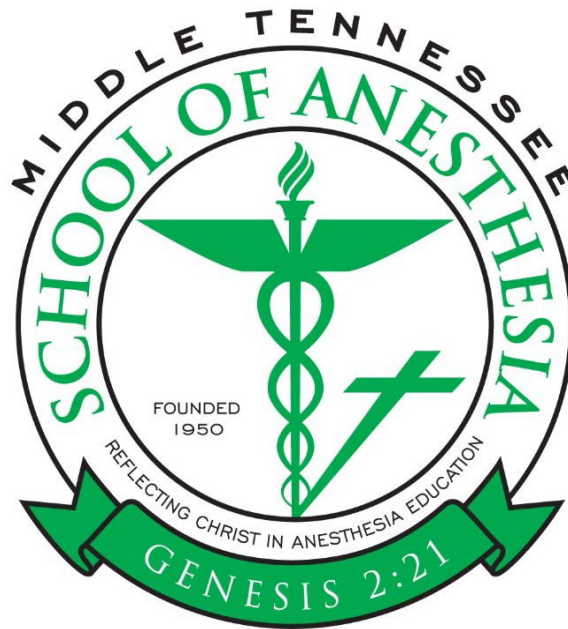


MIDDLE TENNESSEE SCHOOL OF ANESTHESIA



Reflecting Christ in Anesthesia Education

2021 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 (MTSA). We are pleased that MTSA and the American Association of Nurse Anesthetists (AANA) 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

*The statements, policies, guidelines, and procedures contained in this *Fellowship Handbook* are intended to be informational for applicants, as some may be revised in the future, and are applicable to all enrolled Fellows. Upon enrollment, all new Fellows will be provided with this *Fellowship Handbook*. All Fellows are expected to abide by the contents of the current *Fellowship 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 *Fellowship 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 *Fellowship Handbook*, with such changes taking effect immediately upon approval by the President's Council. At the time of each revised edition, all Fellows are provided with a link to access the current published electronic version of the *Fellowship 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 Fellow 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 and CRNAs to complete their educational goals 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 Fellows in a 12-month program, but soon expanded to an 18-month program, admitting 16 Fellows 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 Fellows, 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 Fellow 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 Fellow. 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 Fellows, for both their benefit and that of their patients.

MTSA believes that the Fellow's role is one of an active participant in the educational process. This means Fellows 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 Fellows 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

Initial accreditation 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, 2018 the members of the Board of Trustees are as follows:

Vic Martin, CRNA (Chairman)	Brian Gelfand, MD
Vicki Davies (Interim Vice-Chairman)	Truitt Ellis, MD
Rod Schwindt, CRNA	Jonathan Grooms, CRNA
Jeff Whitehorn, FACHE	Ken Schwab, EdD
Steve Dickerson, MD (Chair Emeritus) <i>ex-officio</i>	Elizabeth Lemons, MBD, RN
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 Fellow such as current TB skin tests and relevant immunizations. Affiliates shall expect that MTSA will instruct its Fellows 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 outcome expectations of Fellows 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 Fellow, and the Fellow 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 Fellows 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 ASPM Fellow 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.

Fellows' Rights

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 *MTSA ASPM Fellow Handbook* applicable to their program of study. Fellows have the right to a grievance process.

NONDISCRIMINATORY POLICY

MTSA Policy 3.2.104

MTSA admits Fellows 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 Fellows 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 (Revised 5/2020)

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 Vice President of Academics and Institutional Effectiveness (888-353-6872) or at <http://www.mtsa.edu>.

The Annual Security Report is distributed to the campus community via email annually by October 1st each year.

FELLOW LINES OF COMMUNICATION

MTSA POLICY 5.1.110

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

Students are issued an MTSA email address at Orientation Day and are expected to check their email on a routine basis. The email is also linked to the internal school Google Calendar that includes class and simulation schedules. **No other email account may be used for official communication with the school.** In emergency situations only, text messages will be sent from

the school's emergency management software to students' cellphones to keep them informed of the situation.

There are times when the students may not be able to talk directly with the Program Administrator (Director, ASPMF) as quickly as they may wish, or may be uncomfortable talking to specific administrators. The following is an attempt to assure that students continue to have open lines of communication for issues they may perceive as problematic.

Should students find there are School-related issues they wish to address, the Program Administrator (Director, ASPMF) is the first person to whom students should address these issues. If the Program Administrator (Director, ASPMF) is unavailable, the following faculty members are able to address these concerns: The Faculty Mentor/Advisor to whom the student is assigned, the Assistant Program Administrator, or the Vice President of Academics. If the issue involves an area other than academic, or students 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.

*** (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 Vice President of Academics of MTSA.)

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 September. 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. MTSA will assist in obtaining a temporary malpractice insurance policy through AANA insurance services or the Fellow may obtain these services through a private entity. Please note that malpractice insurance must be an occurrence-based policy. A one-million-dollar occurrence with a three-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:

- Application and Fee via NursingCAS
- RN License
- APRN License
- NBCRNA Certification (must be current with expiration date displayed)
- AANA Membership
- Current CV
- Personal Essay: 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
- 3 Reference forms completed (via NursingCAS): 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
- Proof of Personal Health Insurance
- Proof of completion of Basic and Advanced Ultrasound-Guided Workshops **

****** A Basic and an Advanced Ultrasound-Guided course are required prerequisites of the Acute Surgical Pain Management Fellowship and must be completed upon entry or within 6 months of enrollment into the Fellowship and within 5 years of being admitted to the Fellowship. A Basic Ultrasound course consists of didactic and hands-on ultrasound scanning instruction for upper and lower extremity regional blocks with or without a cadaveric component for a minimum of 8 hours. An Advanced Ultrasound course qualifies as a prerequisite if the course involves advanced instruction in truncal regional blocks on a cadaveric model. The Advanced course should also contain didactic and hands-on needling and scanning instruction on a cadaveric specimen(s) for a minimum of 8 hours.

Application Checklist

- ☐ Application and Fee via NursingCAS
- ☐ RN License
- ☐ APRN License
- ☐ NBCRNA Certification (must be current with expiration date displayed)
- ☐ AANA Membership
- ☐ Current CV
- ☐ Personal Essay
- ☐ 3 Reference Forms
- ☐ Proof of Personal Health Insurance
- ☐ Proof of completion of Basic and Advanced Ultrasound-Guided Workshops

Visit www.mtsa.edu to access .pdf of application form.

Re-Applicants

Those wishing to reapply to the Fellowship, must submit a new application. 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 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 programs will be required to submit an academic transcript and be interviewed by the DNAP completion faculty prior to acceptance. If applying for the Fellowship only, once the applicant has been accepted and successfully completed the Fellowship, the Fellow is eligible for acceptance in the next DNAP Completion cohort with no further application process necessary.

Fellow selection policy is designed to accept only those Fellows the Admissions Committee believes have the ability and desire to complete the academic components of the program. Tuition and fees are due at the beginning of each of the payment periods, as outlined by the Business Office.

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 ten (10) business days in which to respond and the deadline will be stated in the invitation. If an applicant chooses to accept the offered position in the upcoming class, they **must** submit the **Non-Refundable Deposit** to MTSA with an acceptance response 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.

After accepting a position in the upcoming class, if an accepted applicant changes his mind and decides at a later date to decline acceptance into the program at MTSA for any reason, the **Non-Refundable Deposit will not be refunded.**

Waiting List Acceptance

Applicants not selected by the Fellowship Council during the interview process can be offered a waiting list position in which they could be called upon for admission should a vacancy occur in the currently accepted class. Applicants placed on the waiting list will be accepted into the next class cohort if a deposit is made 30 days prior to the next application cycle ending period.

Denied

Applicants will be notified in writing after the Fellowship Council selection process and would be eligible to apply to future Fellowship classes.

DEPOSIT

Acute Surgical Pain Management Fellowship Only

Non-Refundable Deposit

\$1,500

Simultaneous Enrollment in Fellowship and DNAP Completion Program *

Non-Refundable Deposit

\$1,500

* In order to secure a seat in the Acute Surgical Pain Management Fellowship, students will be required to submit a \$1,500 deposit 90-days prior to starting the Fellowship. This deposit will be applied to the first tuition payment in the Fellowship program.

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 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 (for Fellowship only). 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 enrollment into the subsequent cohort. Failure to submit payment and enroll in the subsequent cohort results in termination of acceptance.

Financial Enrollment Procedures

On enrollment day, the Vice President of Academics, the Program Administrator, and/or designees will review and summarize all costs, schedules, and obligations, and will issue and discuss the salient features of the current year's *DNAP Program Student Handbook*. Students will sign the Enrollment Contract and pay the Period 1 tuition. Late enrollment is **not** permitted without special Progressions Committee approval. Students will be asked to review the Release of Information Policy and sign the consent form, and will also be made aware of HIPAA policies related to patient data collection for educational purposes.

Each student should be aware that there may be updated versions of the *Student Handbook* published during his enrollment. While significant changes are rare, students must abide by the current version of the *Student Handbook*, unless otherwise noted, including abiding by the most current tuition and fee changes. The student will be notified of financial changes in advance.

Credit Hours

The Fellowship Program is 12 months in length at a half-time status. MTSA defines full-time status as enrollment in 9 or more credit hours in a semester, half-time status is defined as enrollment of 6-8 credit hours in a semester and enrollment less than 6 hours is considered a less than half-time status.

TUITION RATES AND SCHEDULES

Student selection policy is designed to accept only those students the Admissions Committee believes have the ability and desire to complete the academic components of the program.

Clinical Rotation Fee

Enrolled Fellows will be required to rotate to an ASPMF clinical for a period of two weeks or 80-100 contact hours at a cost of \$3,000. A one-time \$500 MTSA administrative fee will also be assessed for the processing of this clinical rotation fee. The clinical fee will be applied to the students account during the second semester. This will assist the processing of funds for those receiving aid. The actual due date for all clinical fees is two weeks before the scheduled date of the clinical rotation(s). Any additional rotational weeks at an ASPMF clinical sites will be associated with additional clinical and licensure fees, travel expenses, and malpractice insurance premiums that are the sole responsibility of the enrolled Fellow.

Tuition Due Dates

Tuition is to be paid 2-weeks prior to the first day of class. Those due dates are listed in the provided tuition schedule and will be listed in the statement sent by the MTSA Business Office roughly 45-days prior to the start of each semester. Failure to pay by the date listed may jeopardize the students enrollment in the learning management system.

For Fellows Enrolled in the Fellowship Only

<i>Tuition</i>	\$15,000
<i>Clinical Rotation Fee (per rotation)</i>	
<i>*Please expect additional costs associated with travel, malpractice insurance, etc. are based on clinical site and market conditions</i>	\$3,500

2021 January Cohort (enrolled in January 2020)	
Deposit of \$1,500 due on December 6, 2019	
Payment Date	Amount
1/7/2020	\$5,000*
4/22/2020	\$5,000
8/19/2020	\$5,000

* Deposit of \$1,500 previously paid upon notice of acceptance is applied towards first Tuition Payment

2021 Fall Cohort (enrolled in Fall 2020)	
Deposit of \$1,500 due on July 23, 2020	
Payment Date	Amount
8/19/2020	\$5,000*
12/23/2020	\$5,000
4/21/2021	\$5,000

* Deposit of \$1,500 previously paid upon notice of acceptance is applied towards first Tuition Payment

2022 January Cohort (enrolled in January 2021)	
Deposit of \$1,500 due on December 18, 2020	
Payment Date	Amount
12/22/2020	\$5,000*
4/20/2020	\$5,000
8/17/2020	\$5,000

* Deposit of \$1,500 previously paid upon notice of acceptance is applied towards first Tuition Payment

Fellows may use preapproved financial assistance if funds are guaranteed to arrive the day classes begin for the term. If your financial assistance will not cover your full tuition due, then you will need to pay the difference by the payment due date of the term.

Simultaneous Enrollment in the Fellowship and DNAP-C Programs

<i>Tuition</i>	\$33,750
<i>Clinical Rotation Fee (per rotation)</i>	3,500
<i>* Please expect additional costs associated with travel, malpractice insurance, etc. are based on clinical site and market conditions</i>	

Payment Schedule Dual Enroll (ASPMF/DNAP-C) Fall 2021 (enrolled in Fall 2019)

<i>Year 1</i>		<i>Year 2</i>	
9/3/2019	\$5,625	8/19/2020	\$5,625
1/7/2020	\$5,625	12/23/2020	\$5,625
4/22/2020	\$5,625	4/3/2021	\$5,625

**** Deposit of \$4,000 previously paid upon notice of acceptance is applied towards first Tuition Payment (exact payment dates in 2021 yet to be determined, but will occur in the month and amount listed). A second deposit of \$1,500 is due on July 1, 2020 to secure a seat in the Fellowship portion of the program.***

Payment Schedule Dual Enroll (ASPMF/DNAP-C) Fall 2022 (enrolled in Fall 2020)

<i>Year 1</i>		<i>Year 2</i>	
8/19/2020	\$5,625	8/17/21	\$5,625
12/23/2020	\$5,625	12/21/21	\$5,625
4/3/2021	\$5,625	4/19/22	\$5,625

****The 1st deposit of \$1500, prior to entry in the program, would be due July 31, 2020 and the 2nd deposit of \$1500 would be due on July 1, 2021 to secure a seat in the Fellowship program during the second year.***

Students will receive statements to their MTSA email account up to 45-days prior to the due dates listed above. The statement will show the amount due for the upcoming semester and the date that payment is due.

Students mailing checks should send them to the following address:

MTSA
Attn: Business Office
P.O Box 417
Madison, TN 37116

Should a Fellow, who is simultaneously enrolled in the APSMF and the DNAP-C programs, decide to withdrawal from one of the programs, the discounted-tuition rate will be lost.

Furthermore, the Fellow is responsible for retroactively paying for the difference in tuition of previous payments.

The format and schedule for the tuition and fees collection periods is subject to change, based on potential program schedule changes and recommendations from outside agencies, to which MTSA is accountable. The tuition for each class is set in advance by the Board of Trustees and may fluctuate from year to year. MTSA reserves the right to change tuition and fees on a year- to-year basis. **Fellows should make their financial plans accordingly.**

Please contact the MTSA Business Office with any questions you may have regarding tuition.

Fees throughout the Program May Include:

- ◆ **3% Credit or Debit Card Fee:** if Fellow uses a credit or debit card to pay tuition or purchase any item through the school.
- ◆ **Delinquent tuition fee:** A \$100 late fee will be assessed on delinquent tuition payments, for each MTSA business day (Mon-Thurs) that the tuition payment is delinquent. Therefore, if tuition is due on one Monday, but is not paid until the following Monday, an additional \$400 delinquent tuition fee is levied.

NOTE: If the Fellow has chosen not to utilize Electronic Funds Transfer, it is the Fellow's responsibility to make arrangements with appropriate personnel to make tuition payments on a timely basis.

Refund Policy

(Refer to **MTSA Policy 5.1.106 for Withdrawal Procedures**)

MTSA will permit any student/Fellow to cancel their enrollment agreement within 72 hours of the enrollment day. Should a cancellation occur MTSA will refund 100% of the first tuition payment that was made by the student/Fellow, minus the deposit submitted to hold the student/Fellow position in class. Students/Fellows who have been given a medical withdrawal are assessed and adjusted no differently than other withdrawals.

Pro Rata Refund

If a student/Fellow withdraws or is terminated from the program after the period allowed for cancellation of the enrollment agreement and has completed 60% or less of the period of attendance (semester), the student/Fellow is entitled to a partial prorated refund. MTSA will calculate whether a tuition refund is due, and if so, remit a refund within 45

days following the student's/Fellow's withdrawal or termination. For students receiving funds through the Federal Student Aid program, unearned funds will be returned to the aid programs in the order required under Federal Law. For students/Fellows receiving funds through a non-federal loan, the VA, or sponsor, unearned funds will be returned to the lender or agency. Any remaining balance will be paid to the student/Fellow. The pro rata percentage is based on days of attendance within the period of attendance. Students/Fellows who stop attending all classes but do not complete the official withdrawal process could owe a repayment of Title IV funds. Please contact the Office of Financial Aid (615-732-7884) for more information.

FINANCIAL PLANNING AND FINANCIAL AID

Since financial difficulties can have an adverse effect on academic endeavors, applicants are advised to plan their sources of financial support very carefully prior to entry into the Fellowship. Applicants who are accepted to Fellowship should plan to adjust their lifestyles accordingly, if needed. Although the ASPMF Council Admissions Committee prefers that applicants be financially stable, the following information should prove helpful in financial planning.

If an accepted applicant or current Fellow in the Fellowship anticipates utilizing financial aid during their enrollment, they should request an appointment at their earliest opportunity with the Office of Financial Aid to discuss available funds and relevant procedures (finaid@mtsa.edu).

All tuition payments are due on the specified due dates. In addition to the delinquent tuition fee, Fellows will be suspended (suspension effective on the first delinquent day) from academic assignments until tuition is paid. Any time missed for this reason must be made up after the scheduled class graduation date as a terminal extension. The length of the extension will be at least commensurate with the amount of time missed. **Fellows must pay pro-rated tuition for all extensions in the program.**

Fellows Simultaneously Enrolled in the DNAP Completion Program

- ◆ *Please see the DNAP Student Handbook for additional Financial Aid options available for that program.*

Financial Assistance Programs

Due to the schedule and part-time nature of the Fellowship, Federal Direct Loans are **unavailable**. The following are some of the financial assistance programs that may be available to MTSA Fellows:

Private Loans

There are limited private education lenders loaning for continuing education hours. Private education loans are privately loaned from lenders outside of federal loan borrowing. Private or alternative loans require a separate application, credit check, multiple disclosures and a self-certification form. This is performed each time you borrow for a new loan period. MTSA encourages serious and deliberate consideration before making any borrowing decision. Examine all options. The Office of Financial Aid will not certify any amount that exceeds the cost of attending.

MTSA has no preferred lender list or arrangement and does not endorse any loan product or service. Fellows may apply directly with any lender that they choose.

Sponsorships

If receiving any outside assistance in the way of scholarship or tuition assistance while attending MTSA, please notify the Office of Financial Aid (finaid@mtsa.edu).

Military Assistance/VA Education Benefits

MTSA welcomes active-duty military service members, veterans, military spouses and family members. Fellows who anticipate using Military/Veterans Education Benefits while in attendance at MTSA must notify the School Certifying Official in the Office of Financial Aid by emailing finaid@mtsa.edu. Once accepted to MTSA, Fellows should submit a copy of the Certificate of Eligibility and DD214 (for service member) to begin the process.

- **If the Fellow has made arrangements** to use VA Assistance, it is the Fellow's responsibility to report to the School's Certifying Official (finaid@mtsa.edu) any adjustments in his/her enrollment.
- **If VA funds were requested** to cover the Fellow's expenses and the school's fees were less than what the VA funded, MTSA will directly reimburse the VA.
- **Any veteran** placed on any type of probation and is not successfully removed from probationary status in the stated probationary time, will lose VA benefits.
- **Any veteran** who has lost VA benefits due to their probation status must reapply through the VA and receive VA approval to reobtain benefits.

VA Education Benefits Policy

(Under the Veterans Benefits and Transition Act of 2018)

MTSA permits any covered individual (that individual who is entitled to educational assistance under chapter 31, Vocational Rehabilitation and Employment, or chapter 33, Post 9/11 GI Bill benefits) to attend or participate in the course of education during the period beginning on the date on which the individual provides to the educational institution a certificate of eligibility for entitlement to educational assistance under chapter 31 or 33 (a "certificate of eligibility" can also include a "Statement of Benefits" obtained from the Department of Veterans Affairs' (VA) website-eBenefits, or a VAF 28-1905 form for chapter 31 authorization purposes) and ending on the earlier of the following dates:

1. The date on which payment from VA is made to the institution, or
2. 90 days after the date the institution certified tuition and fees following the receipt of the certificate of eligibility.

MTSA will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that a covered individual borrow additional funds, on any covered individual because of the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement funding from VA under chapter 31 or 33.

Covered individuals

1. must accurately and completely fill out the VA application and submit to the VA Regional Processing Office, also mailing them copies of buy-ups or kickers contracts, DD214, NOBE forms, signature pages and other important documents for your education claim, before classes begin at MTSA.

2. must submit a Certificate of Eligibility and the DD214 (service members) to the MTSA Financial Aid Office in order to process benefits.

Disbursement Information

Direct charges (tuition and fees) will be deducted from any financial assistance first. MTSA will make a deposit of any credit balance into the Fellow's bank account through an electronic transfer of funds. Fellows can view their disbursements on their CAMS student portal.

Electronic Funds Transfer

MTSA utilizes an electronic funds transfer (EFT) system to disburse credit balances/refunds of financial aid into Fellow's personal banking accounts. Any amount of assistance a Fellow received above direct charges is a credit balance owed to them and will be issued via EFT. Credit balances are posted to Fellow accounts within 14 business days of the disbursement date. Fellows will complete an EFT Authorization giving permission to wire funds to their personal account.

Satisfactory Academic Progress

A Fellow's academic standing (i.e. probationary periods) may affect his ability and eligibility to receive financial assistance

Cancellation Policy for Loans

Fellows have a right to cancel all or part of the loan disbursements awarded. The loans may be cancelled, with the Financial Aid Office, any time before the loan disbursement dates. Once MTSA is in receipt of the loan funds, Fellows have a right to cancel all or part of the loans within 14 days after the disbursement date for the loan period. In order to cancel any or all of your loans, Fellows must confirm in writing the award(s) and amounts(s) and send the request to finaid@mtsa.edu. Fellows are responsible for any unpaid balance on their school account. Borrowers will be advised of the status of their request for cancellation.

Repayment of Loans

It is expected that Fellows accepted into MTSA are good citizens and individuals of high integrity, who fully expect to repay all student loans. Fellows generally have 10 years to repay their loans. Interest is accruing on the loans while the Fellow is in school, and payments may be made towards the interest prior to completion of the coursework to lower loan balances. The loan servicer will notify Fellows when the first payment is due, usually following a six months grace period upon completion of the coursework. To learn about loan repayment options, Fellows should contact their lender.

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.

Dual Enrollment: ASPM Fellowship and DNAP Completion Programs

Dual enrollment into the ASPM Fellowship and the DNAP Completion program is an available option at Middle Tennessee School of Anesthesia. This is a 2-year program that involves matriculating through courses outlined in the DNAP completion program and fulfilling the requirements of the ASPM Fellowship during the second year (refer to combined curriculum map—Appendix E). During the second year, courses within the DNAP completion program are focused on the completion of an Evidence-Based Practice scholarly project. Fellowship faculty, along with DNAP completion faculty, help guide and develop the DNAP scholarly projects. The purpose of dual enrollment is to make available to practicing CRNAs, academic and clinical skill advancement at a doctoral level. The final outcome of both programs are skilled clinicians in both acute surgical pain management and doctoral academic leadership.

The DNAP Completion and ASPM Fellowship each have their own handbooks outlining policies and procedures related to their respective programs. When applying to the DNAP completion program and Fellowship simultaneously, the application requirement must be completed for both programs and the applicant must undergo the selection, interview, and acceptance process outlined by the Handbooks of both the ASPM Fellowship and DNAP completion programs.

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 (ASPMF) for CRNAs. The Fellowship is 12 months in length and is divided into 3 courses over 3 semesters (15 weeks each). The Fellow will experience the didactic portion of the program concurrently with the clinical section of the program.

Those Fellows solely enrolled in the ASPMF will begin coursework in January and complete the program within one year. Those Fellows simultaneously enrolled in both the ASPMF and the DNAP-PD program will begin coursework in September and complete both programs within two years. Please refer to the DNAP-C Fellow Handbook for any policies specifically related to that program.

Credit Hours

The ASPM Fellowship is comprised of (3) didactic course and (3) clinical courses, with each course being 3 credit hours in length for a program total of 18 college credit hours applied to a non-degree program. MTSA recognizes this fellowship as a half-time program. The fellowship is a yearlong continuing education program, with students enrolling at a half-time status. The formula for determining a course load with contact hours is based on MTSA Credit Hour Policy that adopts the federal credit hour definition.

The Fellowship Program is 12 months in length at a half-time status. MTSA defines full-time status as enrollment in 9 or more credit hours in a semester, half-time status is defined as enrollment of 6-8 credit hours in a semester and enrollment less than 6 hours is considered a less than half-time status.

ASPMF Clinical Contact Hours and Academic Credit

College academic credit for clinical hours in the ASPMF non-degree program is awarded by completing 3 contact hours for each 1 credit hour placed on the MTSA transcript. In order to meet this requirement, Fellows must maintain a "clinical experience" log that documents time engagement in Acute Pain Management activities. Submission of time and date stamped USGRA block documentations forms, attendance records at MTSA cadaver courses, submission of CE credits for Regional courses, video-based Competency-Based Evaluations, and recorded research presentations should be submitted at the completion of each Clinical Practicum course along with the "clinical experience" log in order to receive a passing grade for the course.

Didactic—Fellowship

This program consists of three (3) courses, offered in a 15-week semester format that will be 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)

Didactic Course Descriptions

Semester	Course #	Course Name, Description, FLO	Credit Hours
1	ASPMF 600	Foundations of Acute Pain Management This course guides the student through salient aspects in the evaluation and treatment of acute surgical pain management. Within the context of legal, ethical and professional standards, the student will incorporate non-allopathic and pharmacological interventions in planning for optimal outcomes for patients in surgical pain or about to undergo surgery. In depth content on the physiological aspects of pain is covered and is essential in the ability to assess a patient's pain, and evaluate pain management interventions. Strategies to ameliorate patient pain are explored in the cases where initial interventions are deemed insufficient. (FLO: 1-5)	3
2	ASPMF 620	Techniques of Acute Pain Management This course builds upon the concepts introduced in course one, Foundation of Acute Pain Management, and guides the student into techniques for administering regional anesthesia in patients experiencing acute surgical pain, or about to experience acute surgical pain. Beginning with principles of ultrasound physics, the student is led through techniques involving neuraxial techniques involving spinal and epidural anesthesia, truncal techniques, techniques to anesthetize up and lower extremities, and indications for perineural catheter use and choices. The course concludes with strategies to identify and management complications that can occur during and after the administration of regional anesthesia. (FLO: 1-3, 6,7,10)	3
3	ASPMF 640	Acute Pain Management Education, Business and Evidence Practice This course facilitates the Student's ability to teach content related to Acute Pain Management utilizing best practices in teaching and mentoring others. The course incorporates evidence into the realm of acute pain management to assure that best practices in the delivery of anesthetic care is well founded in research and current guidelines. Students are guided in the use and creation of enhanced recovery after surgery (ERAS) protocols. Students will explore multimodal perioperative care pathways to achieve early recovery after surgical procedures by	3

		maintaining preoperative organ function and reducing the profound stress response following surgery. Students will explore foundational business principles and policies related to acute pain management services, and skills needed to create a pain management service. (FLO: 3, 8-10)	
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Didactic—Simultaneous Enrollment in Fellowship and DNAP-C

Please refer to the DNAP-C Student Handbook for all information regarding course, grading, appeals, etc. A curriculum map for simultaneous enrollment is available in Appendix E.

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, Ilioinguinal, Iliohypogastric, Genitofemoral, PECs I/II, and Serratus Anterior Blocks

Clinical Course Descriptions

Semester	Course #	Course Name and Description	Credit Hours
1	ASPMF 610	ASPMF Clinical Practicum I This course introduces the ASPMF Fellow to the clinical intricacies of demonstrating competency and proficiency in Acute Pain Management. Skills and knowledge will first be demonstrated in the cadaver lab under the guidance of expert regionalist. Gross anatomy knowledge will be enhanced and interrelated into the Fellows regional block practice. Sound	3

		<p>ultrasound scanning and needling skills will be further refined in demonstrating safe ultrasound sound-guided regional anesthesia (USGRA) practice. Once mastery and completion of a Competency-Based evaluation is complete in the cadaver lab, the Fellow will rotate to ASPMF affiliate site(s) to translate this knowledge in clinical practice through patient encounters.</p> <p>(FLO: 1-7,10)</p>	
2	ASPMF 630	<p>ASPMF Clinical Practicum II</p> <p>This course is a continuation of the Clinical Practicum I and furthers the ASPMF Fellow's knowledge and skill about the clinical intricacies in demonstrating competency and proficiency in Acute Pain Management. Skills and knowledge obtained in Clinical Practicum I will be further enhanced in the Advanced Cadaver lab under the guidance of expert regional instructors. Gross anatomy knowledge will be enhanced and interrelated into the Fellows regional block practice. Ultrasound scanning and needling skills will be further refined in demonstrating a safe ultrasound sound-guided regional anesthesia (USGRA) practice. The Fellow will continue to utilize ASPMF clinical affiliate sites to further translate this knowledge into a safe clinical APM practice through patient encounters under the guidance of expert mentors.</p> <p>(FLO: 1-7,10)</p>	3

3	ASPMF 650	<p>ASPMF Clinical Practicum III</p> <p>This course is a continuation of ASPMF Clinical Practicum II and further the Fellow's knowledge and skill about the clinical intricacies in demonstrating competency and proficiency in Acute Pain Management. Skills and knowledge will be demonstrated in the Advanced Cadaver lab under the guidance of expert regionalist. Gross anatomy knowledge will be enhanced and interrelated into the Fellows regional block practice. Sound ultrasound scanning and needling skills will be further refined in demonstrating safe ultrasound sound-guided regional anesthesia (USGRA) practice. The Fellow will continue to utilize ASPMF clinical affiliate sites to further translate this knowledge into a safe clinical APM practice through patient encounters under the guidance of expert mentors.</p> <p>This course will enhance the teaching abilities of the Fellow in order to translate and disseminate their knowledge of Acute Pain Management to learners of all skill levels. The Fellow will research current topics in Acute Pain Management and present an Evidence-Based review before their colleagues at a local or state anesthesia conference and to their Fellowship cohort class as a graded activity.</p> <p>(FLO: 1-7,10)</p>	3
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ASPMF Course Sequence

Semester	Course #	Course Name & Description	Credit Hours
1	ASPMF 600	Foundations of Acute Pain Management	3
	ASPMF 610	ASPMF Clinical Practicum I	3
2	ASPMF 620	Techniques of Acute Pain Management	3
	ASPMF 630	ASPMF Clinical Practicum II	3
3	ASPMF 640	Acute Pain Management Education, Business and Evidence Practice	3
	ASPMF 650	ASPMF Clinical Practicum II	3

GRADING POLICY

Policy 5.3.109 (Pending BOT Approval)

Advancement of each student to the next semester is made by the Progressions Committee, with faculty recommendation, at the end of each semester.

Each advancing student will receive a transcript reflecting academic progress, with current and cumulative GPAs, within one week of the course ending.-

The MTSA Grading Scale is based on the following 4.0 grading system:

A =	90-100%	(4.0 Quality Points)
B =	80-89%	(3.0 Quality Points)
C =	70-79%	(0.0-Failing)
F =	Below 70%	(0.0 – Failing)
I =	Incomplete	<i>See Grade of Incomplete below</i>
W =	Withdrew	<i>See Grade of Withdrew below</i>
WF=	Withdrew Failing	<i>See Grade of Withdrew Failing below</i>
T=	Terminated	<i>See Terminated below</i>

MTSA expects that all graduate level coursework should result in a minimum earned grade of “B”. A Final grade of less than 80% for any DNAP-C course will result in dismissal from the program and a referral made to the MTSA Progression Committee by the Program Director for a full review and decision.

Students have the right to appeal decisions of the Progressions Committee by filing an appeal with the Appeals Committee.

Grade of Incomplete (I)

If a student is unable to meet all the requirements of a course by the end of the semester because of circumstances beyond his or her control, the grade of Incomplete (I) may be awarded by an instructor. An incomplete grade requires written understanding between the instructor and student acknowledging when the course will be completed. This discussion and written understanding for completion must occur before the last week of the semester.

The maximum time limit for submission of all course work necessary for removal of an incomplete is the end of the last day of classes of the following semester in which the incomplete was incurred (i.e. an incomplete awarded in the 2nd semester must be converted by the last day of classes in the 3rd semester). If the time limit passes and the course is not completed, an unremoved grade of incomplete is changed automatically to a failing grade. Any failing grade will result in termination from the program. A grade of incomplete is not calculated in the grade point average. No student may graduate with an Incomplete on their transcript.

Special Circumstances: the completion of the doctoral scholarly project may stand as incomplete through the Integrated Application of Evidence-Based Practice course series.

Withdrawing from a Course

Students may drop a course within the first 72 hours of the semester with no grade.

Grade of Withdrew (W)

Students wishing to withdraw from a course after the first 72 hours will either receive a grade of “W” or “WF.” To receive a W grade, a student must drop the course within the first 60% of the semester. A “W” grade does not impact a student’s GPA.

Grade of Withdrew Failing (WF)

Students wishing to withdraw from a course after the deadline to withdraw with a “W” grade will receive a grade of “WF.” A WF grade is calculated into a student’s GPA as a failing grade (F).

Terminated (T)

An administratively terminated student is issued a final grade of “T” for all courses in which he/she is currently enrolled, and the termination is noted on the student’s transcript.

Progression through the Fellowship & Fellowship Completion Requirements

Upon completion of the Fellowship, the Fellow will receive a certificate of completion. Additionally, those Fellows simultaneously enrolled in the DNAP completion program will receive a doctorate diploma with successful completion of that program. Please refer to the DNAP completion handbook for more information regarding graduation requirements.

In order for a Fellow to meet the requirements for completion of the Fellowship, the following items must be completed in their entirety:

Fellowship:

- 1) Pass all exams, summative evaluations, assignments, and/or any other coursework in each of the Fellowship modules with a graded score of 80% or greater.
- 2) Attend and teach at one Advanced Cadaver course held by Middle Tennessee School of Anesthesia during the enrollment within the ASPMF. During this two-day visit, a competency-based teaching evaluation will be completed by the Director of the Fellowship, in which, a graded score of 80% or greater must be achieved
- 3) Successfully complete and submit an ePortfolio detailing your learning experiences within the fellowship, which includes all of the following items:
 - a. Time-stamped, witnessed, and documented records of completed ultrasound-guided regional anesthetic blocks in each of the following categories during your enrollment period within the fellowship:
 - i. Truncal: 20 cases
 - ii. Upper Extremity: 20 cases
 - iii. Lower Extremity: 20 cases
 - b. Documented competency-based evaluations of (5) ultrasound-guided regional anesthesia blocks performed during the enrollment within the fellowship.

- c. Completion of all unit reflection statements, presentation on ASPM topic, Oral Board Case Scenario Exam, and a competency-based teaching evaluation.
- 4) Complete two weeks at an ASPMF clinical site
- 5) All financial obligations with the MTSA Business Office must be settled.

A Fellow must complete all of the requirements in a semester before he or she will be allowed to begin coursework of the subsequent semester, and failure to complete work with a grade of 80% or higher, will be addressed through the Progressions Committee at MTSA. During the clinical rotation, failure to demonstrate professionalism, proficiency in regional anesthesia, failure to meet clinical expectations and/or failure to attend the clinical rotation will be addressed through the Progressions committee.

ePortfolio

Pursuant to Fellow Standard identified by the Council on Accreditation “The CRNA Fellow maintains an accurate record of clinical procedures personally performed on patients, if applicable, and other educational experiences,” fellows will be expected to complete an e-portfolio. The e-portfolio will be created and maintained in the Brightspace environment and may include, but is not limited to: all reflective statements throughout the fellowship, evaluation rubrics clinical case evaluative checkoffs for each skill, clinical case logs not part of checkoffs, results of summative evaluations, written assignments, and summaries of discussions. The e-portfolio is evidence of successful progression of thought, and skills throughout the fellowship, and that Fellow Learning Outcomes for the Fellowship have been successfully met. A copy of the e-portfolio will be held by Middle Tennessee School of Anesthesia as evidence for the Council of Accreditation, and a copy will be given to the fellow upon completion of last summative evaluations and completion of the program. Confidentiality of the e-portfolio copy at Middle Tennessee will be maintained and used solely for accreditation standards unless permission is obtained from the Fellow. An explanation about the technological procedures to develop the e-portfolio and the Brightspace e-portfolio environment will be covered in more detail during the first course, and first module of orientation.

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.

Fellow Records

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. All clinical courses completed in the Fellowship will be recorded as credit hours completed in a non-degree program on the official MTSA transcript. Didactic courses in the Fellowship are considered elective courses in the DNAP completion program and are recorded as such on the DNAP completion transcript. Fellowship enrolled students, who are not concurrently enrolled in the DNAP completion program, will have didactic course credit hours recorded on the MTSA transcript from a non-degree program.

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 2 weeks 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 an 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.

Prior to being enrolled in Fellowship, Fellows must submit documentation verifying a current health insurance policy that can be utilized in the event of a physical injury which may occur while training at an ASPMF clinical site. ASPMF clinical facilities are not responsible for any kind of physical injury that may occur while training at these clinical locations during enrollment in the Fellowship. Universal precautions to avoid the infectious transfer of bacterial or viral pathogens while providing patient care at an ASPMF clinical site is the sole responsibility of the Fellow. Fellows are responsible for all expenses associated with serology testing and follow-up care following a needle stick injury or contact with bodily patient fluids from the inadvertent mishandling of needles or failure to adhere to Universal precautions while at an ASPMF clinical rotation site. Medical expenses associated with any kind of injury while rotating at an ASPMF clinical site is the sole responsibility of the Fellow, and the Fellow accepts these conditions during clinical training while enrolled in the Fellowship or participating in MTSA-sponsored cadaveric workshops.

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 compromises the reputability of the facility site. This judgment of unprofessional conduct by the CRNA fellow can be 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 an 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 G 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: 2 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 a 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.

In lieu of a Director site visit, Fellows will be required to submit recorded procedural videos for evaluation by ASPMF faculty and the Director.

EVALUATION

Evaluation of Fellow Coursework

Upon completion of each module, the Fellow will be evaluated according to the assignments within each module. Three (3) courses 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 Fellow 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 Fellow support service. The video capture platform and video share technology allows Fellows to interact online and develop a sense of community. Fellows 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 Fellow interaction and collaboration for course content and Fellow 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 Fellows 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 Fellow 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 Fellows 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.

Fellows can order individual copies of articles via interlibrary loan. This request can be submitted online and is usually returned to the Fellow 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. Fellows 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 Fellow and faculty needs, an annual user survey of the Fellows and faculty is conducted to solicit opinions and suggestions.

On-Call Chaplin 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.

Fellow Counseling

MTSA Policy 5.1.105

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

Refund Policy / Withdrawal Procedures

MTSA Policy 5.1.106

Revised 2/2020

Any student/Fellow who wishes to withdraw from MTSA must notify their Program Administrator in writing of this action. Any withdrawal without a prior meeting with the Program Administrator may be considered permanent.

Refund Policy

MTSA will permit any student/Fellow to cancel their enrollment agreement within 72 hours of the enrollment day. Should a cancellation occur MTSA will refund 100% of the first tuition payment that was made by the student/Fellow, minus the deposit submitted to hold the student/Fellow position in class. Students/Fellows who have been given a medical withdrawal are assessed and adjusted no differently than other withdrawals.

Pro Rata Refund

If a student/Fellow withdraws or is terminated from the program after the period allowed for cancellation of the enrollment agreement and has completed 60% or less of the period of attendance (semester), the student/Fellow is entitled to a partial prorated refund. MTSA will calculate whether a tuition refund is due, and if so, remit a refund within 45 days following the student's/Fellow's withdrawal or termination. For students receiving funds through the Federal Student Aid program, unearned funds will be returned to the aid programs in the order required

under Federal Law. For students/Fellows receiving funds through a non-federal loan, the VA, or sponsor, unearned funds will be returned to the lender or agency. Any remaining balance will be paid to the student/Fellow. The pro rata percentage is based on days of attendance within the period of attendance. Students/Fellows who stop attending all classes but do not complete the official withdrawal process could owe a repayment of Title IV funds. Please contact the Office of Financial Aid (615-732-7884) for more information.

Determination of the Withdrawal Date

The student's/Fellow's withdrawal date is the last date of the academic attendance as determined by the institution from its attendance records. If the institutional leave of absence is not considered an official leave of absence for Title IV purposes, the withdrawal date for a student/Fellow who takes an institutional leave of absence is the last date of attendance prior to the leave.

Withdrawal Procedures:

1. Program Administrator begins withdrawal procedure by forwarding the student's written document (email) of intent to withdraw to Academics.

Student receiving Veterans Benefits Withdrawal Procedure:

1. Complete withdrawal procedure as noted above.
2. Contact the Office of Financial Aid for information regarding your veterans' benefits.
3. It is VA's policy, if you withdraw from your program at MTSA, Veterans Affairs (VA) must reduce or stop your benefits. You may have to repay all benefits for the program unless you can show that the change was due to mitigating circumstances.*

"Mitigating circumstances" are unavoidable and unexpected events that directly interfere with your pursuit of a course and are beyond your control. Examples of reasons VA may accept are extended illness and unscheduled changes in your employment. Examples of reasons VA may not accept are withdrawal to avoid a failing grade or dislike of the instructor. VA may ask you to furnish evidence to support your reason for a change. If a serious injury or illness caused the change, obtain a statement from your doctor. If a change in employment caused the change, obtain a statement from your employer.

For more information about VA policies, please contact www.gibill.va.gov 1-888-GIBILL1 (1-888-442-4551)

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/Fellow 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 Fellow 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. Fellows 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 Fellows 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 Vice President of Academics
- 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 Fellow Complaint/Grievance Policy is for all issues in which the Fellow 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 Fellow;
- 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 Vice President of Academics using the Fellow Complaint form, available on the MTSA website or through the Office of the Vice President of Academics, identifying the Fellow 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 Vice President of Academics will provide the Fellow 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 Vice President of Academics
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 Vice President of Academics.

Discrimination / Harassment Policy

MTSA Policy 3.2.303

Discrimination/Harassment will not be tolerated. Employees and Fellows 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 Fellow to discriminate against or harass an employee or Fellow 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 Fellows 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 Fellow.

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 Fellow 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/Fellow 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.

Fellow 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.

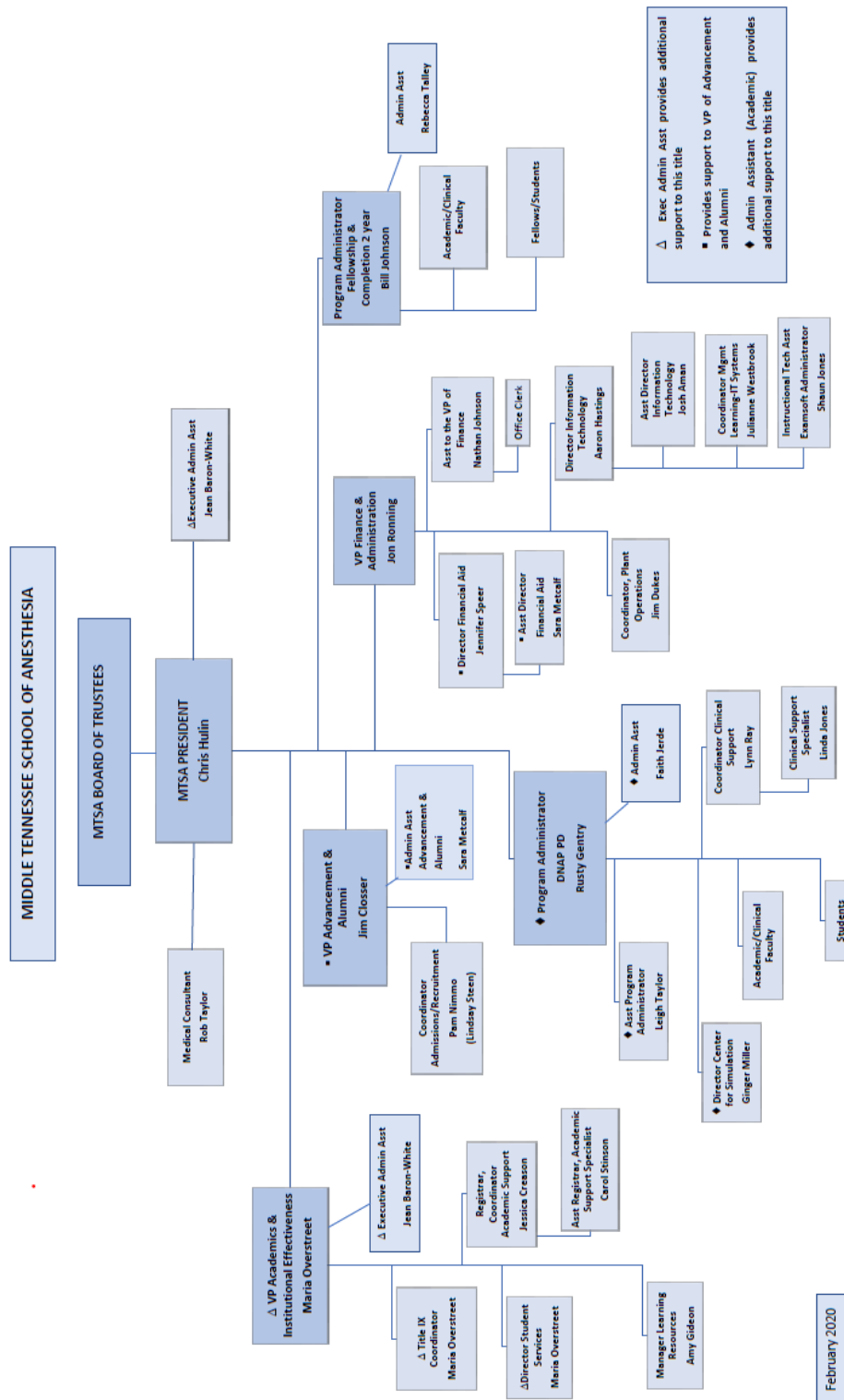
Appeal Process:

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 Fellow may continue to the next step of the grade appeal process.

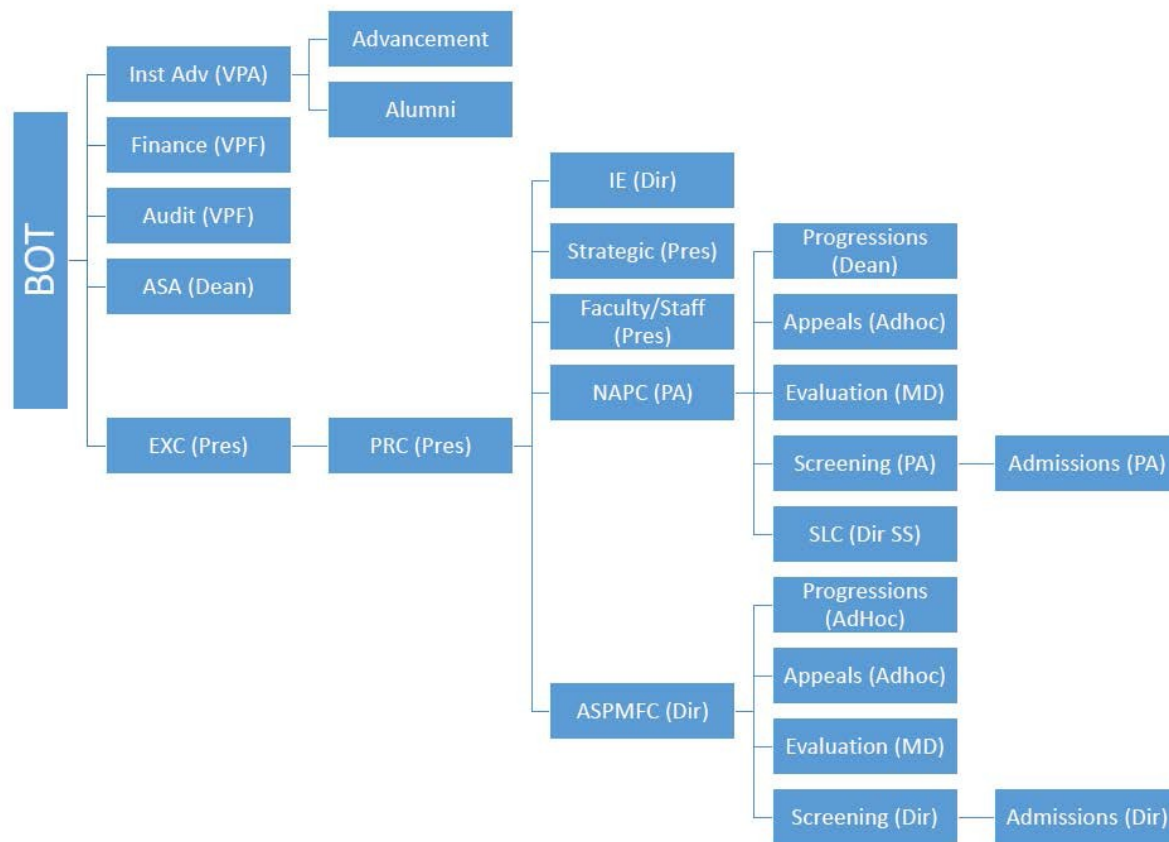
Step 2: Within 5 MTSA business days after receiving decision from Instructor: The Fellow must file the written grade appeal form, (available by electronic request from the Office of the Vice President of Academics) supporting documents, and the written decision of the instructor, to the Office of the Vice President of Academics. The Office of the Vice President of Academics will have five MTSA business days to review the appeal and supporting documents. The Office of the Vice President of Academics 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 Vice President of Academics 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. For any issues concerning the DNAP-C program, please refer to the MTSA DNAP-C Student Handbook.

APPENDIX A –MTSA ORGANIZATIONAL CHART



APPENDIX B—COMMITTEE STRUCTURE CHART



APPENDIX C— ASPM FELLOWSHIP CALENDAR

(Anticipated)

Fellowship (only)

January 2021 Cohort (enrolling in January 2020)	
June 2020	Application Period Ends
June 2020	Interviews
January 6, 2020	First ASPMF Course Begins: Foundations of Acute Pain Management
April 17, 2020—May 3, 2020	Break
May 4, 2020	Second ASPMF Course Begins: Techniques of Acute Pain Management
August 14, 2020—August 30, 2020	Break
August 31, 2020	Third ASPMF Course Begins: Acute Pain Management Education, Business, and Evidence-Based Practice
December 11, 2020	Break Begins
January 30, 2021	Completion Date
	<i>Weekend Advanced Cadaver Courses—TBD</i>
Fall 2021 Cohort (enrolled in September 2020)	
June 30, 2020	Application Period Ends
July 6-7, 2020	Interviews
August 31, 2020	First ASPMF Course Begins: Foundations of Acute Pain Management
December 11, 2020—January 4, 2021	Break
January 4, 2021	Second ASPMF Course Begins: Techniques of Acute Pain Management
April 16, 2021—May 3, 2021	Break
May 3, 2021	Third ASPMF Course Begins: Acute Pain Management Education, Business, and Evidence-Based Practice
August 13, 2021	Break Begins
December 31, 2021	Completion Date
	<i>Weekend Advanced Cadaver Courses—TBD</i>
January 2022 Cohort (enrolling in January 2021)	
TBD	Application Period
December 4, 2020	Interview Period Ends
January 4, 2021	First ASPMF Course Begins: Foundations of Acute Pain Management
April 18, 2021—May 2, 2021	Break
May 3, 2021	Second ASPMF Course Begins: Techniques of Acute Pain Management
August 19, 2021—August 29, 2021	Break
August 30, 2021	Third ASPMF Course Begins: Acute Pain Management Education, Business, and Evidence-Based Practice
December 11, 2021	Break Begins
January 30, 2022	Completion Date
	<i>Weekend Advanced Cadaver Courses—TBD</i>

APPENDIX D—ASPMF CURRICULUM MAP

ASPMF Curriculum Map (implementation date: January 2020)

Course	Foundations of Acute Pain Management				Break (2 weeks)	Techniques of Acute Pain Management	Break (2 weeks)	Acute Pain Management Evidence Based Practice, Business, POCUS, and Noninvasive Management				Break (3 weeks)
	Orientation	Non-Allopathic Principles of Acute Pain Management	Physiology of Pain Neurologic Assessment and Evaluation of Pain	Pharmacology of Acute Pain Management								
Unit		Fellowship Orientation Dr. Johnson	Micro anatomy and Functional Neuroanatomy Dr. Hallett	Pharmacogenetics, Dynamics, and Kinetics of Acute Pain Management Dr. Riddle		Ultrasound Physics Dr. Taylor		Research and Enhanced Recovery After Surgery Dr. Fournier	Sub-Specialty Topics in Acute Pain Management	Legal, Ethical, and Public Policy Considerations in Acute Pain Management	Business Aspects of Acute Pain Management	
Module		Spiritual and Cultural Dimensions of Acute Pain Management Dr. Fournier	Nerve anatomy and Functional Neuroanatomy Dr. Hallett	Pharmacogenetics, Dynamics, and Kinetics of Acute Pain Management Dr. Riddle		Ultrasound Physics (1 week) Dr. Taylor	Perioperative Point-of-Care Ultrasound (POCUS) (3 weeks) Dr. Shields	Evidence-Based Acute Pain Management (1 week) Dr. Fournier	Pediatric Regional Anesthesia (1 week) Dr. Fournier	Legal, Ethical, & Professional Issues in Management of Acute Pain (1 week) Dr. Spiegel	Foundation of Acute Pain Service (1 week) Dr. Gaskin	
		Psychological Impact and Non-Pharmacologic Therapeutic Strategies of Pain Management (1.5 week) Dr. Fournier	Pathophysiology of Acute Pain (2 weeks) Dr. Merchant	Local Anesthetics and Lipids (1 week) Dr. Fournier		Neuraxial Techniques Spinal/Epidural (2 weeks) Dr. Johnson		Research Topics in Acute Pain Management (1 week) Dr. Fournier	Noninvasive Acute Pain Management (1 week) Dr. Johnson	Public Policy (1 week) Dr. Hallett	Business Fundamentals in Acute Pain Management (2 weeks) MacKinnon	
		Non-Allopathic Considerations for Acute Pain Management (1.5 week) Dr. Fournier	Clinical Assessment of Acute Pain (1 week) Dr. Merchant	Multimodal Analgesia (1 week) Dr. Silverstein		Upper Extremity (3 weeks) Dr. Fournier, Edwards, Moss, Johnson, Gaskin		ERAS Protocols (2 weeks) Cuppell	Acute Pain Management in the Chronic Patient (1 week) Ardre			
			Neuroanatomy and Assessment of Upper and Lower Extremities (2 weeks) Dr. Williams	Opioids (1 week) Dr. Johnson		Truncal (3 weeks) Moss, Dollar, Parrish, Edwards, Meyer, Urgel, Martin						
				Anticoagulants Interactions in Regional Anesthesia (1 week) Dr. Johnson		Lower Extremity (3 weeks) Taylor, Johnson, Moss, Nath, Cordell, Edwards, Farmer, Myer						
						Perineural Catheter Indications, Techniques, and Equipment (1 week) Dr. Fournier, Moss, Johnson, Gaskin, Dollar, Edwards						
						Diagnostic and Management of Complication of Regional Anesthesia (2 weeks) Dr. Johnson						
	1 week	2 weeks	7 weeks	5 weeks	Course Final Exam	15 weeks	4 weeks	3 weeks	3 weeks	2 weeks	3 weeks	Course Final Exam

Cadaver Experience to be scheduled during the third course.

APPENDIX E—ASPMF & DNAP-C Dual Enrollment Curriculum Map/Calendar

Year 1: August 31, 2020 – August 30, 2021

Semester	Course #	Course Name	Credit Hours
1	DNAP 640	Quality Improvement & Patient Safety	4
1	DNAP 630	Informatics and Educational Curriculum, Instruction, Evaluation: Application & Practice	4
2	DNAP 650	Healthcare Policy, Business & Legal Issues	4
2	DNAP 660	Population Wellness & Health Promotion (Epidemiology)	4
3	DNAP 680	Leadership and Ethics in Nurse Anesthesia Practice	4
3	DNAP 600	Evidence Based Practice in Nurse Anesthesia I	4

Total Credit Hours – Year 1: (24)

Year 2: August 31, 2021 – August 29, 2022

Semester	Course #	Course Name	Credit Hours
1	DNAP 620	Evidence Based Practice in Nurse Anesthesia II	3
2	DNAP 700	Evidence Based Practice in Nurse Anesthesia III	3
3	DNAP 710	Evidence Based Practice in Nurse Anesthesia IV	3

Total Credit Hours – Year 2: (9)

Total Credit Hours: (33)

Elective Course Option

Semester	Course #	Course Name and Description	Credit Hours
1	ASPMF 600	Foundations of Acute Pain Management	3
2	ASPMF 620	Techniques of Acute Pain Management	3
3	ASPMF 640	Acute Pain Management Education, Business and Evidence Practice	3

Total Credit Hours: (9)

APPENDIX F— 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.

A full Faculty Roster with bios and modules taught begins on next page.

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 Fellows 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 • Anticoagulants Interactions in Regional Anesthesia • Neuraxial Techniques Spinal/Epidural • Upper Extremity blocks: Cervical, supraclavicular, Distal UE extremity. • Truncal blocks: Intercostal • Lower Extremity blocks: SPANK, distal saphenous, selective tibial, lateral femoral cutaneous, infragluteal, transgluteal, subgluteal. • Perineural Catheter Indications, Techniques, and Equipment • Diagnosis and Management of Complications of Regional Anesthesia • Nonsurgical Acute Pain Management
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 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.</p>	

Modules Taught	<ul style="list-style-type: none"> Public Policy
Jason Crosslin, MS, CRNA	
<p>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.</p>	
Modules Taught	<ul style="list-style-type: none"> Lower Extremity: Adductor canal and catheter.
Stace Dollar, MS, CRNA	
<p>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 Fellows. Mr. Dollar is also a clinical facilitator at the quarterly advanced cadaveric workshops facilitated by the Middle Tennessee School of Anesthesia.</p>	
Modules Taught	<ul style="list-style-type: none"> Introduction to Regional Blocks Upper Extremity blocks: Superficial cervical, Infraclavicular, catheter techniques for infraclavicular/TAP. Truncal Perineural Catheter Indications, Techniques, and Equipment
John Edwards, MS, CRNA	
<p>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.</p>	

Modules Taught	<ul style="list-style-type: none"> • Introduction to Regional Blocks • Upper and Lower Extremity: Interscalene, iPACK, PEC I/II, catheter techniques for infraclavicular/TAP. • Truncal • Perineural Catheter Indications, Techniques, and Equipment
Christian Falyar, DNAP, CRNA	
<p>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.</p> <p>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.</p>	
Modules Taught	<ul style="list-style-type: none"> • Ultrasound Physics or ASPM Ultrasound and Nerve Stimulator Principles • Lower extremity: Ankle, popliteal and popliteal catheter.
Helen Fosam, PhD	
<p>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.</p>	
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

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 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.

Modules Taught

- Upper Extremity
- Perineural Catheter Indications, Techniques, and Equipment

John Halle, PT, PhD, ECS

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.

Modules Taught

- Microanatomy of Nerve Cell; Functional Neuroanatomy of the CNS and PNS with examples of anatomical variations.

Serge Marchand, PhD

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: The Pain Phenomenon, IASP press 2012, and Mental Health and Pain (Springer Press, 2014). Dr. Marchand has research training in the following areas: Pain evaluation in chronic pain patients, Human 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	<ul style="list-style-type: none"> • Pathophysiology of Acute Pain
Jeffrey Molter, MSN, MBA, CRNA	
<p>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.</p>	
Modules Taught	<ul style="list-style-type: none"> • Truncal: Subcostal and posterior (TAP), ilioinguinal, iliohypogastric.
Patrick Moss, DNAP, CRNA	
<p>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.</p>	
Modules Taught	<ul style="list-style-type: none"> • Upper and Lower Extremity, Truncal, Perineural Catheter Indications, Techniques, and Equipment: Erector Spinae, Continuous intercostal, subpectoral, axillary nerve (circumflex), transverse/parasagittal paravertebral, Anterior Sciatic, obturator, continuous intercostal, and RAPTIR.

Daniel Nash, DNAP, CRNA	
<p>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.</p>	
Modules Taught	<ul style="list-style-type: none"> Fascia iliaca and catheter, popliteal plexus
Steve Parrish, MHS, CRNA	
<p>Steve Parish, 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.</p>	
Modules Taught	<ul style="list-style-type: none"> Lower Extremity: Serratus anterior, rectus sheath, and suprascapular with catheter placement for the Serratus anterior and Rectus sheath blocks.
Dru Riddle, PhD, DNAP, CRNA	
<p>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.</p> <p>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.</p>	
Modules Taught	<ul style="list-style-type: none"> Pharmacogenetics, Dynamics, and Kinetics of Acute Pain Management

Loraine Silvestro, PhD	
<p>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.</p>	
Modules Taught	<ul style="list-style-type: none"> • Multimodal Analgesia • Opioids
Rosann M. Spiegel, JD, DNAP, CRNA, ARNP	
<p>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.</p>	
Modules Taught	<ul style="list-style-type: none"> • Legal, Ethical, and Professional Issues in the Management of Acute Surgical Pain
Scott Urigel, MSN, CRNA	
<p>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.</p> <p>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.</p>	
Modules Taught	<ul style="list-style-type: none"> • Truncal: Quadratus lumborum, transversalis fascia

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

- Neuromuscular Function and Assessment of the Upper and Lower Extremities

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

- Evidence-Based and Research in Acute Pain Management
- Regional Pediatric Anesthesia

Tracie Goodwin, MHA/ED, BSP

Tracie Goodwin MHA/ED, BSP is a full time Regional Professional Education Manager for Halyard Health formerly I-Flow/Kimberly Clark. As a Professional Education Manager for Halyard, Tracie travels extensively to create, plan, and attend Regional Speaker events and National Conferences. As part of her duties, she also designs, plans, and implements at least 3 National Cadaver Labs yearly to educate Anesthesiologists in the Acute Pain Management area in Continuous Peripheral Nerve Block. She also manages 8 Peer 2 Peer Education Centers across the U.S. where M.D.'s and CRNA's can attend to increase their skill level in C.P.N.B.

Tracie has 24 years of nursing experience in Cardiovascular, Orthopedics, and O.R. / Post-Op and is acutely aware of the challenges facing healthcare professionals in the Acute Care Setting. She uses this knowledge coupled with her experience in Health Care Administration to educate her clients and others in managing pain without the extensive use of narcotics. Tracie has written numerous Acute Pain Nursing courses for Block Nursing and Block Program Set-Up and has taught them at National Cadaver Labs and at Andrews Institute in Pensacola, Florida. She has published articles regarding Post-Op care and infection for National Magazines.

In addition to her work at Halyard, Mrs. Goodwin celebrates 19 years with her husband Jeff, with whom she has 4 children, Daniel, Matthew, Isabella, and Sophia. They live in Millington, TN. She enjoys gourmet cooking, reading, gardening, interior design, amateur photography, and archery.

Modules Taught

- Foundation of Initiating an Acute Pain Service

Mike MacKinnon, MSN, FNP-C, CRNA

Michael MacKinnon graduated from Thomas Jefferson University in 2009 and UMASS Boston as an FNP in 2015. He has been special interest in difficult airway, ultrasound regional anesthesia, the business of anesthesia and Anesthesiologist Assistant legislation. Mike is co-owner in CE2 (www.ce2you.com) which trains CRNAs in the use of Ultrasound and non-surgical pain management.

Michael has been working in a fee for service Independent CRNA practice since graduation and currently working as a partner in a CRNA only practice in Show Low, Arizona.

Modules Taught

- Business Fundamentals in Acute Pain Management

Kelly Martin, MS, CRNA	
<p>Kelly Martin received his Master of Science with a focus in nurse anesthesia from the WellSpan Health/York College of Pennsylvania nurse anesthesia program. He has been performing ultrasound-guided regional anesthesia for the past 6 years and currently serves as a member of the acute pain service at York Hospital. Kelly is also full-time faculty for the anesthesia program at York College of Pennsylvania. He is passionate about teaching acute pain management in both the classroom and clinical setting. Upon completion of the acute surgical pain management fellowship, Kelly's goal is to help the acute pain service at York Hospital continue to grow and to operate based on current guidelines and recommendations to provide safe and effective care.</p>	
Modules Taught	<ul style="list-style-type: none"> • Truncal
Masson Farmer, DNP, CRNA	
<p>Masson D. Farmer is a Certified Registered Nurse Anesthetist practicing independently in Texas. He earned his Master of Science in Nurse Anesthesia and Doctor of Nursing Practice Anesthesia from Texas Christian University. His doctoral work focused on aspects of multimodal analgesia sparking an interest in the field of acute pain management. He enjoys incorporating new ultrasound guided regional techniques into his practice and serving as a resource to his clinical colleagues. He advocates for the unencumbered practice of Nurse Anesthetists in Texas through volunteering for TxANA and the AANA and serves as a resource for regulatory and practice matters impacting Texas CRNAs. Outside of anesthesia, his interests include building/tinkering, cooking, drumming, and listening to music. He and his wife Carrie have one son.</p>	
Modules Taught	<ul style="list-style-type: none"> • Lower Extremity
Patrick Myer, CRNA	
<p>Patrick S. Myer, MSN, CRNA has been a practicing certified registered nurse anesthetist since March, 2006. He received his Master of Science in Nurse Anesthesia from Georgetown University. Patrick has a passion for patient centered care and teaching others. He is an expert in regional anesthesia and frequently provides lectures and didactic instruction to other health professionals for both regional anesthesia and point of care ultrasound examination. Patrick currently works at SSM Health Bone and Joint Hospital in Oklahoma City, OK as the Chief CRNA. He also serves as the clinical site coordinator for Middle Tennessee School of Anesthesia's Acute Surgical Pain Management Fellowship.</p>	
Modules Taught	<ul style="list-style-type: none"> • PENG Block

Ken Wetmore, MA	
<p>Ken Wetmore, MA, serves as the MTSA Chaplain and Religion Professor, in addition to teaching in the Fellowship. He received his Master of Arts in Organization Leadership from Gonzaga University and his Bachelor of Arts in Communications from Southern Adventist University. Ken Wetmore joined the MTSA faculty as Religion professor in 2012. He serves as the senior pastor at the historic, Madison Campus Seventh-day Adventist Church. Prior to becoming a pastor Ken worked in public relations and broadcast news. He has traveled extensively and has lived in New Zealand and Guam. His hobbies include reading, rugby, softball, music, and photography.</p>	
Modules Taught	<ul style="list-style-type: none"> Foundations of Acute Pain Management, Spiritual and Cultural Dimensions of Acute Pain
Desiree Chappell, CRNA	
<p>Desiree Chappell, Certified Registered Nurse Anesthetist (CRNA) and Healthcare Leader, is based in Louisville, KY. She has coordinated and assisted with the implementation of successful Enhanced Recovery Programs</p> <ul style="list-style-type: none"> • Associate Editor, US Lead, Anchor- TopMedTalk • Board of Directors for the American Society of Enhanced Recovery • Scientific Advisory Panel for Evidenced Based Perioperative Medicine (EBPOM)-USA. • Founding Co-Director of PoCCo, LLC- The Perioperative Coaching Company. 	
Modules Taught	<ul style="list-style-type: none"> ERAS Module
John Shields, DNP, CRNA	
<p>John Shields is a cardiac CRNA practicing at Vanderbilt Heart and Vascular Institute in Nashville Tennessee. He has worked in a variety of settings including cardiovascular, thoracic, neurosurgical and other multispecialty practices. He is also assistant program director at Middle Tennessee School of Anesthesia with academic and clinical duties. He is a member of SPOCUS, Society of Critical Care Medicine, the American Society of Echocardiography, American Institute of Ultrasound in Medicine and the European Society of Cardiology. Major interests include perioperative point of care ultrasound and the advancement of echocardiography for clinical practice.</p>	
Modules Taught	<ul style="list-style-type: none"> PoCUS Module

APPENDIX G—CLINICAL SITES

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.



Horizon Health

Paris, IL

Horizon Health is a small, privately-owned critical access hospital in east central Illinois which has been serving that community for over 50 years by offering a wide range of health care services. Anesthesia services for this hospital are provided through a hospital-employed CRNA group for a wide range of inpatient and outpatient surgical cases, including a robust acute pain service that utilizes continuous peripheral nerve blocks and progressive multimodal analgesia. They also run a busy chronic pain management practice for patients in this community, utilizing interventional techniques including various neuraxial and joint injections, and radiofrequency ablation.



Divine Savior Healthcare

Portage, WI

Divine Savior Healthcare joined Aspirus in February 2020. Divine Savior offers a full continuum of services on its comprehensive campus in Portage, WI and in its surrounding communities.

The team at Divine Savior Healthcare delivers world-class care throughout the community at its hospital, clinics, skilled nursing and assisted living facility, home health services, paramedic level ambulance service, childcare center, medically-integrated fitness center and more.



APPENDIX H—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.

Addendum: Contact Hours and Academic Credit

College academic credit for clinical hours in the ASPMF nondegree program is awarded by completing 3 contact hours for each 1 credit hour placed on the MTSA transcript. In order to meet this requirement, Fellows must maintain a “clinical experience” log that documents time engagement in Acute Pain Management activities. Submission of time and date stamped USGRA block documentations forms, attendance records at MTSA cadaver courses, submission of CE credits for Regional courses, video-based Competency-Based Evaluations, and recorded research presentations should be submitted at the completion of each Clinical Practicum course along with the “clinical experience” log in order to receive a passing grade for the course.