

The faculty member has the right to:

- expect support from the program and University administration;
- be treated as a professional;
- be heard in all matters concerning discipline and evaluation;
- be represented in the educational process.

### **38.2 Student Responsibilities**

The student has the responsibility to:

- demonstrate a professional manner at all times;
- adhere to the regulations and policies as set forth in the policy or University manual;
- take responsibility for his/her own actions;
- be prepared prior to entering the clinical or didactic area.

In addition, the student has the right to:

- expect quality education;
- expect to be treated fairly and as an adult;
- be represented in the educational process;
- be regarded as a professional member of the health-care team;
- receive fair and objective evaluations;
- exercise due process of appeal;
- not be discriminated against because of race, color, gender, handicap or national origin;
- decline to do any case he/she finds morally or ethically objectionable.

### **38.3 Patient Rights and Responsibilities**

The patient has the right to:

- expect to be treated with dignity and as a valued member of society;
- have all medical and personal information remain confidential;
- a quality anesthetic;
- refuse participation in his/her care by a student nurse anesthetist.

The patient has the responsibility to be honest in all medically related disclosures.

### **38.4 Applicant Rights and Responsibilities**

The applicant has the right to:

- not be discriminated against because of race, color, gender, handicap or national origin;
- know what is expected of him/her;
- expect to be treated with dignity and as a valued member of society.

The applicant has the responsibility to:

- be truthful in all disclosures to the University and Admissions Committee;
- act as an adult.

### **38.5 Clinical Agency**

The Clinical agency has the right to:

- expect professionalism from all students and faculty who are “guests” at its clinical sites;
- restrict any student from participating in clinical education for cause.

The clinical agency has the responsibility to:

- provide a clinical environment that is conducive to learning;
- provide a clinical environment that is free of harassment.

Revision: 6/04

### **38.6 Accrediting Agency**

The accrediting agency has the right to:

- review or cause to be reviewed any program for cause, including:
  - multiple student complaints;
  - low board certification scores over multiple years.
- assess the competency of any program director;
- evaluate all issues addressed by students to the Council that affect student satisfaction and outcomes.

The accrediting agency has the responsibility to:

- provide all information needed for resolution of complaints issued;
- make sure complaints are legitimate and not baseless before proceeding with punitive action.

Revision: 6/04

## **39. Sexual Harassment**

It is the policy of the Medical University of South Carolina to prohibit any form of sexual harassment. The offender will be subject to disciplinary action, up to and including dismissal. This policy is in keeping with federal and state guidelines. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or written pictorial material of a sexual nature constitute sexual harassment under the following conditions:

- Submission to such conduct is made explicitly or implicitly a term or condition of progress;
- Submission to or rejection of such conduct by an individual is used as the basis for progress decisions affecting such individuals;
- Such conduct has the purpose or effect of unreasonably interfering with a

student's performance or creating an intimidating, hostile, or offensive learning environment.

The entire "Sexual Harassment Policy for Students, Residents, and Trainees" is published and distributed in the MUSC Student Handbook and on the Web at [http://www.musc.edu/studenthandbook/Web\\_handbook/hbook\\_index.html](http://www.musc.edu/studenthandbook/Web_handbook/hbook_index.html).

#### **40. Student Medications**

Students must notify the program administration of any on-going illness that requires self-administered medications. Only those individuals who have a need to know about the medications will be informed. These individuals may include: program director, assistant program director, clinical coordinator and possibly the chief anesthetist.

A. All medications must be in properly labeled and stored in dispensed medication bottles.

1. Student's name, prescribing physician, medication and dose must be displayed on the label.
2. Multiple medications cannot be mixed into one bottle.

B. No syringes or medications may be kept in the student's locker.

1. Removing a syringe and or medication from their own locker may be misconstrued as self-administering medications inappropriately.
2. The clinical coordinator will be asked to find the student an appropriate place to store and administer the medication.
3. Violation of either A or B of this policy will result in a 2 day suspension and a letter of reprimand in their permanent record.

C. Students who must take narcotics or other drugs that impair mental cognition will be asked to take a leave of absence until the drugs are either properly regulated or they are off of the medications.

1. Students in violation of this portion of the policy will be immediately suspended from the clinical area pending certified completion of their drug regimen followed by assessment and counseling at the Counseling and Psychological Services Center.

Revision: 2/06

#### **41. Student Representation**

Each class will select a student representative. The representative will perform such duties as chair class meetings, act as a liaison between students and the program director, and serve on appropriate program committees. The class representative will present major student complaints, make suggestions, keep students informed as to the results of meetings, and participate in the on-going evaluation and improvement of the program.

## **42. Student Support Services**

Services are available from various departments at the university. These include Career Counseling, Cooperative Education, Personal Counseling, Food Services, Learning Center (The Hangar), Library, Parking, Residential Living, and Child Care. Please refer to the University Student Manual for details of these services.

## **43. Student Transfer**

Students who wish to transfer from the program are free to do so at any time. The following procedures apply.

### **43.1 Transfers out of the program**

- The student must notify the Program Director in writing of his/her intent and reasons for wanting to transfer.
- The Program Director will supply the student with a list of accredited nurse anesthesia programs. It is up to the student to make the initial contact with potential programs.
- The Program Director will respond to all requests made by the accepting program.
- The Program Director shall request that a transcript and other appropriate data be sent within 30 days.
- The accepting program shall determine the transfer credit and will notify the transferring student and the Council on Accreditation in writing of the decision within 30 days.

### **43.2 Transfers into the Program**

Transfers into the program will be allowed on a space available basis and under the following conditions:

- The student meets all admission requirements of new student admission to the program.
- Letter and reference from his/her Program Director.
- The student has met all financial obligations to his/her initial program.
- The student meets all academic requirements for the nurse anesthesia program, including an overall grade point average of not less than a 3.0.
- The student has a personal interview with the Program Director, Assistant Program Director and the Medical Director.
- The accepting program shall determine the transfer credit and will notify the transferring student and the Council on Accreditation in writing of the decision within 30 days.

**44. Terminal Vacation Policy**

**A student may not accept and use vacation time to start a position to practice as a Graduate Registered Nurse Anesthetist prior to his/her official day of graduation.**

**45. Time Commitment**

The student's time commitment is approximately 50+ hours during a seven-day week. This time commitment will cover clinical work ( $\pm 36$  hours), classroom ( $\pm 12$  hours), and study time ( $\pm 10$  hours). In addition, the student will be required to participate in clinical encounters on some weekends.

Revision: 6/04

**46. Time Limits for Completion of Program**

The twenty-eight month program is measured from the full-time start date in the program. Students who do not complete their program of study within four full time semesters plus two summer sessions (two years) must petition for an extension. At the time of graduation, no course work may be older than three years.

Revision: 6/04

**47. Transcripts**

Official transcripts can be obtained from the MUSC Office of Enrollment Services at a cost to the student. Requests should be made in person or in writing to the Office of Enrollment Services.

**48. Transportation**

Transportation to and from the clinical facilities or University is to be provided by the student at his/her expense.

**49. Tuition, Fees and Out of Pocket Expenses**

Tuition and fees, see the current university schedule.

Additional out of pocket expenses:

Jackets (special order)	\$ 80
ACLS/PALS/BLS	\$ 135
Palmpilot	\$ 200 - variable
Washington meeting (optional)	\$ 700
Insurance (\$274/yr with rebate)	\$ 548
Lab kits	\$ 10
AANA membership dues	\$ 100
Class dues (variable)	\$ 75 – class optional
Georgia license	\$ 100
Parking (\$85/semester x 7)	\$ 600
Drug sheet	\$ 10
Flash drive	\$ 30
Valley review (optional)	\$ 820 + lodging & travel
Books	\$2000
State meetings	\$ 500
Certification Examination	\$ 750
Total	\$7630 +

**50. Withdrawal/Resignation**

Students are free to withdraw from the program at any time. Prior to withdrawing, the student is asked:

1. submit a letter of resignation to the Program Director;
2. have an exit interview with the Program Director.

Revision: 6/02

**ACCEPTANCE OF THE ABOVE POLICIES IS ASSUMED WITH REGISTRATION. PLEASE READ THEM CAREFULLY, THEN SIGN, AND RETURN THE ATTACHED AGREEMENT FORM.**

