

MIDDLE TENNESSEE SCHOOL OF ANESTHESIA



Reflecting Christ in Anesthesia Education

2017 – 2018 Acute Surgical Pain Management Fellowship HANDBOOK

www.mtsa.edu

315 Hospital Drive, P.O. Box 417, Madison, TN 37116



President's Welcome

Welcome to the Acute Surgical Pain Management Fellowship at the Middle Tennessee School of Anesthesia. We are pleased that MTSA and the American Association of Nurse Anesthetists have collaborated to provide the nation's only post-graduate ASPM Fellowship program. Additionally, the program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), which is a specialized accrediting body recognized by both the United States Department of Education and Council for Higher Education Accreditation (CHEA).

MTSA is single-purpose, regionally accredited, anesthesia-specific, graduate degree granting program with an innovative curriculum and state of the art educational facilities and experiences. MTSA faculty and staff focus on you, and are committed to providing an atmosphere conducive to collegial relationship building. The School is built upon a strong foundation embracing Christian, Seventh-day Adventist values and beliefs, excellence in knowledge, and superb clinical skills.

Feel free to contact me if I can help you in exploring all the possibilities before you. Thank you for the trust and confidence you have placed with us. I assure you that we will do all we can to meet and exceed your expectations! Welcome to MTSA.

Chris Hulin, DNP, MSN, MBA, CRNA
President

Director's Welcome



Welcome to the Acute Surgical Pain Management Fellowship at Middle Tennessee School of Tennessee. I look forward to our interaction over the next year learning about advanced principles of acute pain management. This fellowship has brought together 25 faculty experts from the United States and Canada who have brought forth some engaging and clinical useful content for the practicing CRNA. Our hope is that this information gets widely disseminated and utilized to reduce surgical pain, improve the patient satisfaction experience associated with surgical interventions, and reduce pain-related complications and opioid use in the perioperative period. We have partnered with the AANA and multiple clinical sites throughout the US to bring forth a high-quality, interactive learning experience to ensure the fellow leaves the program with the knowledge and skills necessary to establish, train, and

maintain an acute pain service.

As a graduate of this fellowship, you will make a strong impact throughout the country in advancing the latest evidence-based practices in acute pain management. As we already know, severe post-surgical pain can lead to debilitating chronic pain. At MTSA, we believe in advancing the latest techniques in acute pain management to minimize these chronic, debilitating conditions. Working together, we are confident that the incorporation of this fellowship knowledge will reduce health care costs and improve patient outcomes far into the future.

Thanks again for choosing MTSA and if there is anything I can do to enhance your learning experience in the fellowship, please let me know.

Bill Johnson DNAP, CRNA
Director, Acute Surgical Pain Management Fellowship

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*The statements, policies, guidelines, and procedures contained in this *Fellow Handbook* are intended to be informational for applicants, as some may be revised in the future, and are applicable to all enrolled students. Upon enrollment, all new students will be provided with this *Fellow Handbook*. All Fellows are expected to abide by the contents of the current *Fellow Handbook*. This publication is revised at least annually, and amendments to policies and procedures are included in each new edition. MTSA reserves the right to make revisions to the contents of the *Fellow Handbook* as necessary, or as deemed advisable by the President's Council. Additionally, MTSA reserves the right to amend policies and procedures in the current *Fellow Handbook*, with such changes taking effect immediately upon approval by the President's Council. At the time of each revised edition, all students are provided with a link to access the current published electronic version of the *Fellow Handbook*, and Fellows are also expected to abide by its contents.

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MTSA MISSION

Middle Tennessee School of Anesthesia exists to provide a Christian, Seventh-day Adventist learning environment that fosters the pursuit of truth, excellence in and access to graduate nurse anesthesia education, and a life of service.

MTSA VISION

Middle Tennessee School of Anesthesia endeavors to be a national leader in academic and professional excellence, specific to graduate nurse anesthesia education. The School will remain responsive to the needs of its constituents and its diverse student body.

MTSA CORE VALUES

- ◆ Christian, Seventh-day Adventist values-driven curriculum and program
- ◆ Academic and clinical excellence that fosters a life of service
- ◆ Wholistic approach to education, health care, and a balanced lifestyle
- ◆ Graduate education that prepares nurses to pass the National Certification Examination and enter the workplace with confidence

HISTORY, HERITAGE, AND CHRISTIAN LEGACY

History & Heritage

MTSA has roots that began more than a century ago. In 1904, a group of Seventh-day Adventist pioneers, who were committed to health, wellness, and temperance, traveled south from Battle Creek, Michigan, to initiate a health care institution among the poor, and founded Nashville Agricultural and Normal Institute. This Institute developed and transformed through name changes and maturity to include an elementary school, a high school, a junior college, and, eventually, a full college. Concurrently, on the same campus, Madison Sanitarium developed into Madison Sanitarium and Hospital, which, nearly a century later, became Tennessee Christian Medical Center. The hospital provided a site for clinical training as the college educated scores of health care professionals.

These ancestor institutions laid the groundwork for MTSA, which began in 1950 as the Madison Hospital School of Anesthesia for Nurses, a part of Madison College. Bernard V. Bowen, CRNA, DSc, founded the School to facilitate nurse anesthesia education within the framework of Seventh-day Adventist beliefs, which included no Saturday classes. MTSA started with just two students in a 12-month program, but soon expanded to an 18-month program, admitting 16 students annually. On July 1, 1980, the School changed its name to Middle Tennessee School of Anesthesia and is now the last vestige of Madison College and Madison Hospital. Since its beginning, the School has regularly provided anesthesia as a service for regional rural hospitals, which is the basis for the current multiple clinical instruction locations.

Christian Seventh-day Adventist Legacy

The Christian spirit of dedication and work that led to MTSA's development is very much alive today. The School continues to foster a learning environment that encourages strong moral principles and a close relationship with God. The School celebrates and respects the diversity of faiths represented among students, faculty, and staff. It operates with a holistic, balanced approach to life that includes physical, mental, emotional, moral, and spiritual aspects, while encouraging a relationship with God as Creator.

As a Christian denomination, Seventh-day Adventists are a faith community rooted in the beliefs described by the Holy Scriptures, including both the Old and New Testaments. In harmony with a broad overall mission to reflect Christ in its educational program, and in keeping with its Adventist heritage, MTSA conducts a class that includes exposure to Adventist beliefs. Many of these beliefs are foundational and common to Christians from a variety of faith traditions and include *the Trinity, the Divinity of Jesus, a literal six-day creation, and salvation through faith in Jesus*. Some belief differences may be present, including a 24-hour Sabbath rest from work and school, beginning Friday evening at sundown and concluding Saturday evening at sundown, when no School-sponsored activities, classes, or events take place. Additionally, at School functions, food choices are exempt of certain options as a commitment to health and temperance.

Jesus Christ exemplified a life of service. MTSA desires to follow His pattern and honor the Bible's teachings through learning, scholarship, and ministry.

For more information regarding the SDA church visit - www.adventist.org.



***Madison Hospital
Circa 1977***



***Bernard Bowen, CRNA
Founder, MTSA***

UNDERLYING EDUCATIONAL PRINCIPLES OF MTSA

MTSA recognizes the expanded role CRNAs fill as contributing members of the health care team. It is no longer enough that nurse anesthetists be skilled in anesthesia administration. They must also be able to assess their patients' medical status and plan a comprehensive anesthetic management program that encompasses the pre- and post-anesthetic periods, as well as the operative period. MTSA aims to provide the academic climate and facilities necessary for the student to attain the body of knowledge and technical skills consistent with high standards of practice. In recognition of the important role played by CRNAs in the nation, and specifically in the Southeastern region of the United States, MTSA is historically constituted and strategically located, so as to play a vital part in meeting continuing needs for well-prepared anesthetists, both regionally and nationally.

MTSA believes that true education involves the growth of the spiritual, intellectual, and physical aspects of the student. In keeping with this belief, faculty members seek to provide a balanced program between the academic and clinical phases, so that knowledge and skills may be developed concurrently. The curriculum is integrated with academic and clinical experience occurring simultaneously. The acquisition of both intellectual and technical skills should start with the basic, then progress in logical steps to the more complex and advanced; each step building on the previous one. Throughout the entire educational process, Christian values should be emphasized in the daily lives of both faculty and students, for both their benefit and that of their patients.

MTSA believes that the student's role is one of an active participant in the educational process. This means students may participate in seminars, present case studies, write papers, and maintain independent study.

MTSA believes that the body of knowledge that constitutes the art and science of anesthesia is ever growing and ever changing. In keeping with this belief, MTSA endeavors to foster in both faculty members and students a thirst for knowledge and an intellectual curiosity that will promote lifelong professional growth and a desire for excellence. Graduates will be able to assist in the preparation of the next generation of anesthesia providers.

It is the goal of MTSA that graduates be well qualified to fill first level positions and be capable of working to their full scope of practice with other CRNAs or physician anesthesiologists.

It is the philosophy of MTSA that it be operated as a freestanding, single purpose, anesthesia specific, graduate degree granting institution.

ACUTE SURGICAL PAIN MANAGEMENT FELLOWSHIP ACCREDITATION

Approval received September 2, 2016 for a five (5) year period.

Council on Accreditation of Nurse Anesthesia Educational Programs (COA)

MTSA and the ASPM Fellowship are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), which is a specialized accrediting body recognized by both the United States Department of Education and Council for Higher Education Accreditation (CHEA). The next accreditation review determination by the COA is scheduled for 2021. For questions specifically about the professional specialty accreditation of MTSA, contact the COA at the following address: *

222 S. Prospect Avenue
Park Ridge, IL 60048
(847) 655-1160

***Please note that normal inquiries about the institution, such as admission requirements, financial aid, educational programs, etc., should be addressed directly to the Institution, and not to the offices of any of these accreditation or approval organizations.**

BOARD OF TRUSTEES

The Middle Tennessee School of Anesthesia, Inc. (MTSA), is a non-profit Tennessee corporation qualified as a 501(c) 3 organization in accordance with the Internal Revenue Code of 1986. Middle Tennessee School of Anesthesia is owned by Middle Tennessee School of Anesthesia, Inc. and is operated by a Board of Trust. Trustees represent the business, educational, financial, healthcare, and legal professions. The membership of the Board of Trustees is comprised of three categories, with approximately one-third community members, one-third Certified Registered Nurse Anesthetists (CRNAs), and one-third physician anesthesiologists. As such, the Board of Trustee members contribute broad and varied interests, abilities, and experience. The Board is charged with policy decisions and ensuring the future advancement of the Middle Tennessee School of Anesthesia. Since the Board typically meets quarterly, it delegates interim authority to the Executive Committee of the Board of Trustees. Operational authority is delegated to the President.

As of January 1, 2017 the members of the Board of Trustees are as follows:

Art Runyon-Hass, MD, PhD (Chairman)	Jeff Ford, CRNA
Vic Martin, CRNA, APN (Vice-Chairman)	Truitt Ellis, MD
Max Fort, CRNA	Scott Hoffman, MD
C. William McKee, EdD	Vicki Davies, CPA
Steve Dickerson, MD (Chair Emeritus) <i>ex-officio</i>	

The MTSA President is an ex-officio, non-voting member of the MTSA Board of Trustees. The Secretary of the Board of Trustees is the MTSA Special Assistant to the President.

STAKEHOLDER'S RIGHTS

MTSA Policy 3.3.112

Accrediting Agencies' Rights

Each accrediting agency with which MTSA has interaction shall expect that MTSA will be open and honest in its presentation of the School. It is expected that the administration will operate the School with the highest level of integrity, performance, and quality, so the accrediting agency and the public which the School serves shall have confidence in its operations.

Affiliating Institutions' Rights

MTSA maintains many clinical affiliations. Each affiliate site should expect that MTSA will solicit and maintain licensure information, and a pertinent health history on each student such as current TB skin tests and relevant immunizations. Affiliates shall expect that MTSA will instruct its students as to maintaining the privacy of health information of its patients. They shall expect that MTSA will provide basic safety instruction and an orientation related to anesthesia practice, and that MTSA will provide information regarding the outcomes expectations of students at each level.

Faculty and Staff Members' Rights

- ◆ Members of the MTSA administration, staff and faculty shall have academic freedom in teaching. This group shall be able to speak, write or act as citizens without institutional censorship or discipline, providing such actions are in harmony with the MTSA Mission, Vision, Values and Goals as found in the *MTSA Administrative Manual*.
- ◆ Additionally, administration, staff and faculty must understand that as persons of learning and educational representatives of MTSA, they must remember the public may judge their professions and the institution by their words and acts.
- ◆ While off campus, yet representing the School (i.e., conventions, seminars, etc), at all times, administration, staff and faculty should be accurate and show respect for the opinions of others, while abiding by MTSA standards and policies. Special care should be given when personal opinion is shared that may conflict with MTSA standards and/or policies and procedures.
- ◆ MTSA faculty and staff have the right to be treated with respect by each student, and the student will be held accountable for doing so. Digressions may be reported to, with possible hearing by, the Progressions Committee and/or the President's Council.
- ◆ Faculty and staff have a right to the grievance and due process protocol, as listed in the *MTSA Administrative Manual* and *Faculty Handbook*.

Patients' Rights

Patients have a right to be cared for with the utmost respect by nurse anesthesia students as they are specializing in anesthesia. They should expect that the quality of care will reflect the scope and standards for nurse anesthesia practice, and abide by HIPAA regulations.

Applicants' Rights

Applicants have a right to expect that MTSA will follow the most current edition of the *MTSA DNAP Practice Doctorate Student Handbook* related to admission requirements and processes for the program in which they are interested, with the understanding that there will be updates and revisions at least annually.

Students' Rights

Students have a right to expect that MTSA will treat them with respect, and will abide by the standards set forth in the most current edition of the *MTSA DNAP Practice Doctorate Student Handbook* applicable to their program of study. Students have the right to a grievance process.

NONDISCRIMINATORY POLICY

MTSA Policy 3.2.104

MTSA admits students without regard to race, color, sex, age, disability, marital status, full- or part-time status, religion, sexual orientation, gender identity, or national origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. MTSA does not discriminate on the basis of race, color, sex, age, disability, marital status, full- or part-time status, religion, sexual orientation, gender identity, or national origin in administration of its educational policies, admission policies, grant and loan programs, or any other School-administered programs. The School will make reasonable accommodation wherever necessary for all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with requirements of the curriculum.

ANNUAL SECURITY REPORT AVAILABILITY

MTSA Policy 3.3.113

Annually, MTSA collects and submits the crime statistics from the Annual Security Report to the Secretary of Education to comply with the Clery Act. The Annual Security Report includes statistics for the previous three years concerning reported crimes that occurred on campus and on public property immediately adjacent to the campus. The statistics are collected from the Campus Security Authorities and the Metro Nashville Police Department. The report also includes institutional policies concerning campus security, such as policies concerning sexual assault, and other matters. A paper or electronic copy of the Annual Security Report may be obtained by contacting the Office of the Dean (888-353-6872) or at <http://www.mtsa.edu>.

FELLOW LINES OF COMMUNICATION

MTSA Policy 5.5.101

Email is the official form of communication between Fellows and MTSA, unless otherwise indicated on a syllabus. This is how a Fellow will be updated on policies, procedures, and items related to course work.

Fellows are issued an MTSA email address at the enrollment date and are expected to check this email on a regular basis. **No other email account may be used for official communication with the school.** In emergency situations only, text messages will be sent from BlackBoard Connect to Fellows' cellphones to keep them informed of the situation.

There are times when the Fellows may not be able to talk directly with the Director, Acute Surgical Pain Management Fellowship as quickly as they may wish, or may be uncomfortable talking to specific administrators. The following is an attempt to assure that Fellows continue to have open lines of communication for issues they may perceive as problematic.

Should Fellows find there are School-related issues they wish to address, the Director, Acute Surgical Pain Management Fellowship (ASPMF) is the first person to whom Fellows should address these issues. If the Director, ASPMF is unavailable, the Fellow may contact the Dean of MTSA. If the issue involves an area other than academic, or Fellows do not feel comfortable or it is not convenient to approach any of these faculty members, then it is entirely appropriate and even encouraged for students to address their concerns and/or issues with any of the MTSA administrators.

APPLICATION PROCESS

Admission Criteria

MTSA enrolls up to 12 accepted applicants into the new cohort for the 12-month Fellowship program twice a year, beginning in January and July. All applications for the Fellowship program must be submitted to MTSA before the application deadline.

After the application deadline, the applicants are reviewed based on the following requirements, to determine which applicants will receive an invitation to interview.

Fellows will have current CRNA certification granted by the NBCRNA. Additionally, Fellows will demonstrate successful completion of one introductory ultrasound-guided regional anesthesia course or workshop and one advanced cadaver-based workshop within the last 3 years. Fellows will also show evidence of HIPPA and OSHA training in the last year through their current practice facility or offered via another facility.

Fellows will show evidence of personal health insurance either through their place of employment, or private insurance. Fellows are responsible for the costs of tests, treatment, and follow-up care for any accidents, injury, or illnesses that occur while enrolled as Fellows in the Acute Surgical Pain Management Fellowship. Fellows are not entitled to worker's compensation benefits in facilities outside of their employment.

Professional liability coverage to complete the clinical portion of the curriculum will be contingent upon state liability requirements for the respective clinic sites. Proof of insurance is required for each fellow prior to clinical rotations. Negotiations are in progress for Fellows to have the ability to obtain temporary malpractice insurance for Fellows requiring out of state clinical site placement. Please note that malpractice insurance must be an occurrence-based policy. A 1 million dollar occurrence with a 3 million dollar aggregate must be the minimum liability amounts obtained with this policy. The fellowship has the right to amend these requirements based on participating facility requirements for malpractice insurance.

In addition to the application, applicants will submit the following:

- An approximately three-page, double-spaced essay describing: the applicant's current work environment, individual goals for the Acute Surgical Pain

Management Fellowship, level of administrative support, and the manner in which successful completion of the fellowship will impact their personal practice.

- Three letters of reference are required and include one each from a current: 1) professional peer, 2) CRNA supervisor, and 3) Chief Medical Officer of Anesthesia Group
- Clinical case log from the past calendar year
- **\$60 non-refundable application fee**
- RN License
- APRN License
- AANA Membership
- Current CV
- HIPAA/OSHA Training
- Personal Health Insurance

Application Checklist

- Completed Application Form
- \$60 Application fee
- RN License
- APRN License
- NBCRNA Certification
- AANA Membership
- Current CV
- Proof of Basic and Advanced Cadaveric Workshops completion (if in progress, must be completed before interviews in June)
- Case Logs for most recent 12 months
- Personal Essay
- 3 Reference forms completed
- HIPPA/OSHA Training
- Personal Health Insurance

Click [here](#) to access .pdf of application form or visit www.mtsa.edu

Re-Applicants

Those wishing to reapply to the Fellowship, must submit a new application and \$60 non-refundable application fee. All re-applicants will be considered by the Director, Acute Surgical Pain Management Fellowship and the Acute Surgical Pain Management Fellowship Council. Re-application is not permitted under the following conditions: if the Fellow has been enrolled in the program and a) withdrew without notification (policy #5.5.103) or b) if the Fellow was dismissed from the program.

Applicants to the Fellowship AND Doctor of Nurse Anesthesia Completion Program

Applicants applying to the Fellowship and the DNAP completion program will be required to submit an academic transcript and be interviewed by the DNAP completion faculty prior to acceptance into the Fellowship. Once accepted into the Fellowship, applicants will be eligible to enroll in the next DNAP completion cohort after the Fellowship didactic portion is concluded. A new application will not be required prior to entry into the DNAP completion program.

ACCEPTANCE PROCESS

At the conclusion of all personal interviews, the Acute Surgical Pain Management Fellowship (ASPMF) Council will determine which applicants will be accepted. The Director, ASPMF will send acceptance letters to those selected for admission. In the acceptance letter, each selected applicant will be given a **ten (10) business days** in which to respond with the deposit and the deadline will be stated in the invitation. If an applicant chooses to accept the offered position in the upcoming class, he must submit the **NON-REFUNDABLE DEPOSIT** to by the stated deadline. After the stated deadline, if the **NON-REFUNDABLE DEPOSIT** has not been received at MTSA, the applicant will forfeit the offered position in the upcoming class, and MTSA may then offer the vacant position to an alternate applicant.

Non-Refundable Deposit \$2,000

ENROLLMENT PROCESS

Once Fellows have been accepted to the program, submitted the non-refundable deposit, and have not opted to defer, they will be enrolled in the program. The first payment is due on the first day of enrollment. This date will be communicated to Fellows by the Director, ASPMF.

Deferment

Upon acceptance, Fellows may opt to defer for a period up to six-months. Written communication with the Director, ASPMF must be received within ten business days from the time of acceptance. A non-refundable deposit must be received by MTSA with a letter of intent ten business days prior to the enrollment into the subsequent cohort. Failure to submit payment and enroll in the subsequent cohort results in termination of acceptance.

Current Tuition and Fees

Summer Cohort (enrolling in July)

Payment 1 (The \$2,000 non-refundable deposit which was paid prior to enrollment will be applied toward this amount) (July)	\$7,500	
Payment 2 (November)	\$7,500	
Clinical Rotation Fee	\$2,500 (per rotation)	
Total Tuition		\$17,500

Winter Cohort (enrolling in January)

Payment 1 (The \$2,000 non-refundable deposit which was paid prior to enrollment will be applied toward this amount) (January)	\$7,500	
Payment 2 (April)	\$7,500	
Clinical Rotation Fee	\$2,500 (per rotation)	
Total Tuition		\$17,500

ACUTE SURGICAL PAIN MANAGEMENT FELLOWSHIP Program Information

The Middle Tennessee School of Anesthesia (MTSA) has developed the Acute Surgical Pain Management Fellowship with the support of the American Association of Nurse Anesthetists (AANA). This Fellowship will enhance the knowledge and skills of the Certified Registered Nurse Anesthetists (CRNAs) in the management and care of the patient with acute surgical pain. Upon completion of the program, CRNAs will have the knowledge and the skills to exercise their full scope of practice for those who are experiencing perioperative pain.

Value of Acute Surgical Pain Fellowship

Acute pain services (APS) were introduced in the late 1980s in order to meet the increasing challenges of effective post-surgical pain management. From the onset, the APS concept received immediate, and strong, support from a large number of medical and health-care organizations around the world.¹ Yet, despite the increased availability of APS, undertreatment of post-surgical pain relief continues to be a clinically significant issue, due in part, to the lack of anesthesia providers who have been trained specifically in acute surgical pain management.

A growing consensus among anesthesia providers suggests that the availability of APS would facilitate a more evidence-based approach to post-surgical pain management, a broader range of analgesic techniques available to the post-surgical patient, and improved patient outcomes.² Despite this growing consensus, questions remain as to the ideal structure and function of APS in the United States.

In response to the increased demand for anesthesia providers who have been trained in post-surgical pain management, acute pain fellowships have been developed to provide this training for anesthesiologists, and, in some instances, advanced practice nurses. Upp et al. suggest that the modern APS team can no longer be staffed entirely by anesthesiologists or registered nurses who are interested in acute pain management. Instead, they recommend that mid-level providers, such as CRNAs, should fill important roles as APS continue to develop and expand. This expanded CRNA role may prove to be especially true in rural and under-served areas of the United States. To date, no acute surgical pain fellowships have been developed to educate and train CRNAs. A basic assumption of MTSA's Acute Surgical Pain Management Fellowship is that, given the increasing role of CRNAs in providing a broad range of anesthesia services, it is plausible to anticipate an expanded scope of CRNA practice to include the provision of APS. As a result, fellowship programs must be developed in order to provide CRNAs with the comprehensive theoretical and clinical foundation necessary to competently provide APS in their host institutions and broader communities.

Purpose

The MTSA Acute Surgical Pain Management Fellowship embodies a set of goals and competency-based objectives as desired components of advanced education and training in Acute Surgical Pain Management. Middle Tennessee School of Anesthesia (MTSA) is committed to the ongoing development and delivery of acute surgical pain management interventions. Through an innovative and comprehensive curriculum, Fellows will utilize evidence-based interventions in order to facilitate optimal patient outcomes. The focus of this Fellowship includes the management of pain in the perioperative setting for patients across the lifespan who are undergoing inpatient or outpatient surgical procedures.

Scope & Standards

This Fellowship involving patient care will uphold the [AANA Scope of Nurse Anesthesia Practice](#) and [AANA Standards for Nurse Anesthesia Practice](#). Should the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) create a specialty certification in acute surgical pain management, the Fellowship will follow applicable standards and guidelines.

Preamble for Curriculum Development

MTSA has created an acute surgical pain management plan to maximize relief from acute surgical pain and minimize the risk of adverse outcomes. The following four (4) foundational tenets underpin all ASPMF curriculum

1. Optimize the patient's functional abilities during acute surgical pain management.
2. Optimize the physical and psychological well-being of the patient during the management process.
3. Incorporate quality of life considerations for patients with acute surgical pain during the perioperative period.
4. Assimilate legal and ethical issues in the practice of acute surgical pain management.

**Underpinning all content will be the focus on these foundational tenets.*

(Adapted from: ¹ASA Task Force for Acute Pain Management. (2012). *Practice guidelines for acute pain management in the perioperative setting: An update report by the American Society of Anesthesiologists Task Force on Acute Pain Management*. 116(2): 248-273.)

²ASA Task Force for Acute Pain Management. *Practice guidelines for acute pain management in the perioperative setting: An update report by the American Society of Anesthesiologists Task Force on Acute Pain Management*. 2012; 116(2): 248-273.
American Society of Regional Anesthesia and Pain Medicine. *Guidelines for the fellowship training in regional anesthesiology and acute pain medicine, (3rd ed.)*, *Regional Anesthesia and Pain Medicine*, 2015; 40(3): 213-217.

ACUTE SURGICAL PAIN MANAGEMENT FELLOWSHIP DESCRIPTION AND CURRICULUM PLAN

MTSA is proud to partner with AANA to offer the nation's first Acute Surgical Pain Fellowship for CRNAs. The Fellowship is 12 months in length and is divided into two (2) sections, didactic and clinical. The Fellow will experience the didactic portion of the program first. Following successful completion of the didactic knowledge, the Fellow will advance through the clinical section of the program.

Didactic

This program consists of three (3) courses focused on the management of acute pain. The courses include: Foundations of Acute Pain Management, Techniques of Acute Pain Management, and Education, Business and Evidenced-Based Practice of Acute Pain Management. Each course comprises multiple Units broken down into Modules that are clustered around common topic areas.

Fellows will: 1) learn to critically evaluate, and apply, clinical and research evidence as it relates to the management of acute pain; 2) participate in cadaver-based laboratories to improve their understanding of relevant anatomy; 3) facilitate cadaver stations in teaching advanced ultrasound-guided regional anesthesia (USGRA) skills to other CRNAs; 4) learn about, and apply, local, state, and federal policies in order to understand how to become more effective leaders and advocates for acute pain management services in their respective institutions and communities; and 5) review, evaluate, and apply business, legal, and ethical principles necessary for the development and management of an acute surgical pain management service.

(Appendix D: ASPMF Curriculum Map)

Clinical

MTSA is continuing to develop relationships with clinical affiliates to offer each of the Fellows an individualized plan to build upon their individual advanced skill set. Fellows will demonstrate advanced competence in providing a wide range of regional anesthesia interventions that use both nerve stimulator and ultrasound guidance. Examples of these interventions include, but are not limited to:

- Upper Extremity: Cervical Plexus, Suprascapular, Axillary (Circumflex), Interscalene, Supraclavicular, Infraclavicular, Axillary, and Terminal Branch Blocks at the Elbow and Wrist
- Lower Extremity: Sciatic (Popliteal, Subgluteal and Anterior approaches), Fascia Iliaca Compartment, Femoral, Lateral Femoral Cutaneous, Obturator, Saphenous (Adductor Canal), and Ankle Blocks
- Truncal: Transversus Abdominis Plane (Subcostal-Oblique and Classic Posterior), Thoracic and Lumbar Paravertebral, Paraspinous, Intercostal, Quadratus Lumborum, Rectus Sheath, Iliioinguinal, Iliohypogastric, Genitofemoral, PECs I/II, and Serratus Anterior Blocks

Progression through the Fellowship

Fellows progress through the program in a sequential manner. Each module is to be completed prior to moving to the next module in linear sequence. Each module will contain a self assessment in which the Fellow is to score a minimum of 80% in order to demonstrate mastery of the content. All assignments, evaluations, and assessments are to be achieved with a minimum of 80% in order to progress to the subsequent module or to pass the course. Additionally, at the end of each of the three (3) course, there is a summative evaluation that will assess aggregate mastery of the content for each course. As with modules, a criterion of 80% is expected in order to progress to the subsequent course.

During the third and final course, Fellows are expected to participate and assist teaching in a Cadaver lab offered at Middle Tennessee School of Anesthesia, in Madison, TN. The lab will take place over a weekend and the following Monday. Fellows' teaching skills will be evaluated as outlined in the Module on Adult Learning. Specific details related to the cadaver experience will be discussed during the Fellowship Orientation.

Upon completion of all courses, and clinical requirements, the Fellow will receive a comprehensive oral examination demonstrating their understanding and knowledge of the content in the entire program.

In order to assure the program is meeting the needs and expectations of the Fellows, participants are expected to complete a course evaluation of the content, instructors, and value of the program at the end of each course. Fellows will be expected to complete a program evaluation for the entire Fellowship upon completion of the program, in addition to any evaluations required by COA for accreditation.

Please see Appendix D for Curriculum Map

Incomplete Work

Fellows for whom an extension has been authorized receive the grade I (Incomplete), which stands until the work has been completed. The Program Director authorizes the extension and confers with the fellow to establish a final time limit for completion of the missing work. A contract for completion of the unit or module is completed by the fellow and submitted to the program director for appropriate signatures. Copies of the agreement are given to the Fellow and the Program Director.

Course Credit

All courses are Pass or Fail, with no letter grades. In order to progress to the next session, the Fellow must complete the units in sequence, as each session is predicated on the previous session.

Fellow Records

Until such time that a NBCRNA certification exam exists, there is limited utility in producing a traditional transcript. The Fellows will be creating an e-Portfolio to capture the accurate history of procedures and clinical experiences during their time in the Fellowship. The e-Portfolio will provide adequate information to attest to each Fellow's successful completion of the Fellowship. Any official documentation required by COA will be completed and submitted by the Program Director.

Any official documentation required by COA and signed by the Program Director will be made available to the Fellow. These official documents will provide: the title of the Fellowship; length of the Fellowship; specification of the goals and objectives/outcomes identified by the Fellowship; an accurate history of procedures and other clinical experiences; and verification of attainment of achievement by the Fellow. This documentation will include the types and numbers of cases required for future specialty certification.

Changes to Program

In keeping with its philosophy of offering a program of the highest quality, MTSA continually evaluates its educational program via its institutional effectiveness process, and reserves the right to make changes in the policies, curriculum, or clinical practicum at any time.

ACUTE PAIN MANAGEMENT FELLOWSHIP LEARNING OUTCOMES

Fellowship objectives and outcomes will be achieved via stepwise progression through curriculum. Fellows will demonstrate advanced competence in providing a wide range of regional anesthesia modalities that use both nerve stimulator and ultrasound guidance. Attainment of the knowledge and skills described in the Fellow Learning Outcomes will be determined from unit, module, and clinical assessment.

By completion of the Fellowship, Fellows will demonstrate knowledge and skills consistent with the Fellow learning outcomes described below:

Fellow Learning Outcome 1:

Formulate a plan to assess, intervene, and evaluate patients who are, or will be, experiencing acute surgical pain.

Fellow Learning Outcome 2:

Incorporate a holistic approach to the advanced physiological, theoretical and psychosocial principles in the management of acute surgical pain.

Fellow Learning Outcome 3:

Utilize current evidence and best practices for the management of acute surgical pain across the lifespan and among variant populations.

Fellow Learning Outcome 4:

Apply pharmacotherapeutic and pharmacodynamic evidence to optimize acute surgical pain management.

Fellow Learning Outcome 5:

Utilize non-allopathic techniques to ameliorate acute surgical pain

Fellow Learning Outcome 6:

Apply complex interventional techniques to mitigate acute surgical pain.

Fellow Learning Outcome 7:

Demonstrate advanced expertise in ultrasonography in the management of acute surgical pain.

Fellow Learning Outcome 8:

Demonstrate expertise in teaching CRNAs in the techniques of managing acute surgical pain.

Fellow Learning Outcome 9:

Create business management strategies to communicate, motivate, and negotiate with decision-makers and other stake-holders within the context of acute surgical pain management.

Fellow Learning Outcome 10:

Utilize ethical principles, professional standards, and legal parameters in the management of acute surgical pain.

CLINICAL EXPECTATIONS

In order to provide a broad base in acute pain management, the Fellow will have an opportunity to gain an outside perspective and learn interventions, blocks, and how differences in the management of an Acute Pain Services operate outside their home facility. All Fellows will be required to clinically train at an ASPMF approved facility site for a period of 1 week during the last 6 months of the fellowship. The Fellow may choose additional weeks to train at ASPMF training sites during this time frame. The final decision for securing optional clinical training weeks is based on availability and is made on a case-by-case basis by the Fellowship Director. This training week can be utilized to meet the ASPMF block requirements. ASPMF training sites and available weeks for clinical training will be made available to CRNA Fellows upon admission to the program.

During the first month of the ASPMF, CRNA Fellows will submit, in writing, the required week (s) and location (s) they have chosen to meet the clinical site-training requirement. Once approved, each Fellow will need to initiate the credentialing process for each hospital(s) and/or anesthesia group(s) chosen. Once approved, Fellows will be assigned a clinical mentor at their respective sites. Current RN and APN licensure for each facility's resident state, malpractice insurance, and credentialing approval by the chosen clinical site will be the responsibility of the CRNA fellow. No fellow will be allowed to observe or participate in the clinical training component at an ASPMF facility without first submitting all required credentialing documentation within 2 weeks of the scheduled clinical training date to both the Director of Fellowship at MTSA and the clinical mentor assigned at the ASPMF facility site.

Travel expenses for this clinical training week will be the responsibility of the CRNA fellow. Please ensure all documentation work is completed prior to booking travel and lodging arrangements for this clinical training week. MTSA will not be responsible for reimbursing travel expenses if the clinical training week is canceled.

Each 40-hour week of clinical training at a ASPMF facility site will require a \$2500 payment to be made to your MTSA fellow account two weeks prior to the clinical training date. No fellow will be allowed to participate in clinical training until this clinical training fee is paid in full.

CRNA fellows are expected to follow the training scheduled outlined by the facility mentor. The fellow is required to contact the clinical mentor by phone and/or email one week prior to the arrival at the clinical site to establish the schedule, policies and procedures, and expectations of this rotation. Case conferences, acute pain service rounds, postoperative evaluations, and actual regional block participation are activities that are expected from each fellow during this training week. MTSA cannot guarantee a certain number of blocks or any other fellow expected clinical activity within any given training week, as operating room schedules and inpatient acute pain consults may vary from week to week.

Clinical policies and procedures established by the ASPMF clinical training site must be adhered to at all times by the CRNA fellow. Violations in HIPPA regulations, infection control policies, and safety protocols established by the ASPMF clinical sites could result in the clinical suspension of the fellow during their assigned clinical training week.

At any time during this clinical week, the clinical mentor has the right to suspend the ability of the fellow to train at their clinical site for any unprofessional conductor actions that endanger patient care or compromise the reputability of the facility site. This judgment of unprofessional conduct by the CRNA fellow can made at the sole discretion of the clinical mentor or by any other anesthesia or surgical professional employed by hospital or the anesthesia group at a ASPMF clinical site.

These clinical expectations can be amended or eliminated at any time. Adequate and timely notice will be given to the Fellow for changes made in these expectations.

ASPMF Clinical Sites

MTSA reserves the right to add or remove clinical sites during the program, at the discretion of the Director, ASPMF.

See Appendix F for a listing and description of clinical sites.

Clinical Case Logs and Clinical Evaluation

Each fellow will need to record case logs for the regional anesthetics performed in the fellowship. In order to meet the requirements set for by the ASPMF and approved by the Council on Accreditation, the fellow will need to document a minimum number of cases in the following regional block categories:

Upper extremity: 20 cases

Lower extremity: 20 cases

Truncal: 20 cases

Documentation of regional blocks needs to be done through recorded video or time-stamped still images of the ultrasound image for each block recorded in the case logs. All patient identifying information needs to be removed before submitting case logs to the ASPMF for log documentation purposes. Reporting of case logs can begin on the first day of enrollment into the ASPMF fellowship and ends on the last day of enrollment. Fellows not meeting the minimum block requirements can schedule additional training weeks at ASPMF clinical sites in the last 5 months of the program through the Director of the fellowship.

During the last 5 months of the ASPMF, the Director or a designee of MTSA will travel to the fellow's local clinical site to evaluate the regional block skills of the fellow. The fellow must be engaged in regional blocks on the day the Director arrives in order to fully evaluate the performance of the fellow. Hospital access to observe the fellow performing regional blocks will be required prior to the Director's arrival on the scheduled date for the clinical evaluation. MTSA will be in contact with the fellow about rules and regulations regarding access to the fellow's clinical site prior to the evaluation date. If the Director is unable to obtain hospital access to the fellow's clinical site, then an established date will need to be re-scheduled at an ASPMF clinical site for this evaluation process to occur.

A written rubric for the clinical evaluation will be provided to the fellow prior to the Director's arrival to the hospital. A minimum satisfactory level of 80% will be required in order to meet the ASPMF requirements. Any grade score below 80% will require remediation and another site visit scheduled by the program Director at a subsequent date. A mentor at an ASPMF clinical site may serve as clinical evaluator of the fellow during this final performance evaluation.

EVALUATION

Evaluation of Fellow Coursework

Upon completion of each module, the Fellow will be evaluated according to the assignments within each module. Two (2) units will be evaluated via summative evaluation in the form of an examination.

Clinical

Prior to advancement into clinical training, the program director will review each Fellow's self-assessment and uniquely tailor Fellow's individual clinical experiences.

Each mentor will evaluate the Fellow's performance using a standardized rubric. The results of the evaluation will be reviewed with the Fellow and Program Director.

Each Fellow will maintain an e-Portfolio monitored by the Program Director. E-Portfolios will include an ongoing record of acute pain interventions, self-reflection statements related to each module and each unit, and performance evaluations.

Upon completion of the Fellowship, each Fellow will schedule an individual session for the purpose of an oral examination. The Fellow will be evaluated during this time by a faculty committee.

Fellow Evaluation of the Program

Unit Evaluation

At the end of each unit, Fellows will be encouraged to complete an evaluation of that unit before proceeding to the next unit. Data obtained from the unit evaluations will be used to improve the unit for the next cohort.

Evaluation Data for Fellowship Improvement

Upon completion of the Fellowship, the student will complete an evaluation of the total program. The measurement tool will be a summative evaluation of the Fellowship in its entirety. Suggestions for the Fellowship to improve issues identified by the Fellows will be discussed and considered by the Fellowship Faculty and Mentors.

At six months upon the completion of the Fellowship, Fellows will be contacted to identify the impact the Fellowship has had on their practice or their facilities. Pointed questions related to the personal goals of the Fellow as identified through the admission process will be asked.

FELLOWSHIP RESOURCES

Computer and Technical Requirements

In order to effectively participate in the program, Fellows will need to meet the minimum technological standards.

- The latest version of Google Chrome is required for Brightspace use. Additionally, a high-speed internet connection is recommended (at least 5Mbps (mega-bits-per-second) connection speed).

The learning platform is offered via Desire to Learn, via the Brightspace environment. Within this environment Fellows can visualize and interact with PowerPoint and other programs via a variety of devices such the purchase of outside programs is not warranted. Information related to accessing the Fellowship via variant devices will be explained during the orientation module.

Technical Support

MTSA has technical support personnel who may be contacted directly on campus as well as by e-mail. Fellows are encouraged to contact technical support for any problems that originate with the software related to their academics. Contact itsupport@mtsa.edu for assistance.

Online Video Capture & Conferencing

MTSA utilizes teleconferencing software as a student support service. The video capture platform and video share technology allows students to interact online and develop a sense of community. Students can interact with each other in real-time using any mobile or desktop device and sessions can be video captured to store or share with other classmates who couldn't join live. Video can also be uploaded and comments, with video placement time stamps, can be posted to create asynchronous student interaction and collaboration for course content and student projects.

Nelda Faye Ackerman Learning Resource Center (LRC)

The mission of the Nelda Faye Ackerman Learning Resource Center is to foster the advancement of education, research, scholarship, and professional practice in nurse anesthesia by providing access for students and faculty to the information needed to support and enhance these activities.

The Nelda Faye Ackerman Learning Resource Center (LRC) has a collection of textbooks and anesthesia-specific journals for student use and subscribes to 27 electronic journals that focus on anesthesia and advanced nursing concepts. In addition, the LRC owns 39 electronic books, all with an anesthesia and advanced nursing focus. New editions of these electronic books are purchased as usage statistics indicate. Additionally, a subscription to the Cochrane Library systematic reviews is available to all students and faculty. Each of these electronic resources is available to all Fellows 24 hours a day, seven days a week. A listing of these electronic journals can be accessed at LRC Electronic Resources.

Fellows have full availability to MTSA's print collection. This collection includes an estimated 300 books, with approximately 200 having a specific focus in anesthesia, and subscription to 25 print anesthesia and nursing related journals. MTSA maintains a 10 year collection of past issues for most of these journals. A link to the LRC's online catalog can be accessed at LRC Online Catalog.

The MTSA LRC maintains consortia lending agreements through the Tennessee Health Science Library Association (THESLA), which consists of over 40 medical librarians across Tennessee. The MTSA LRC maintains additional consortia lending agreements through its membership in the National Library of Medicine's Freeshare service, whose membership is currently over 1300 participating libraries. The MTSA LRC is also a member of Tenn-Share, a consortium of over 600 Tennessee libraries, museums, archives and information agencies of all types and sizes, and all residents of the state of Tennessee, which works to ensure that all libraries have access to quality information through adequate resources. Tenn-Share seeks to make available to all libraries in the state the resources necessary to meet the information needs of their patrons.

Students can order individual copies of articles via interlibrary loan. This request can be submitted online and is usually returned to the student via e-mail. Additionally, the Director of Institutional Effectiveness and Learning Resources is available during normal MTSA business hours, Monday through Thursday, 8 a.m. until 6 p.m., as well by telephone and e-mail. Students may also schedule a specific time to meet with the Director of Institutional Effectiveness and Learning Resources regarding any individual requests for instruction. To ensure that the LRC services, collections, and resources meet the student and faculty needs, an annual user survey of the students and faculty is conducted to solicit opinions and suggestions.

On-Call Chaplain and Prayer Board

An On-Call School Chaplain is available to support individual Fellows and the School community through pastoral care. Fellows may contact the Chaplain should they face emotional or spiritual issues. The Chaplain maintains and oversees the MTSA Prayer Board where Fellows may call in to have their prayer requests included.

Student Counseling

MTSA Policy 5.1.105

In accordance with MTSA's mission and core values, MTSA believes students should strive to achieve a healthy & balanced life. MTSA also believes that at times counseling may be needed to help students readjust to the stressful environment and changing lives of graduate school. MTSA has established a plan of action to assist students maintain this balance. Should the need arise for counseling services for students, MTSA will provide referral to a counseling service and will fund the initial three (3) assessment/counseling sessions. The Director of Student Services maintains a list of current approved providers for counseling. MTSA cannot mandate a student receive the counseling service.

Community Service Program

MTSA believes in "giving back" to the community, and thus has ongoing opportunities for the entire school to participate in community service projects.

Mission Trip Participation

MTSA Fellows may have the opportunity to participate in mission trips at locations outside the United States. The missions program at MTSA helps to fulfill the mission statement of the school. MTSA will accommodate scheduling for a limited number of Fellows to take part in the MTSA sponsored mission trips. Currently MTSA does not provide financial support to students or faculty for their participation. All participation is voluntary.

Physical Facilities

Currently, the land and physical plant of the School includes three (3) buildings (A, B and the PT Magan Building). With its physical space of the school, as well as the technological infrastructure and partnership with clinical sites, MTSA is more than adequate for Fellows, students, faculty, staff, and administration to complete their duties and is appropriate to meet the institution's educational programs, support services and other mission-related activities.

Fitness Center

The Fitness Center is an excellent facility provided for the health and wellness benefit of students, faculty, staff, and administration. There are also separate male and female shower facilities in the P.T. Magan building. This can be accessed during off-hours with the student card access.

We ask that all students using the center follow the guidelines and procedures below for their own safety, to maintain the equipment, and to assure cleanliness of the facility. Before you can use the center, you will need to sign a waiver which will be discussed during Orientation.

ACUTE SURGICAL PAIN MANAGEMENT FELLOWSHIP ACADEMIC AND CLINICAL POLICIES AND PROCEDURES

Temporary Leave of Absence

MTSA Policy 5.5.102

Rarely, a Fellow may experience a life circumstance that necessitates a temporary leave of absence from the program. The maximum duration of a Temporary Leave of Absence is one year. Students may request a Temporary Leave of Absence (TLOA) from the program for the following reasons:

1. Medical emergency
2. Maternity
3. Call to active military service

The Director, ASPMF must approve the TLOA. Only Fellows who are in good standing (no current clinical issues and are passing all courses) can be granted a TLOA. TLOA must be requested and approved before, or within a course. Requests for retroactive TLOA will not be approved. Fellows will reenroll in the course which they left upon returning. Failure to reenroll after the year of leave will be considered withdrawal from the program.

MTSA will maintain the confidentiality of all information regarding TLOA in accordance with federal, state, and local law, and to the greatest extent consistent with the goal of processing such leaves. All records concerning TLOA are confidential and the official copy of such records shall be retained by the school. Access to these records is limited by appropriate federal, state, and local law.

Withdrawal

MTSA Policy 5.5.103

Withdrawal with Notification

Should a Fellow choose to completely withdraw from the program, (i.e. not approved for a Leave of Absence), a written notice must be submitted to the Director, ASPMF prior to withdrawal. No refunds are given. The Fellow will have the right to reapply to the program.

Withdrawal without Notification

Should a Fellow choose to completely withdraw from the program and does not communicate with the Director, ASPMF, absence will be considered a withdrawal without notification. A withdrawal without notification will result in expulsion from the program and may not be considered for re-admission to the program.

Ownership of Intellectual Property

MTSA Policy 4.2.113

All class materials created by faculty members in the employ of MTSA (whether for courses at MTSA or their courses at other institutions) are the property of the faculty member, other

institution, and/or MTSA. Such class materials include, but are not limited to, quiz/test/exam questions, quizzes/tests/exams in whole or in part (to include individual questions), and any class materials created by the faculty member and distributed to Fellows.

A faculty member, staff member, or Fellow is entitled to full royalties from publications if the School paid no cost of travel, research, preparation of manuscript, or School/student labor. If a faculty or staff member or Fellow obtains patent rights, he/she is entitled to full royalties, if the School paid no cost of travel, research, preparation of the patent, or School/Fellow labor. If MTSA sponsors, pays for release time, provides funds for travel, production, or other related costs, the School and the faculty or staff member or student will sign a pre-contract indicating how MTSA would be reimbursed or how royalties would be distributed.

Fellowship Code of Conduct

MTSA Policy 4.2.113

MTSA's mission, focus on academic excellence, and culture of faith are grounded in the Christian values of truth, honor, and virtue. Abiding by these principles illuminates the pathway of learning, sustains the integrity and purpose of the School, thus preparing competent and caring nurse anesthetists.

Honor Code

The Honor Code of Middle Tennessee School of Anesthesia is reflective of the Christian principles of truth, honor, integrity, and virtue. The Honor Code is vital in fostering an environment of trust, order, and unity within the school. Students are responsible for familiarizing themselves with and abiding by the Honor Code and all School policies.

Professionalism

The Fellow will be expected to demonstrate professionalism, including a commitment to educational, professional, and personal integrity as outlined in the [AANA Code of Ethics for the Certified Registered Nurse Anesthetist](#). Professional behaviors are an expectation and will be evaluated throughout the Fellowship.

Code of Ethics

The [AANA code of ethics](#) for the CRNA states:

“Certified Registered Nurse Anesthetists (CRNAs) practice nursing by providing anesthesia and anesthesia-related services. They accept the responsibility conferred upon them by the state, the profession, and society. The American Association of Nurse Anesthetists (AANA) has adopted this Code of Ethics to guide its members in fulfilling their obligations as professionals. Each member of the AANA has a personal responsibility to uphold and adhere to these ethical standards.”

MTSA expects Fellows to respect and abide by the AANA code of ethics.

Academic Integrity Policy

MTSA Policy 5.1.109

Any Fellow cheating on any test, exam, quiz, or assignment; who has falsified clinical documents, such as clinical evaluations or any other documentation; falsified signatures; or who has plagiarized any assignment, will be placed on immediate probation, with the recommendation for termination from the program. The case will be heard by the Progressions

Committee and the Committee will make a determination of the recommendation for termination.

Possession or Sharing of Faculty Property or MTSA Property

ALL quiz/test/exam questions/items/images/video/media of any form or any module content material is the express property of the faculty member who authored them and MTSA, and these questions/items/content are confidential information.

Any attempt to obtain, retain, re-create, possess, copy/reproduce, distribute, disclosure, transmit, or share of any portion of any quiz/test/exam/images/videos/media or content materials (including portions of compilations of quiz/test/exam questions/images/videos or content items) from any class, by any instructor (whether they teach at MTSA or on any other campus), from any time (whether current or past), by any means (by written, electronic, oral or other form of communication, including but not limited to emailing, copying or printing of electronic files, and reconstruction through memorization/dictation), at any time (before, during, or after any quiz/test/exam or module completion), is considered to be cheating, stealing, and a copyright infringement upon MTSA and the faculty's proprietary property.

ALL cadaveric images, videos, or other media viewed within the fellowship were obtained with the express intent of protecting cadaveric identity. Proper privacy release forms and authorization for consent were obtained prior to the collection of media from the cadaveric specimens. All cadaveric media is the expressed proprietary property of MTSA, and any use of this material, at any time, in any form, is strictly prohibited.

Receipt or acceptance of any portion of ANY quiz/test/exam questions/items is considered to be cheating.

After a quiz/test/exam, if a Fellow has a question regarding any quiz/test/exam question/item, he or she must direct such a query to the program director of the fellowship before contacting fellowship faculty. If the program director fails to resolve the issue with the fellow or faculty member, the fellow may file a formal appeal through the normal appeals process listed in this handbook.

Nothing (to include notes and study guides) compiled during one year's class is to be shared in any manner with any other individual or group of individuals in any other year's class.

Any Fellow found to have any such material in his or her possession, or to have participated in any such prohibited activities here identified, will be subject to disciplinary action, up to and including termination.

Complaints/Grievances

MTSA Policy 5.1.102

Fellows have a right to expect that MTSA will treat them with respect, and will abide by the standards set forth in the most current edition of the program's MTSA Fellow Handbook.

MTSA encourages and welcomes feedback on aspects of its operation. It recognizes the rights of Fellows to express dissatisfaction or make formal complaints about processes or services provided by MTSA. Grievances are formal complaints brought by a Fellow regarding MTSA's

provision of education and academic services affecting their role as a Fellow. A grievance must be based on a claimed violation of a MTSA rule, policy, or established practice. This policy does not limit MTSA's right to change rules, policies, or practices.

The three categories for grievances are as follows: Complaints, Discrimination / Harassment allegations, and an Appeal of a Committee Decision.

How to File an Informal Complaint:

As a first step, MTSA offers Fellows an informal process to lodge a concern or suggestion. This process allows students to provide MTSA with information or suggestions relating to processes or services provided.

Step 1: Fellows raises concern regarding a particular service or process with the relevant faculty, staff member, or brings item to the School Life Committee (SLC) to be heard.

Step 2: Faculty, staff member, or SLC will listen or consider the concern

Step 3: Faculty, staff member, or SLC explores options/implications of resolving the issue, i.e.

- No action is deemed appropriate
- Lodging a suggestion letter to the Dean
- Advising the Fellow to lodge a Formal Written Complaint

Grounds for a Formal Complaint:

A Fellow has the right to file a complaint. This MTSA Student Complaint/Grievance Policy is for all issues in which the student believes he has been adversely affected. Examples may include:

- Improper, irregular, or negligent conduct against a Fellow by a faculty or staff member of MTSA;
- Failure to adhere to appropriate or relevant published MTSA policies and procedures;
- A decision made without sufficient consideration of facts, evidence or circumstances of specific relevance to the student;
- A penalty, where applied, is considered too harsh;
- Failure by MTSA to make a decision within a timely manner, reasonable to the complaint.

How to File a Formal Written Complaint:

A complaint must be submitted in writing to the MTSA Dean using the Student Complaint form, available on the MTSA website or through the Office of the Dean, identifying the student grievant, the respondent individual(s) involved, the incident, the rule/policy/established practice claimed to be violated, and a brief statement of the redress sought. Upon submission of a written complaint, the Dean will provide the student grievant with written acknowledgement of receipt of the complaint via e-mail, as well as a more detailed outline of the process.

Complaints should be addressed to:

Office of the Dean

Middle Tennessee School of Anesthesia

P.O. Box 417

Madison, TN 37116

Withdrawal of Complaint:

A Fellow may at any time during the complaints resolution process withdraw a complaint. This is done by putting their intent to withdraw an informal or formal complaint in writing and forwarding it to the Office of the Dean.

Discrimination / Harassment Policy

MTSA Policy 3.2.303

Discrimination/Harassment will not be tolerated. Employees and students at MTSA shall be provided a work and learning environment free of discrimination/harassment per the MTSA Nondiscriminatory Policy. It shall be a violation of this policy for any employee or any student to discriminate against or harass an employee or student through disparaging conduct or communication that is inherently discriminatory. The basis of these complaints may arise, but not be limited to, the following provisions of law:

- Title II of the Americans with Disabilities Act, 42 U.S.C. §12101 et seq.;
- Title VII of the Code of Federal Regulations; 29 CFR §1604.11;
- Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681, et seq.;
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 791 et seq.;
- Claims of sexual harassment under Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e et seq.

The following situations are examples of when employees and students should report possible discrimination / harassment to the Title IX Coordinator:

- Unreasonably interferes with the individual's work or performance;
- Feels intimidated, hostility or an offensive work environment;
- Explicit or implicit term threats to terms of employment or academic success;
- Encounters submission to or rejection of sexual conduct will be used as a basis for decisions affecting the harassed employee or student.

Alleged victims of sexual, racial, ethnic, sexual orientation, or religious discrimination/harassment shall report these incidents immediately if they believe their rights as guaranteed by the State or Federal Constitution, State or Federal laws or School policies have been violated. This report should be made in writing to the Title IX Coordinator, except when the Title IX Coordinator is the offending party. If the Title IX Coordinator is the offending party, the report shall be made to the President of MTSA. All allegations of discrimination/harassment shall be reported in writing to and fully investigated by the office of the Title IX Coordinator or the President, as appropriate.

Reports should be addressed to:

Title IX Coordinator
Middle Tennessee School of Anesthesia
P.O. Box 417
Madison, TN 37116
titleIXcoordinator@mtsa.edu

An oral complaint may be submitted; however, such complaint shall be reduced to writing to insure a more complete investigation. The complaint should include the following:

- Identity of the alleged victim and person accused;
- Location, date, time and circumstances surrounding the alleged incident;
- Description of what happened;
- Identity of witnesses (if any); and
- Any other evidence available.

A substantiated charge against an employee shall result in disciplinary action up to and including termination. A substantiated charge against a student may result in corrective or disciplinary action up to and including removal from the School.

There will be no retaliation against any such person who reports discrimination/harassment or participates in an investigation. However, any employee/student who refuses to cooperate or who gives false information during the course of any investigation may be subject to disciplinary action. The willful filing of a false report shall itself be treated as a violation of this policy and shall result in severe repercussions to the maker of the report.

Investigation Procedures

The privacy and anonymity of all parties and witnesses to complaints will be respected. The complaint and identity of the complaining party shall not be disclosed except (1) as required by law or this policy; or (2) as necessary to fully investigate the complaint; or (3) as authorized by the complaining party. However, because an individual's need for confidentiality must be balanced with obligations to cooperate with police investigations, legal proceedings, to provide due process to the accused, to conduct a thorough investigation, or to take necessary action to resolve a complaint, the identity of parties and witnesses may be disclosed. This will occur only in appropriate circumstances and only to individuals deemed necessary to possess such knowledge.

The Title IX Coordinator, or a designated complaint manager appointed by them, shall address the complaint of discrimination/harassment promptly and equitably. The person conducting the complaint investigation shall file a written report within ten (10) MTSA business days with the Title IX Coordinator. After receipt of the report from the person conducting the investigation, the Title IX Coordinator of MTSA, or the President, as appropriate, shall render a written decision within ten (10) MTSA business days.

Student Appeals Policy

MTSA Policy 5.1.116

Appeal of a Progressions Committee Action

The disciplinary action of the Fellowship Progressions Committee may be appealed to the next higher body, the MTSA Appeals Committee. The standard procedure of an appeal is as follows:

1. In all cases, the request for an appeal must be submitted in writing to the Director, ASPMF within four (4) MTSA business days of written notice of the Progressions Committee decision. If the fourth day falls on a legal or School holiday, the time is extended to the next regular MTSA business day. Regular business days for MTSA are Monday through Thursday.
2. All written documentation from the appellant must be submitted for the Appeals Committee's consideration within the same time provided for filing a request for an appeal (4 MTSA business days). Within 12 MTSA business days of the receipt of a written request for an Appeals Committee hearing, the ASPMF Council will designate an Appeals Committee according to administrative policy of MTSA. The Appeals Committee will meet and make a decision within 12 MTSA business days after the designation of the Appeals Committee. This time may be extended by MTSA administration for good cause.
3. The Appeals Committee will review the request for appeal together with any written documents and other supporting evidence to determine if the appeal presents a substantial question within the scope of review. The scope of review shall be limited to the following:
 - i. Appropriateness of the Penalty: In cases appealing the appropriateness of the penalty, the Appeals Committee shall uphold the penalty unless the penalty is shown to be "clearly unreasonable" or arbitrary (i.e., "that which has been clearly and fully proven to have no sound basis or justification in reason.").
 - ii. New Evidence: In cases appealed on grounds of new evidence, the Fellows must show that such evidence is material to the decision of the Appeals Committee on issue of the charges and the findings and that said evidence could not have been discovered with due diligence prior to the original hearing.
 - iii. Due Process: In cases appealed on grounds of denial of due process, the Fellows must demonstrate that the Fellowship Progressions Committee's process at the initial hearing was not conducted in conformity with properly prescribed procedures. The Fellows must also show that the alleged discrepancy was materially averse to the Fellows interest.
4. The decision of the Appeals Committee shall be final. Any reconsideration of the decision will be remanded to the Progressions Committee.

Grade Appeal Procedure

MTSA maintains a grade appeal and due process protocol. Fellows of MTSA have the right to appeal a final course grade they consider to have been assigned unfairly, or the grade was derived in a different manner than was outlined in the course syllabus. The faculty members of MTSA have the responsibility of assigning final course grades according to the course syllabus and grading rubrics. Should a disagreement occur about a grade assignment, it is the intention of MTSA to uphold the integrity of both Fellows and faculty. This appeal process is not intended to weaken the work of the faculty. This grade appeal process does not apply to any dismissal from MTSA related to academic standing.

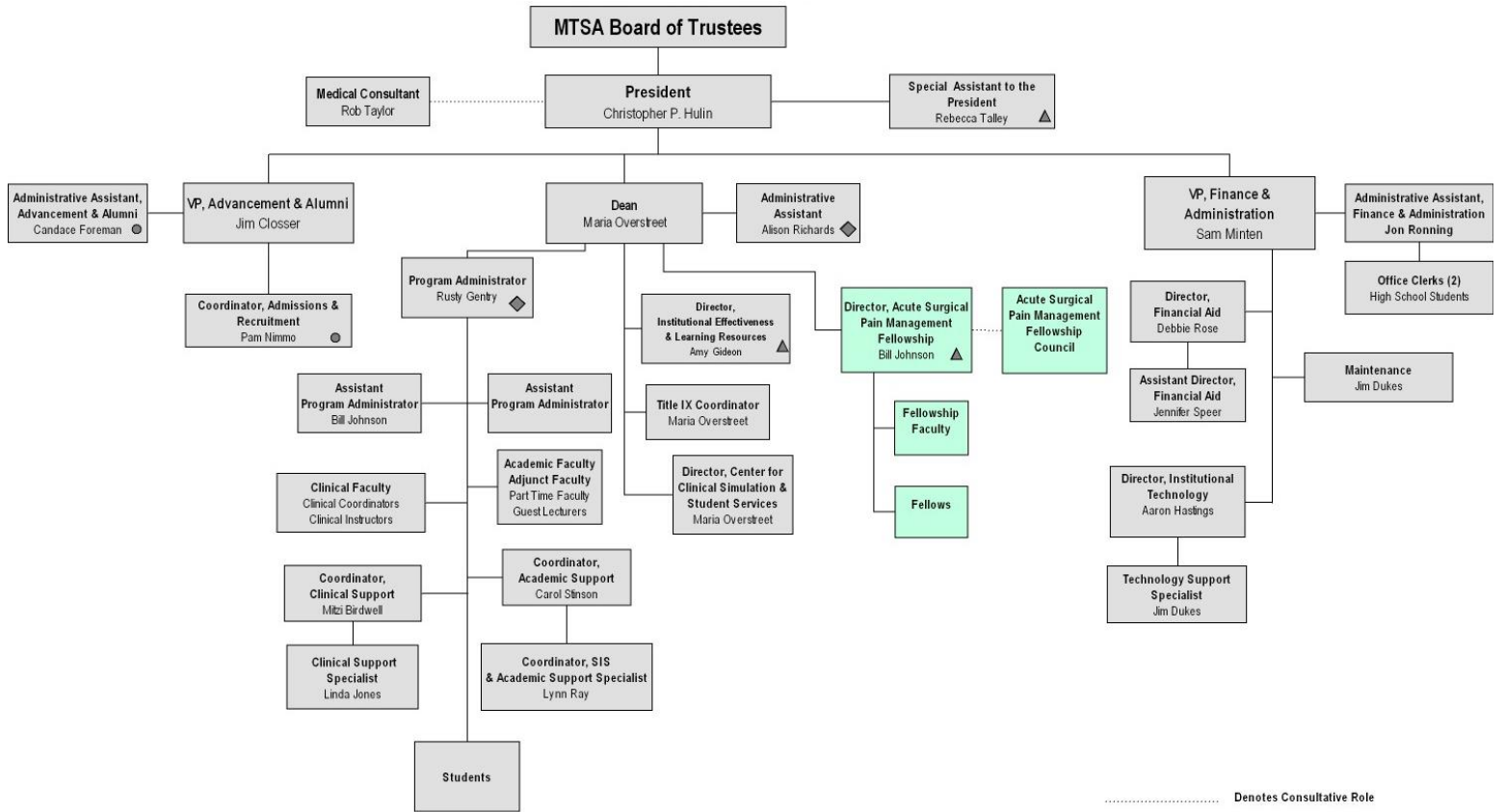
Appeal Process:

Step 1: Within 5 MTSA business days after posting of final grades: The Fellow must email a request to meet with the course instructor (to the instructor's MTSA email address), to discuss how the grade was assigned. After this meeting, if the Fellow and faculty member agree the grade was appropriately assigned, the appeal process ends and the final grade will stand as posted. If the issue is still unresolved, the student may continue to the next step of the grade appeal process.

Step 2: Within 5 MTSA business days after receiving decision from Instructor: The Fellow must file the written grade appeal form, (available by electronic request from the Office of the Dean) supporting documents, and the written decision of the instructor, to the Office of the Dean. The Office of the Dean will have five MTSA business days to review the appeal and supporting documents. The Office of the Dean may also ask to meet with the Fellow and/or the course instructor for clarification of information, or additional information that may be deemed necessary. The decision of the Office of the Dean will be emailed (via MTSA email addresses) to the Fellow and course instructor.

If Fellow is not satisfied with the resolution of their appeal, they can request to be heard by the next meeting of the Fellowship Progressions Committee. If the grade the Fellow received causes dismissal from the program, an ad hoc Fellowship Progressions Committee may be requested.

APPENDIX A –MTSA ORGANIZATIONAL CHART



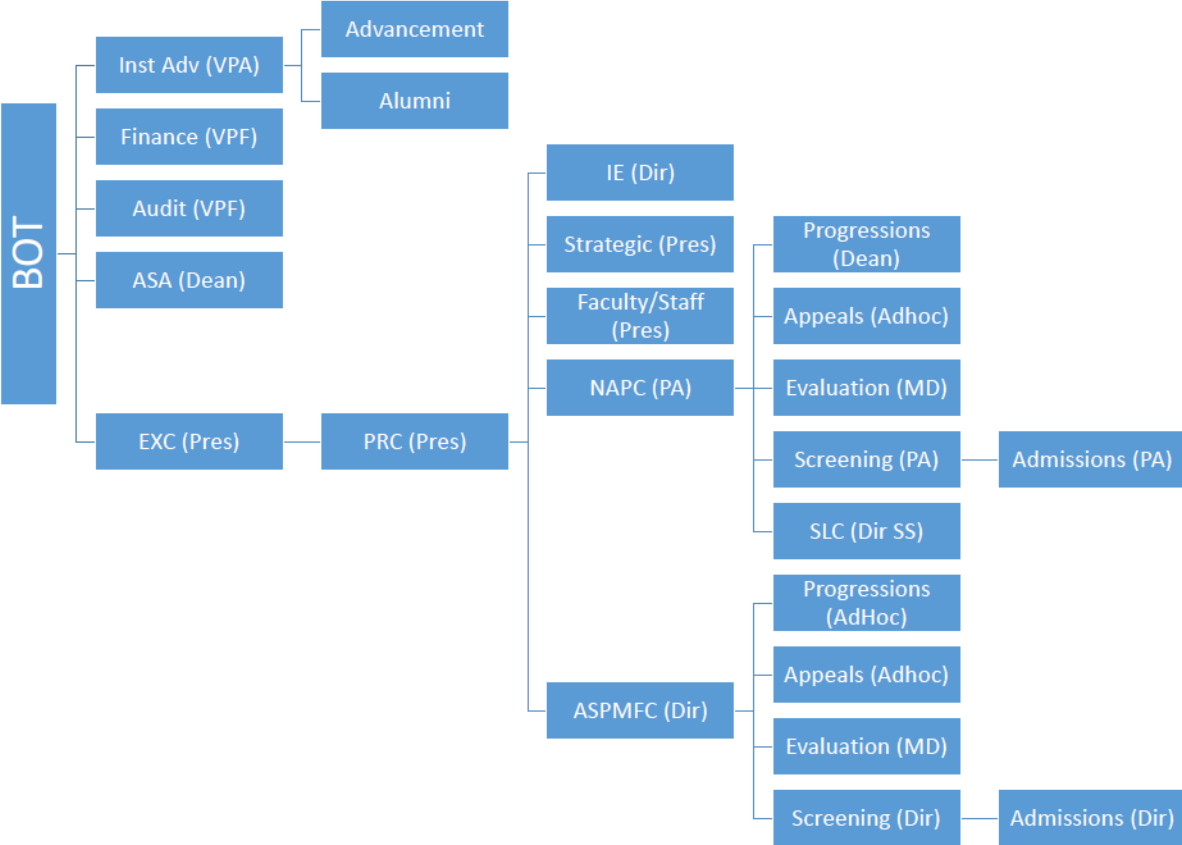
As of
January 2017

..... Denotes Consultative Role

Additional Administrative Support Role



APPENDIX B—COMMITTEE STRUCTURE CHART



APPENDIX C— ASPM FELLOWSHIP CALENDAR (Anticipated)

Summer Cohort (enrolling in July)	
June 19, 2017	Application Deadline
July 1, 2017	First Payment Due
July 17, 2017	ASPMF Course I Begins: Foundations of Acute Pain Management
July 27, 2017	Synchronous Event—Spiritual and Cultural Dimensions of Acute Pain
August 16, 2017	Synchronous Event—Pathophysiology of Acute Pain
August 25, 2017	Synchronous Event—Neuromuscular Assessment and Evaluation of Upper and Lower Extremities
August 30, 2017	Synchronous Event—Pharmacogenetics, Dynamics, and Kinetics of Acute Pain Management
September 25—October 8, 2017	Break
October 1, 2017	Summative Evaluation #1
October 9, 2017	ASPMF Course II Begins: Techniques of Acute Pain Management
November 1, 2017	Second Payment Due
December 18, 2017—January 7, 2018	Break
December 22, 2017	Summative Evaluation #2
January 8, 2018	ASPMF Course III Begins: Acute Pain Management Education, Business and Evidence Based Practice
March 2, 2018	Summative Evaluation #3
March 5, 2018	Clinical Rotation Begins
July 31, 2018	End of Fellowship
<i>Weekend Advanced Cadaver Courses—TBD</i>	
Winter Cohort (enrolling in January)	
October 1—December 1, 2017	Application Period
TBD	Interviews
January 1, 2018	First Payment Due
January 8, 2018	ASPMF Course I Begins: Foundations of Acute Pain Management
March 19—April 1, 2018	Break
March 25, 2018	Summative Evaluation #1
April 2, 2018	ASPMF Course II Begins: Techniques of Acute Pain Management
April 15, 2018	Second Payment Due
June 11—July 1, 2018	Break
June 15, 2018	Summative Evaluation #2
July 2, 2018	ASPMF Course III Begins: Acute Pain Management Education, Business and Evidence Based Practice
August 24, 2018	Summative Evaluation #3
August 27, 2018	Clinical Rotation Begins
December 31, 2017	End of Fellowship
<i>Weekend Advanced Cadaver Courses—TBD</i>	

APPENDIX D—ASPMF CURRICULUM MAP

Course	Foundations of Acute Pain Management				Techniques of Acute Pain Management	Break (3 weeks)	Acute Pain Management Education, Business and Evidence Based Practice													
	Orientation (0.5 week) Dr. Johnson	Non-Allopathic Principles of Acute Pain Management (0.5 week) Dr. Vollman	Physiology of Pain Neurologic Assessment and Evaluation of Pain (1 week) Dr. Halle	Pharmacology of Acute Pain Management (1 week) Dr. Riddle			Break (2 weeks)	Techniques of Acute Pain Management (1 week) Dr. Fayar	Adult Pedagogy for the Acute Pain Mentor (0.5 week) Dr. Krau	Sub-Specialty Topics in Acute Pain Management (1 week) Dr. Furstlein	Research and Enhanced Surgical Recovery from Anesthesia (1 week) Dr. Vollman	Business Aspects of Acute Pain Management (0.5 week) Dr. Hulin								
Unit	Fellowship Orientation (0.5 week) Dr. Johnson	Spiritual and Cultural Dimensions of Acute Pain (0.5 week) Dr. Vollman	Microanatomy and Functional NeuroAnatomy Aberrant Anatomy (1 week) Dr. Halle	Pharmacogenetics, Dynamics, and Kinetics of Acute Pain Management (1 week) Dr. Riddle	Ultrasound Physics (1 week) Dr. Fayar	Principles of Adult Education (0.5 week) Dr. Krau	Evidenced-Based Acute Pain Management (1 week) Dr. Vollman	Public Policy (0.5 week) Dr. Hulin												
Module	Legal, Ethical, & Professional Issues in Management of Acute Pain (0.5 week) Dr. Spiegel	Psychological Impact and Neurocognitive Therapeutic Strategies of Pain Management (0.5 week) Dr. Fosam	Pathophysiology of Acute Pain (1 week) Dr. Marchand	Local Anesthetics and Lipids (1 week) Meyer	Neuraxial Techniques Spinal/Epidural (1 week) Dr. Johnson	Advanced Mentoring Skills (0.5 week) Dr. Krau	ESRA Protocols (0.5 week) Dr. Johnson	Foundation of Initiating an Acute Pain Service (1 week) Edwards, Moss, Johnson												
		Non-Allopathic Considerations for Acute Pain Management (1 week) Dr. Fosam	Clinical Assessment of Pain (0.5 week) Dr. Merchant	Multimodal Analgesia (1 week) Dr. Silvestro	Truncal (2 weeks) Moss, Dollar, Parrish, Edwards, Mooley, Urigel		Current Research Issues in Acute Pain Management (0.5 week) Dr. Johnson	Business Fundamentals in Acute Pain Management (1.5 week) Johnson												
			Neuromuscular Assessment and Evaluation of Upper and Lower Extremities (0.5 week) Dr. Williams	Opioids (0.5 week) Dr. Silvestro	Upper Extremity (2 weeks) Dollar, Parrish, Edwards, Moss, Johnson, Gaskin															
				Anticoagulants Interactions in Regional Anesthesia (0.5 week) Dr. Johnson	Lower Extremity (2 weeks) Faylar, Johnson, Moss, Nash, Crosslin, Edwards															
					Perineural Catheter Indications, Techniques, and Equipment (1 week) Parrish, Moss, Johnson, Gaskin, Dollar, Edwards															
					Diagnosis and Management of Complication of Regional Anesthesia (1 week) Dr. Johnson															
	1 week	2 weeks	3 weeks	4 weeks	10 weeks	1 week	2 weeks	3 weeks	2 weeks	1 week	2 weeks	2 weeks	3 weeks	Summative Evaluation #1	Summative Evaluation #2	Summative Evaluation #3				

Cadaver Experience to be scheduled during the third course.

APPENDIX E— FELLOWSHIP FACULTY

This Fellowship has a director, Dr. Bill Johnson, as well as didactic faculty and clinical mentors. All faculty and mentors are credentialed, experientially, and/or academically qualified in an area of specialty practice or concentration.

The faculty and mentors were chosen on the basis of their ongoing commitment to quality education and practice. Each has served in an educational and/or leadership capacity. Didactic faculty have a proven track record of providing quality online education delivery and contributing to an environment conducive to meeting the individual learning needs of each learner.

Faculty /Biographical Sketch and Module(s)	
Bill Johnson, DNAP, CRNA—Director, ASPMF	
<p>Bill Johnson, DNAP, CRNA is the Director of the Acute Surgical Pain Management Fellowship at Middle Tennessee School of Anesthesia. He has taught ultrasound-guided regional anesthesia (USGRA) techniques to nurse anesthesia students for the past five years, and he is a graduate of Texas Wesleyan University with a Masters in Health Science in 1999. He obtained his Doctorate in Nurse Anesthesia Practice from Texas Wesleyan University in 2015 and has been published in the AANA Journal, publicly presented on USGRA techniques, and taught USGRA workshops for the practicing CRNA. He continues to learn and practice clinically USGRA techniques in northern Tennessee while being the Director of the Acute Pain Fellowship. He lives with his wife and two kids in Nashville and enjoys concerts, cycling, and traveling in his free time.</p>	
Modules Taught	<ul style="list-style-type: none"> • Fellowship Orientation • Legal, Ethical, & Professional Issues in Management of Acute Pain • Anticoagulants Interactions in Regional Anesthesia • Neuraxial Techniques Spinal/Epidural • Diagnosis and Management of Complications of Regional Anesthesia • Enhanced Surgical Recovery from Anesthesia Protocols • Current Research Issues in Acute Pain Management • Foundation of Initiating an Acute Pain Service • Business Fundamentals in Acute Pain Management <p>Blocks:</p> <ul style="list-style-type: none"> • Distal blocks of the arm: radial, medial, and ulnar • Wrist and digit blocks • Infragluteal Sciatic • Deep cervical plexus <p>SPANK</p>
Chris Hulin, MBA, DNP, CRNA—President, MTSA	
<p>Dr. Hulin is the President of the Middle Tennessee School of Anesthesia—a graduate school located in Madison, TN which offers master and doctoral degrees in nurse</p>	

anesthesia education. Dr. Hulin is a practicing Certified Registered Nurse Anesthetist (CRNA) with over ten years of experience in this capacity. He currently serves on the National Advisory Council on Nurse Education and Practice (NACNEP) which advises the Secretary of the U.S. Department of Health and Human Services and the U.S. Congress on policy issues related to the Title VIII programs administered by the HRSA Bureau of Health Workforce Division of Nursing, including nurse workforce supply, education, and practice improvement. He began his career in home health administration and since then has had a varied and broad background in teaching, nursing administration, hospital administration, and academic administration. Dr. Hulin has served rural and underserved communities and is driven to impact real change in health equity. Dr. Hulin earned his MSN in Nursing Administration from Vanderbilt University, MS with a focus in nurse anesthesia from the Middle Tennessee School of Anesthesia, MBA from Regis University, and Doctor of Nurse Practice with a focus in education from Samford University.

Modules Taught	<ul style="list-style-type: none"> • Public Policy • Business Fundamentals in Acute Pain Management
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Jason Crosslin, MS, CRNA

Jason Crosslin, MS, CRNA, received his Master of Science with a focus in nurse anesthesia from Middle Tennessee School of Anesthesia and currently serves as a CRNA at LifeLinc Anesthesia. He also serves as a Regional Clinical Coordinator for Middle Tennessee School of Anesthesia at Northcrest Medical Center. He has been a member of both the Admissions Council and Progressions Committee at MTSA.

Modules Taught	Adductor canal and adductor canal catheter (1 block and 1 catheter)
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Stace Dollar, MS, CRNA

Stace D. Dollar MS, CRNA, has been a practicing certified registered nurse anesthetist for 14 years and currently serves at Baptist Health Lexington, in Lexington, KY. He received his Masters of Science with a focus in nurse anesthesia from Middle Tennessee School of Anesthesia. He co-founded and co-directs an Acute Pain Service, developed regional anesthesia protocols for orthopedic joint replacement, general surgery and breast cancer that improved patient outcomes and decreased length of stay, and recently traveled to Haiti with MTSA and the Touching Hands Project for a mission trip. While in Haiti, he able to teach various regional anesthesia techniques to MTSA students. Mr. Dollar is also a clinical facilitator at the quarterly advanced cadaveric workshops facilitated by the Middle Tennessee School of Anesthesia.

Modules Taught	PECS I/II, Infraclavicular, catheter techniques for infraclavicular/TAP (3 blocks and 2 catheter techniques)
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John Edwards, MS, CRNA

John M. Edwards III, MS, CRNA has been a practicing certified registered nurse anesthetist for 14 years and currently practices in Lexington KY. He received his Master of Science with a focus in nurse anesthesia from the Middle Tennessee School of Anesthesia. He has a passion for patient care, teaching and leadership in the fields of anesthesia and acute post-surgical pain management. His achievements include, co-founding and co-directing an Acute Pain Service, founding an Anesthesia Grand Rounds program to facilitate continuing education, and collaborating to develop Enhanced Recovery Pathways for multiple surgical specialties all of which have improved patient

satisfaction, patient outcomes and decreased length of stay. He spends a lot of his time in the management of an Acute Pain Service, not only managing patients, but also in the development and education of a team of CRNAs to provide ultrasound-guided regional anesthetic techniques. He enjoys lecturing for Anesthesia Grand Rounds and has mentored other CRNAs in the process of creating a Grand Rounds lectures. His passion for education has provided many opportunities for teaching, both lecturing at local and state meetings, and providing hands on teaching with both live models and for cadaver workshops at Middle Tennessee School of Anesthesia, and the University of Cincinnati.

Modules Taught	<ul style="list-style-type: none"> • Foundation of Initiating an Acute Pain Service • Superficial cervical, interscalene, infraclavicular, SPANK, IPACK, and catheter techniques for interscalene (5 blocks and 1 catheter)
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Christian Falyar, DNAP, CRNA

Christian R. Falyar, DNAP, CRNA is an independent practice CRNA at Great River Medical Center in Burlington, IA. He earned his DNAP from Virginia Commonwealth University, where he served as faculty from 2013-2015, teaching regional anesthesia. Dr. Falyar created VAULT, a website that promotes ultrasound-guided regional anesthesia and vascular access procedures. He lectures throughout the country at local, state, and national meetings on various ultrasound-related topics. Since 2013, Dr. Falyar has served as the coordinator for the open ultrasound lab at the AANA Annual Congress. In 2010, he received the AANA Foundation Program Director’s Award for Outstanding Research in Ultrasound-Guided Regional Anesthesia, and in 2014 won the AANA Foundation Post-Doctoral Research Fellowship Award. He and his wife, Susan, have two daughters, Morgan and Mason. In his spare time, he likes to listen to Dylan and ride his Triumph Bonneville.

Modules Taught	<ul style="list-style-type: none"> • Ultrasound Physics or ASPM Ultrasound and Nerve Stimulator Principles • Ankle, popliteal and popliteal catheter. (2 blocks and 1 catheter)
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Helen Fosam, PhD

Helen Fosam, PhD, has 18 years writing experience within academia and medical education. She currently serves as an international consultant, developing content for physician education in neurology, covering acute and chronic pain management, and has written numerous articles targeted at the physician audience focused on pharmacological and non-pharmacological approach to pain management. She earned her PhD and completed her Post Doctorate research (Physiology) at Sheffield University, UK.

Modules Taught	<ul style="list-style-type: none"> • Psychological Impact and Neurocognitive Therapeutic Strategies of Pain Management • Non-Allopathic Considerations for the Treatment of Acute Pain
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David Gaskin, MHS, CPT USAR, CRNA

David Gaskin, MHS, CRNA, earned his Masters in Health Sciences from Texas Wesleyan University and currently works at Premier Anesthesia in Huntsville, Texas as a CRNA. He is also co-owner of Maverick Regional Anesthesia Education, LLC which provides schools, anesthesia groups, and working CRNAs with regional anesthesia

<p>education and Acute Pain Service consultation. This education includes all aspects of post-operative pain management, from placement of regional blocks to the coding and billing of procedures. He continuously seeks the latest research related to all phases of anesthetic management and has expertise in adult, geriatric, and pediatric anesthetics.</p>	
Modules Taught	Femoral and Axillary, femoral catheter techniques (2 blocks and 1 catheter)
John Halle, PT, PhD, ECS	
<p>Dr. Halle, PT, PhD, ECS, earned his doctoral degree from the University of Iowa with a focus on Exercise Science. Dr. Halle has been with the Belmont Physical Therapy Program since 1997, serving as Chair from 2005 through May of 2013. His professional areas of interest include anatomy, electrophysiological evaluation, orthopaedics, and sports medicine. He is a Diplomate on the American Board of Physical Therapy Specialties, and is certified as an Electrophysiologic Clinical Specialist. In addition to his academic position at Belmont University, Dr. Halle also maintains a practice performing electrophysiologic testing at Blanchfield Army Community Hospital on Fort Campbell, Kentucky, and he has an adjunct appointment within Department of Medical Education and Administration at the Vanderbilt University School of Medicine.</p>	
Modules Taught	Microanatomy of Nerve Cell; Functional Neuroanatomy of the CNS and PNS; with examples of anatomical variations
Steven Krau, PhD, CNE	
<p>Stephen D. Krau, Ph.D., RN, CNE is a full-time faculty member at Vanderbilt University School of Nursing where he co-ordinates and teaches pharmacology and nursing education courses to Ph.D, DNP and MSN students. Dr. Krau has received national and state awards for his teaching excellence including the Circle of Excellence Award from the American Association of Critical-Care Nurses. Dr. Krau has over 50 publications mostly in critical care nursing journals, and published the first protocol for weaning the intra-aortic balloon pump patient from the pump. The protocol has been adopted by many tertiary health care institutions. As a Navy Nurse Corps officer, Dr. Krau, taught hospital corpsmen and served in an overseas hospital and a U.S. Naval hospital. With over 25 years of teaching and clinical experience as a critical care nurse, Dr. Krau is often invited to present internationally, and nationally in forums centered on topics related to critical care, pharmacogenomics, nursing education, and end of life. He currently serves as consulting editor of Nursing Clinics of North America and is working with Middle Tennessee School of Anesthesia as a consultant with a focus on faculty development.</p>	
Modules Taught	<ul style="list-style-type: none"> Principles of Adult Education Advanced Mentoring Skills
Serge Marchand, PhD	
<p>Serge Marchand, Ph.D., is Professor at the Faculty of Medicine of Sherbrooke University and has pain research labs at the research center of the Sherbrooke University hospital (CRCHUS). He completed his PhD in Neuroscience at Université de Montréal and his postdoctoral training at UCSF. He is an Associate Member of the Center for Neuroscience Research at the Université de Montréal. He is the author of several articles, book chapters, and the following books: <u>The Pain Phenomenon</u>, <u>IASP press 2012</u>, and <u>Mental Health and Pain</u> (Springer Press, 2014). Dr. Marchand has research training in the following areas: Pain evaluation in chronic pain patients, Human</p>	

somatosensory psychophysics, Human electrophysiology, Endogenous pain modulation mechanisms measurement, Animal nociceptive behaviors, and Immunohistochemistry. His research is characterized by a close link between fundamental and clinical projects on the neurophysiological mechanisms implicated in the development, persistency, and treatment of chronic pain.

Dr. Marchand is married, raising six children, and grandfather of four. He loves to run, bike, do water sports, travel, and have the chance to be invited around the world to give conference presentations!

Modules Taught	Pathophysiology of Acute Pain
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Munir Merchant, MD

Munir Merchant, MD, is an anesthesiologist with diverse experience. He is licensed in Texas, Missouri, and Arkansas, and currently is practicing in Fort Worth, TX. He received his medical school training at the Seth GS Medical School in Mumbai, India. He completed residencies and internships in India and New York. He completed his fellowship in the Department of Pain Medicine at St. Luke's Roosevelt Hospital Center, NY. Dr. Merchant has worked in a defense force hospital in Bahrain and then moved to the United States. He is committed to the field of anesthesia and pain management.

Modules Taught	Clinical Assessment of Pain
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John Meyers, MS, CRNA

John Meyers, CRNA is a practicing certified registered nurse anesthetist in rural Idaho. After high school, he served a church-based mission to South Africa for two years. There he was deeply impressed by the lack of healthcare resources available and committed himself to using the opportunities and talents he had been given to establishing a career that would allow him to provide a needful service to those less fortunate. John received his BSN from Idaho State University and Master of Science with a Focus in Nurse Anesthesia from Middle Tennessee School of Anesthesia where he received the MTSA Alumni Scholarship two consecutive years. His professional interests include practicing opioid-free anesthesia and bringing the most cutting edge ultrasound-guided regional anesthesia techniques to his patients. He and his wife Courtney have been married for 10 years and have two children, Porter (5) and Piper (2). In their free time, they enjoy going to the playground at a park as a family.

Modules Taught	<ul style="list-style-type: none"> Local Anesthetics, Toxicity, and Lipid Therapy Intravenous Regional Anesthesia
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Jeffrey Molter, MSN, MBA, CRNA

Jeffrey Molter, MSN, MBA, CRNA, earned his MBA from Lake Erie College and his MSN at Case Western Reserve University. He is a practicing CRNA, owner, and president of Western Reserve Anesthesia Associates, an outpatient anesthesia center. He is a co-owner of the Block Buddy App for iPhone and Google, instructor and guest lecturer for Frances Payne Bolton School of Nursing at Case Western Reserve University, and guest lecturer for anesthesia programs throughout Ohio Lourdes University, Akron University, Otterbein University.

Modules Taught	Subcostal, posterior, transversalis (TAP), quadratus lumborum, ilioinguinal, iliohypogastric (6 blocks)
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Patrick Moss, DNAP, CRNA

Patrick Moss, DNAP, CRNA, received his Master of Science with a focus in nurse

anesthesia and Doctorate of Nurse Anesthesia Practice from the Middle Tennessee School of Anesthesia. His passion for educating colleagues about acute pain management – particularly those practicing in rural or underserved areas – led to doctoral work focused on determining the feasibility of tele-mentoring (remotely guiding) other CRNAs who have limited, or no, experience in providing ultrasound-guided regional anesthesia. He has practiced nurse anesthesia for the last 19 years and is the Regional Vice President of Anesthesia Services for LifeLinc Anesthesia. He also serves as the Director for the Center of Excellence for Acute Pain Management for the Middle Tennessee School of Anesthesia and Halyard Health, facilitating quarterly cadaveric workshops focused on ultrasound-guided regional anesthesia. He and his wife, Mandy, have been married for 20 years and have two children, Parker and Will.

Modules Taught	Erector Spinae, Continuous intercostal, subpectoral, axillary nerve (circumflex), Anterior Sciatic, obturator, quadratus lumborum, and catheter techniques for continuous intercostal and RAPTIR (8 blocks and 2 catheters)
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Daniel Nash, DNAP, CRNA

Daniel Nash, DNAP, CRNA, earned his Doctorate of Nurse Anesthesia Practice from Texas Wesleyan University and has been providing anesthesia as a sole practitioner and care team member since 1994. Dr. Nash is currently a partner at Maverick Regional Anesthesia Educators, LLC which provides schools, anesthesia groups, and working CRNAs with regional anesthesia education and Acute Pain Service consultation. He assisted with the formulation and implementation of the block program at a large hospital system in Texas and his specialty areas include pediatrics and regional blocks. He and his wife, Cathy, have been married for 35 years and have two children and two grandchildren. Dr. Nash loves fishing and music.

Modules Taught	Fascia iliaca and fascia iliaca catheter (1 block and 1 catheter)
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Steve Parrish, MHS, CRNA

Steve Parrish, MHS, CRNA, is currently the full-time Vice-Chief Nurse Anesthetist at John Peter Smith hospital, a level-one trauma center in Fort Worth where he also serves as a CRNA. Mr. Parrish has been performing regional anesthesia for 8 years and is active in educating his hospital and anesthesia group in r/t regional anesthesia. He assisted with the establishment of the Acute Pain team for John Peter Smith Hospital in 2016. His goal is to help facilitate the education of regional anesthesia to those with a desire to broaden their professional practice.

Modules Taught	<ul style="list-style-type: none"> • Serratus anterior, rectus sheath, suprascapular (3 blocks) • Serratus anterior and Rectus sheath (2 catheters)
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Dru Riddle, PhD, DNAP, CRNA

Dru Riddle, PhD, is an Assistant Professor of Professional Practice at Texas Christian University School of Nurse Anesthesia, Fort Worth, Texas USA. He also serves as the Director of the Center for Translational Research: A JBI Center of Excellence. Dr. Riddle is a Certified Registered Nurse Anesthetist and maintains an active clinical anesthesia practice. He completed his BSN at Virginia Commonwealth University Medical College of Virginia School of Nursing, his MSN with CRNA certification at Old Dominion University, his DNP at Texas Christian University and his PhD is Nursing and Genetics at the Medical University of South Carolina.

Dr. Riddle's research interests include evidence based healthcare, pharmacogenomics, and genetic implications for anesthesia care. Additionally, he has spoken nationally and internationally on evidence based healthcare, systematic review strategies, and various clinical anesthesia topics.

Modules Taught

Pharmacogenetics, Dynamics, and Kinetics of Acute Pain Management

Loraine Silvestro, PhD

Loraine Silvestro, PhD is a Professor of Pharmacology in the Graduate Programs of Nurse Anesthesia, Texas Wesleyan University located in Fort Worth, Texas. She completed her Doctor of Philosophy, Pharmacological Sciences at the University of Pennsylvania and her Postdoctoral Research Fellow (MAP kinase enzymes) at UT Southwestern Medical Center. Dr. Silvestro received the Faculty Scholars Award (2014) from Texas Wesleyan University. She is a member of the American Chemical Society and the American Society for Pharmacology and Experimental Therapeutics. She has published numerous articles in peer-reviewed journals.

Modules Taught

- Multimodal Analgesia
- Opioids

Rosann M. Spiegel, JD, DNAP, CRNA, ARNP

Dr. Spiegel has been a Certified Registered Nurse Anesthetist since 1987 and a licensed attorney in the state of Florida since 2005. Currently, she is the Program Director and an Assistant Professor at Florida Gulf Coast University MSN Nurse Anesthesia Program in Fort Myers, Florida. Dr. Spiegel earned a Diploma in Nurse Anesthesia from the Mary Hitchcock Memorial Hospital School of Nurse Anesthesia at the Dartmouth-Hitchcock Medical Center in 1986, a Juris Doctor degree, magna cum laude, from the Florida International University College of Law in 2004, and a Doctor of Nurse Anesthesia Practice degree from Virginia Commonwealth University in 2013. From 2005 to 2006, Dr. Spiegel served as an Assistant Public Defender for the Law Offices of the Public Defender for the Eleventh Judicial Circuit of Florida, and from 2006 to 2011, she was in private practice as a trial lawyer primarily representing claimants in disability insurance disputes in state and federal courts. She has been an invited speaker on a variety of legal, ethical, and clinical topics at local, state, and national professional meetings.

Modules Taught

Legal, Ethical, and Professional Issues in the Management of Acute Surgical Pain

Scott Urigel, MSN, CRNA

Scott M. Urigel, MSN, CRNA, earned his MSN at the Cleveland Clinic School of Nurse Anesthesia, Case Western Reserve University. He is a co-owner and instructor at Western Reserve Anesthesia Education and is a developer of the Block Buddy App. Scott is also co-owner and practicing CRNA at Western Reserve Anesthesia Associates, where he performs general and ultrasound-guided regional anesthesia. He serves as a part-time lecturer and clinical instructor for the Nurse Anesthesia Program of Case Western Reserve University.

Modules Taught

Subcostal, posterior, transversalis (TAP), quadratus lumborum, ilioinguinal, iliohypogastric (6 blocks)

Michael Vollman, PhD, RN

Michael Vollman, PhD, RN, is a full-time faculty member at Middle Tennessee School of

Anesthesia (MTSA). Prior to joining the faculty at MTSA, Dr. Vollman served on the faculties at the Vanderbilt University School of Nursing and the Georgetown University School of Nursing and Health Studies. Dr. Vollman has a 20-year history of teaching research and evidence-based practice courses at the masters and doctoral levels. He also serves as mentor to junior nursing faculty at the local, regional, national, and international levels. Throughout his career, Dr. Vollman has conducted research in, and extensively studied, psychosocial factors that potentially impact both acute and chronic health issues. As a result of those experiences, he developed a deep interest in the impact of spiritual/religious beliefs on health outcomes. In fact, his PhD dissertation focused on the effects of spiritual/religious beliefs on the ways individuals diagnosed with congestive heart failure cope with the realities of their illness.

In addition to his faculty role, Dr. Vollman is an ordained clergyman in the Episcopal Diocese of Kentucky, where he serves at Trinity Episcopal Church in Russellville, KY, and at Trinity Episcopal Church in Owensboro, KY. He also serves as a community hospital and hospice chaplain in the Nashville area. Dr. Vollman lives in Nashville and enjoys a variety of outdoor activities, especially organic gardening, hiking, and cycling.

Modules Taught	<ul style="list-style-type: none"> • Spiritual and Cultural Dimensions of Acute Pain • Evidence-Based Acute Pain Management
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Christie Williams, DPT, OCS, Cert. MDT

Christi Williams, DPT, OCS, Cert. MDT, is an Assistant Professor in the School of Physical Therapy at Belmont University where she co-teaches human anatomy with cadaver lab dissections, kinesiology, clinical pathology and clinical experience I and II. She is an APTA Board Certified Clinical Specialist in Orthopedics and is certified from the McKenzie Institute as a specialist in Mechanical Diagnosis and Therapy of the Spine. Dr. Williams has specialized training in the use of motion analysis equipment for the evaluation and treatment of lower extremity orthopedic conditions and her clinical practice is in outpatient orthopedics with a special interest in spine intervention, return to sports assessments and injury prevention programs. Dr. Williams earned her Doctorate of Physical Therapy from Belmont University and her BS in Psychology/Health Sciences from Clemson University.

Dr. Williams and her husband, Kevin, enjoy watching college football and basketball, as well as sailing, boating, paddle boarding, biking and hanging out with their two yellow Labrador retrievers. Dr. Williams and her dog, Layla, are a certified pet therapy team and they volunteer at the Vanderbilt pediatric physical therapy and infusion clinics.

Modules Taught	Clinical Assessment of Neuromuscular Function of the Upper and Lower Extremities
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Jamie Furstein, PhD, DNAP, CRNA, CPNP-AC

Jamie Furstein, PhD, DNAP, CRNA, CPNP-AC, received his Master of Science in Nursing with a concentration in Nurse Anesthesia from the University of Cincinnati in 2004. Since graduating he has worked solely in pediatrics in Cincinnati, Ohio at one of the premier pediatric institutions in the country. Soon after Jamie embarked on his career as a CRNA, he refined his academic interests to exploring techniques to better manage pain in the pediatric population. His efforts to ameliorate pain among pediatric patients has focused largely on the utilization of ultrasound-guided regional anesthesia (UGRA) in clinical practice. As his clinical understanding expanded, so did his scholarly inquiry. Jamie remains actively involved in research focused on pediatric pain and

currently is the Primary Investigator for several ongoing clinical trials. Over the years Jamie has remained steadfast in his commitment to sharing the knowledge gained with future generations of clinicians. He has continually lectured at both local and national meetings and has served as a hands-on instructor repeatedly at the national level. Furthermore, he has personally developed several hands-on UGRA workshops designed for the practicing clinician wishing to incorporate UGRA into their clinical practice

Modules Taught	Regional Pediatric Anesthesia
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APPENDIX F—CLINICAL SITES

NorthCrest Medical Center

Springfield, TN

NorthCrest Medical Center began operations in 1956 under the name of Jesse Holman Jones Hospital and serves Robertson and surrounding counties as well as southern Kentucky. NorthCrest is a 109-bed, not-for-profit, community hospital which offers a full-range of healthcare services from cardiac care and rehabilitation, obstetrics and women's services, pulmonary rehabilitation, to surgery and 24-hour emergency services.



Southern Tennessee Regional Health System

Lawrenceburg, TN

STRHS-Lawrenceburg, formerly Crockett Hospital, is a 99-bed, acute care facility. Serving Lawrence County and surrounding counties in Southern Middle Tennessee since 1974, STRHS expanded the facility and services in 1991 with the addition of an Outpatient Surgery Unit, a state-of-the-art 24-hour physician-staffed Emergency Department, and an Intensive Care Unit. The hospital opened a 10-bed Physical Rehabilitation Unit in 1997 and a Women's Health Center in 1999. Diagnostic imaging services include in-house MRI, Nuclear Medicine, CT, X-ray, Digital Mammography and Ultrasound. The Rehabilitation Unit provides Physical, Occupational and Speech Therapies. In 2009, a \$5.6 million construction was completed which expanded the Emergency Department, Outpatient Surgery Unit and Registration area.



Bone and Joint Hospital at St. Anthony

Oklahoma City, OK

The Bone and Joint Hospital at St. Anthony is unique in that the hospital, physicians, and other health care professionals are committed solely to orthopedic care. Their staff offers a range of orthopedic services including hip and knee replacement, spine surgery, pain management, sports medicine, arthroscopic procedures, foot and ankle surgery, hand surgery, and robotic surgery. There are 54 beds. The Bone and Joint Hospital at St. Anthony is a Center of Excellence for total joint replacement and is a CRNA-only hospital-employed group supervised by the operating surgeon.



Clinical Rotation Fee

For Fellows who do not have access to appropriate clinical sites for completion standards, a clinical site will be contracted. The fee for this arrangement will be \$2,500 per week (week consisting of 40-50 contact hours.)

APPENDIX G—ACUTE SURGICAL PAIN MANAGEMENT FELLOWSHIP COUNCIL

Purpose:

The Acute Surgical Pain Management Fellowship (ASPMF) Council (hereby referred to as the Council) is a committee that provides oversight to the ASPMF (hereby referred to as the Fellowship). The Council reviews the development of the Fellowship, evaluations of the Fellowship, and makes decisions regarding admissions of Fellows.

Membership:

The standing Council comprises at least 1 member of MTSA, 1 AANA member, 2 appointed members of the CRNA community, 1 non-CRNA public member, and the Fellowship Program Director who also serves as Chairman of the Council.

CRNA members are appointed by the Program Director and include members who are knowledgeable of academic program curriculum development and/or experience as a CRNA with a practice focus on acute pain management. Appointed members will serve a 1-3 year term (to provide for continuity, the individuals first appointed to the Council will have staggered terms ranging from 1-3 years).

Frequency & Length of Meetings:

Meetings are held a maximum of 4 times, and no fewer than 2 times a year unless otherwise decided by the Council members. Meetings are scheduled every 4 months, held in person and/or via online conference for 1 hour unless otherwise decided by Council members. The presence of a quorum of voting members and attendance by Council Chair are required for making amendments to this charter.

Record Keeping:

Minutes for each meeting will be taken by the Special Assistant to the President, who will be the record secretary for all Council committees. All records for the Council will also be maintained by the Special Assistant to the President.

Representatives to Other Bodies:

The Fellowship Program Director will represent the Council in any other the MTSA school committees.

Committees:

The Council shall establish the following committees:

1. Evaluations Committee

Membership: ASPMF Council, with the Program Director as Chair; additional members as assigned.

Responsibilities: Review all evaluations of the Fellowship.

Reporting: Reports to the President's Council (PRC).

Meetings: Convenes during the Council meetings.

2. Interview Committee

Membership: ASPMF Council, with the Program Director as Chair; additional members as assigned.

Responsibilities: Interview and selects application candidates who were extended an invitation to interview by the Screening Committee, a sub-committee of the Interview Committee. Recommend policies and criteria for admission of Fellows to the Fellowship cohort, with advice from other appropriate committees.

Reporting: Reports decisions made for admission to the Council for each cohort.
Reports recommended policies and criteria for admission of Fellows to the PRC.

Meetings: Convenes twice a year for interview sessions for each of the two yearly cohorts.

The Council shall also convene *ad hoc* meetings of a Progressions Committee and Appeals Committee as needed. When convened, these committees will contain appointed membership from within the Fellowship, Existing Cohort, Council, and MTSA administration.