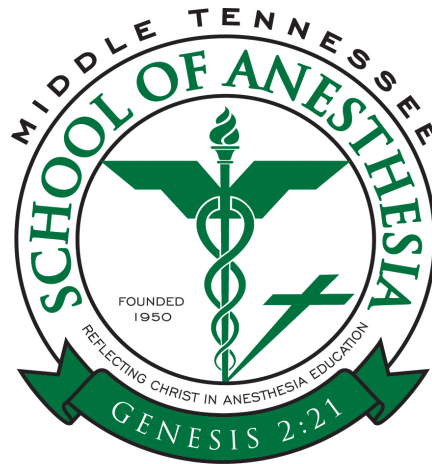


Middle Tennessee School of Anesthesia



***Reflecting Christ in
Anesthesia Education***

2006 CATALOG AND RECRUITMENT MANUAL

www.mtsa.edu

***Master of Science with a focus in
Nurse Anesthesia***

*The statements, policies, and guidelines contained in this Catalog are intended to be informational only. The most current policies and procedures of the School pertaining to students are contained herein. Students will be given a Student Handbook upon enrollment with any revisions made in the interim. The Catalog and Handbook are revised annually and amendments to policies and procedures are included in each new edition. The School reserves the right to make revisions to the contents of the Catalog and Handbook as necessary, or as deemed advisable by the Administrative Committee. Additionally, the School reserves the right to amend policies and procedures in the most current Catalog and Handbook with such changes taking effect immediately upon approval by the Administrative Committee. At the beginning of each year, all students are given a copy of the most recent Student Handbook and are expected to abide by its

contents.

INTRODUCTION

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, medical, health care, education, church, and legal industries. 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. It delegates interim authority to the Administrative Committee of the Middle Tennessee School of Anesthesia. Operational authority is delegated to the President and Vice-President/Dean.

The Board of Trustee members are as follows:

Nevin H. Downs, MD
Chairman (Presiding Officer)

Michael W. Hays, MD

Larry Boughman, PhD

Doug Hilliard, BA, BS

Duane Brown, CPA

Judith Hodges, MLn

Jimm Bunch, MBA, MDiV

Phillip Jones, MD

Mike Clark, Med

Arlan Monroe, MS, CRNA, APN

Ken Crawford, CRNA, MS, APN

J. David Netterville, MD

Steven Dickerson, MD

Nila Sherrill, MA

Jack Edmondson, CRNA, MS, APN

John A. Shields, CRNA, MS, APN

Clifton Emerson, MD

Mark Westlake, JD

Patrick A. Forrest, MD

Wayne Winfree, CRNA, MS, APN

The officers of the Middle Tennessee School of Anesthesia are as follows:

L. Phil Hunt, RN, EdD
President

Mary Elizabeth DeVasher, CRNA, MEd, MS, APN
Vice-President/Dean

Chris Gustin, BA
Business and Human Resources Manager

MISSION STATEMENT

The Middle Tennessee School of Anesthesia functions to provide graduate education specific to anesthesia, in both academic and clinical areas, to qualified registered nurses holding a baccalaureate degree. These nurses wish to earn the Degree of Master of Science with a focus in Nurse Anesthesia, and complete the academic and clinical requirements to become eligible to take the National Certification Examination, to become Certified Registered Nurse Anesthetists. It also provides a mechanism whereby Certified Registered Nurse Anesthetists can complete the degree requirements. Graduates will be able to teach anesthesia related subjects, should they desire, and assist in the preparation of the next generation of anesthesia providers.

In harmony with a broad overall mission of reflecting Christ in its educational program, and in keeping with its Seventh-day Adventist heritage, the Middle Tennessee School of Anesthesia conducts its academic classes with an exposure to Christian, Seventh-day Adventist beliefs.

By this educational effort, it is the mission of the Middle Tennessee School of Anesthesia to contribute to filling the community needs for anesthesia providers in Nashville, Middle Tennessee, Central South, regionally, and nationally.

Reviewed 2006
Revised 2000

ACCREDITATION

Middle Tennessee School of Anesthesia is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, which is a specialized accrediting body recognized by both the United States Department of Education and Council for Higher Education Accreditation (CHEA).

Middle Tennessee School of Anesthesia is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097: telephone number 404-679-4501) to award the degree of Master of Science with a focus in nurse anesthesia.

CURRENT ADMISSION REQUIREMENTS

Each of the following criteria must be met for an applicant to be considered for an admission interview. After the application deadline, the Screening Committee reviews the applicant pool, based on the following requirements, to determine which applicants will receive an interview with the Admissions Committee.

- ◆ A baccalaureate degree in nursing or a licensed Registered Nurse with a baccalaureate degree in a related field of science is required for interview and admission to MTSA. If the baccalaureate degree is not in nursing, the applicant must have at least 15 semester hours of biophysical sciences beyond the basic nursing degree (associate degree or diploma graduate).
- ◆ Current licensure as a professional Registered Nurse. After acceptance **but prior to enrollment** at MTSA, the student must have a Tennessee license **UNLESS he is licensed in one of the compact states.** As of February 1, compact states include Arizona, Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin. States currently pending to join the compact states are New Jersey and South Carolina. The Tennessee Board of Nursing address is:
Tennessee Board of Nursing
Cordell Hull Building
1st Floor, 426 5th Avenue, North
Nashville, TN 37347-1010
Phone (615) 532-3202 or (800) 778-4123

Additional Requirements regarding licensure

After the student has been enrolled, and late in the first year of school, an Ohio RN license must be obtained by all students assigned to rotate through one of the Ohio affiliates (i.e. Columbus Children's Hospital). Obtaining this license and meeting all the continuing education requirements for such licensure is the student's responsibility. The student is encouraged to obtain information about the licensure prior to enrollment. However, as a cost containment measure, the student should wait until the latter part of the first year to actually apply for licensure. The student will submit a copy of his Ohio license to the clinical scheduling assistant within the first ten months of the program. The Ohio Board of Nursing address is as follows:

Ohio Board of Nursing
17 South High Street, Suite 400
Columbus, Ohio 43215-3413
Phone: (614) 466-3947

Should the student desire to participate in any other out-of-state affiliate,

such as a Senior Elective in a state that is not a compact state, licensure in that state must be presented to the administration of Middle Tennessee School of Anesthesia prior to full approval of that elective.

- ◆ A minimum of one year (excluding orientation) of recent (within the last 3 years) nursing experience, as a registered nurse with a basic degree in nursing, such as a Diploma, Associates or Baccalaureate degree (or Master's degree, if this is the first nursing degree), in a **critical care** patient setting. Highest priority is given to applicants who have the most recent work in high acuity, large hospital ICU or CCU settings where a broad base of invasive hemodynamic monitoring experience, management of ventilated patients, and administration of vasoactive drugs in the care of **adult patients** are likely. (A mix of neonatal/pediatric and adult ICU experience may be accepted; however, as most patients cared for in the anesthesia educational program are adults, adult ICU experience is expected.) While not an area of highest priority, applicants will be considered who work in recovery rooms where patients routinely have invasive hemodynamic monitors. Emergency room experience will be considered only if the candidate can demonstrate he/she cares for patients with invasive monitors in this setting.
- ◆ New RN graduates who are currently working in critical care nursing positions, and who will have met the one year of experience prior to actual enrollment are welcome to apply. In the past, a few of these new RN graduate candidates have been accepted on the first interview; however, many have not been. Those who are not accepted on the first interview will likely have found the interview experience helpful as they prepare for a subsequent future interview.
- ◆ **All applicants, whether recent RN graduates or RN candidates with experience in other areas of nursing, who have had less than one year of recent critical care experience at the time of the interview, and who are accepted to MTSA will have been accepted only with the contingency that they remain in the critical care area until the month of enrollment at MTSA. To assure MTSA that they have met this continued employment expectation, these candidates are required to have their nursing supervisor validate that they have continued employment there up to the month of enrollment. It is the accepted applicant's responsibility to obtain and submit such verification to the Admissions Coordinator at MTSA. This validation must be on hospital letterhead and signed by the nursing supervisor, and is subject to verification calls from MTSA.**
- ◆ Current Advanced Cardiac Life Support (ACLS) Provider Status Certification with certification by September 30. If applicants are certified at the time of interview, and certification lapses between the interview and enrollment

date, the applicant will not be required to take it again before enrollment, because it will be taken during Broadfields Orientation.

- ◆ Complete a class in physical assessment within the past five years. Students graduating from a BSN program within the past five years have had this included in their program. Graduates from a BSN program longer than five years ago and graduates from an AS or diploma nursing program, who have the baccalaureate degree in an area other than nursing, must supply documentation of completing a specific course in physical assessment. This course does not have to be taken at a college or university, but may be as brief as a one-day hospital offered course. For information regarding such a course in the Nashville area, please contact the Vanderbilt Critical Care Program at 615-343-3294.
- ◆ Official transcripts of all academic work.
- ◆ Minimum 3.0 cumulative GPA (including a minimum cumulative GPA of 3.0 in science areas.) **For those candidates whose scores are borderline, MTSA will offer advice related to outside remediation. If MTSA recommends remediation courses, it is highly recommended that candidates complete these in order to be competitive during the interview process. However, completion of recommended remediation does not guarantee the applicant an interview or a position as a student. The Screening Committee will still review the entire applicant pool to determine the most highly qualified applicants to receive interviews. The screening committee will consider offering interviews to candidates whose scores may have been borderline in early years but whose recent transcript shows evidence of strong science grades.**
- ◆ **General Chemistry** (3 semester hours) is required.
- ◆ **CCRN** recommended for first-time applicants.
- ◆ An introductory course covering both **biochemistry** and **organic chemistry** is highly recommended.
- ◆ Five personal work references utilizing the two-page MTSA form. These must be from immediate nursing supervisors and co-workers.
- ◆ A brief personal letter addressed to the Admissions Committee (to be received by September 30) summarizing experience, with reasons for wishing to become an anesthetist.
- ◆ A personal interview with the Admissions Committee, by invitation from the Screening Committee. The applicant is expected to dress in professional attire for this interview. **The committee is interested in determining the candidate's base knowledge of physiology and associated critical care**

therapies, with specific emphasis on the cardio-pulmonary systems, as well as their understanding of the mechanism of action to the cellular level of the drugs commonly used in the critical care area where they work. This drug understanding should include specific receptor sites and intracellular activities. The candidate should be prepared to answer questions related to ventilated patients and invasive hemodynamic monitors.

- ◆ Complete and submit Graduate Record Examination (GRE) results. Results must be submitted to MTSA by September 30. Call your local university to ask for the nearest testing center. MTSA's GRE code is 1410.
- ◆ Sign a release for a background check to be sent to our clinical affiliates, if accepted.

Other Admissions Issues:

Foreign nurses, who are appropriately credentialed in their own country and seeking to come to the United States on a Non-Immigrant Educational Visas (J-1) must, in addition to meeting all federal and state statutory and regulatory requirements, must demonstrate successful completion of the examination administered by the Commission on Graduates of Foreign Nursing Schools (CGFNS) prior to admission into an accredited nurse anesthesia educational program. Graduates who have not achieved licensure as professional nurses in the United States will not meet the eligibility requirements for certification in the specialty of anesthesia.

For graduates of foreign schools, the Middle Tennessee School of Anesthesia requires that all transcripts be reviewed by a common external agency. This review is the responsibility of the applicant, and will not be done by MTSA. This external agency can be contacted via the following methods:

Director of Evaluation
World Education Services, Inc.
P.O. Box 745
Old Chelsea Station
New York, NY 10113-0745
Telephone Number 212-966-6311
Fax 212-966-6395
E-mail info@wes.org

Enrollment into the School is once a year.

Classes begin in late July with a class usually consisting of approximately 70 students.

Applicants are invited to call and make an appointment to visit the School and "shadow" a student for a day in both the clinical and

academic areas. A nursing license is required for admittance into the clinical area. It is suggested that interested individuals call the office to make an appointment approximately one week prior to a visit, and again the day before to make sure the surgery schedule will provide an interesting and informative experience. Due to the large number of applicants that apply to the School, visits will be limited to one visit in any given application period.

Admissions Deadline:

The deadline for a completed application file (to include all requirements listed above) is the preceding September 30th to qualify for an interview for the incoming July class. The deadline for a completed application file is September 15th to qualify to be considered for an early interview.

***Deadlines may be extended only by special vote of the Screening Committee. Candidates contacting the school after the deadlines stated and wishing to be considered need to tell the Admissions Assistant they want to request special consideration by the Screening Committee.**

Admission Routes:

1. Regular Admission Interviews

Middle Tennessee School of Anesthesia admits students once a year, in late July; therefore the regular Admissions Committee only meets once a year, in December. When the exact date of the interview has been established by MTSA and the Screening Committee has determined an applicant is competitively qualified to meet with the Admissions Committee, then the applicant will be invited by letter and/or phone call to attend the interview.

2. Early Interviews

After the early interview application deadline of September 15, the Screening Committee will review the files of all applicants. Highly qualified applicants, who, in addition to meeting the preceding criteria, also meet the following criteria, may be selected by the Screening Committee to be invited for an early interview. An applicant can only request the Screening Committee to consider him or her as a candidate for an early interview if the applicant meets all the regular MTSA admission requirements **and** has already been accepted for admission at another school of anesthesia, **and** is required by them to confirm their selection prior to the date of regular interviews at MTSA. Such a request must be submitted in a separate letter addressed to the Screening Committee, and must include documentation of acceptance at another anesthesia school. All applicants who receive an invitation for an early interview are selected at the discretion of the Screening Committee. The following are general guidelines used

by the Screening Committee in determining which applicants will be invited for an early interview:

1. Have an undergraduate cumulative GPA of 3.5 or above and/or,
2. Have a significant number of upper division and/or graduate level science hours with a GPA of 3.5 or above, and
3. Have excellent recommendations from immediate supervisors and co-workers.

If an applicant receives an invitation from MTSA to attend an early interview, he must be sure that MTSA is the school he chooses to attend, as he will be required to submit immediate payment of the non-refundable deposit to hold his position if he is accepted early. Also, the applicant will be asked to sign a release for a background check to be sent to our clinical affiliates, if accepted.

3. Board/Affiliate Nominees Interviews

Representatives of the Board of Trustees, particularly those whose anesthesia groups provide clinical education to MTSA students, have a right to nominate for admission up to 15% of an incoming class. These candidates must meet all the regular requirements for admission, and will be interviewed prior to regular interviews. As with the early interviews, those accepted in this route must be prepared to submit immediate payment of the non-refundable deposit on the day of the interview.

All applicants accepted through either early interview process must be prepared to pay the \$3,500 deposit the day of the interview. (If the candidate is not accepted, the check will be returned. If the student decides at a later date to decline acceptance into the program, the \$3,500 will **not** be refunded.) Applicants not accepted at the interview will be eligible to re-interview at the regular Admissions Committee in December. Files must be completed prior to the interview date or by September 15 to be considered for an early interview, or by September 30 to be considered for a regular interview. The Screening Committee and the Admissions Committee reserve the right to limit the number and timing of early interviews. No early interviews will be conducted after November 15.

Applicants re-applying must meet the following requirements:

1. Submit a letter asking that their file remain active.
2. Submit a \$50 re-application fee with their letter.

3. Submit a minimum of two new references from professionals who have observed their clinical performance during the past year, one being from an immediate supervisor.
4. Submit a transcript reflecting completion of at least three semester hours in graduate level biophysical science courses (i.e., Organic Chemistry, Advanced Physiologic Concepts of Acute Care, Advanced Pathophysiology, Physics, Biochemistry, and Pathophysiology). For those in the Nashville area, Pharmacotherapeutics in Acute Care and Advanced Physiologic and Pathophysiologic Foundations of Acute Care, both taught at Vanderbilt University by Dr. Larry Lancaster, are excellent choices. The latter of these may also be taken in a distance format. For further information, contact Dr. Larry Lancaster at 615-322-7488. **These courses must be completed within the past year or since last meeting** with the Admissions Committee. Grades less than 'B' are not considered competitive; grades of 'A' are expected.
5. Continue working in an active acute care area with exposure to invasive hemodynamic monitors and ventilated patients **and provide verification of such, as explained on page seven.**

NOTE: Candidates who have been repeatedly denied admission to the school are encouraged to apply elsewhere.

ADMISSION PROCEDURES (accomplish the following):

- ◆ Submit the application and the application fee of \$50 prior to the September 30 deadline. The deadline for a complete file (all reference letters and all transcripts received) is also September 30. Personal interviews by the Admissions Committee may not be granted to applicants who fail to meet these deadlines.
- ◆ Submit five names for references. These **must** include immediate nursing supervisor and a co-worker --additional suggestions are other co-workers, preceptors, physicians, and CRNAs with whom the applicant has worked closely. Please have **correct** and **complete** addresses and phone numbers listed in the event MTSA needs to contact them for further recommendation or clarification. **The applicant** is responsible for contacting references with the two page reference forms provided with the application form. The waiver must be signed and dated with references returned directly to the

office. The deadline to have all references received by MTSA is September 30.

- ◆ Submit GRE scores. See page nine for details.
- ◆ Submit a copy of current ACLS certification.
- ◆ Submit a copy of current nursing license.
- ◆ Submit a personal letter to the Admissions Committee briefly describing your educational background, nursing experience and reason for desiring the specialty of nurse anesthesia. This letter should be no more than one page, single-spaced, with 10 or 12 point font.
- ◆ Submit official academic transcripts from **every** institution of higher learning. MTSA cannot accept transcripts stamped "Issued to Student." The transcripts must be sent to MTSA directly from the institution. (It is highly recommended that the nursing school (cumulative) grade point average (GPA) be at least 3.0 based on a 4.0 grading system, and the science GPA be at least 3.0). Remediation may be suggested by the Admissions Committee for individuals not meeting the suggested GPA. These transcripts must demonstrate that all general education curriculum required by the Commission on Colleges of the Southern Association of Colleges and Schools to earn the baccalaureate degree are met.

Prior to acceptance, there will be a **brief** (10-15 minute) personal interview with the MTSA Admissions Committee (8-12 members). **Members of this committee are interested in determining the candidates' base knowledge of physiology, invasive monitors, care of ventilated patients, and their in-depth knowledge of the drugs they commonly administer in ICU.** The Admissions Committee plans to meet in December 2006 to interview applicants for the class of 2007-2009. Applicants having completed their files by September 30 will have those files submitted to the Screening Committee. If the Screening Committee determines the applicant to be competitively qualified, the applicant will be contacted inviting them to interview.

Repeat applicants, please refer to the previous section regarding all submissions required prior to consideration for a second interview.

Early admissions interview attendees, please refer to the previous section regarding all submissions and procedures for obtaining an invitation for an early interview with the Screening Committee.

All candidates for admission must be prepared for clinical questions relating to physiology, pharmacology, hemodynamic monitor information, ventilators and other questions related specifically to their critical care nursing experience.

Selection by the Admissions Committee is based on the applicant's GPA (cumulative, later academic, and science scores specifically), references, and presentation during their personal interview. Each member of the Admissions Committee is given the responsibility to vote conscientiously after each interview. Scores are collected immediately following the interview. Justification by the Committee for acceptance or rejection of a candidate is not required nor noted in the applicant's file. If there are areas where it is felt applicants could improve their chances for admission in the future, the committee members are invited to express them on the scoring sheet. Any questions regarding admission requirements should be directed to the Vice-President/Dean.

All candidates should submit a passport or studio photograph to MTSA **after** notification of their acceptance status and should be included with their deposit.

NONDISCRIMINATORY POLICY

Middle Tennessee School of Anesthesia admits students without regard to race, color, sex, age, disability, marital status, religion or ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, gender, age, disability, marital status, religion, national or ethnic 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 the academic and clinical requirements of the curriculum.

FEEDER SCHOOLS

Those schools of nursing with relationships with MTSA in regard to “early interviews” (referred to as “feeder schools”) are currently:

Vanderbilt University School of Nursing:

Students who complete the Master of Science in Nursing (MSN) degree within the Acute Care Nurse Practitioner (ACNP) Program at Vanderbilt University School of Nursing (VUSN) and who meet all other specific criteria for admission to MTSA will be eligible for an interview for admission through either the Early Interview or Regular Interview process. This applies to VUSN graduates who have entered the VUSN program either as BSN nurses, ADN or diploma

nurses, or those who have entered the bridge to the MSN at VUSN.

Belmont University School of Nursing:

Students who have completed the Bachelor of Science degree (BSN) from the Belmont University School of Nursing and who meet all other specific criteria for admission to MTSA will be eligible for an interview for admission through either the Early Interview or General Interview process.

Southern Adventist University School of Nursing:

Students who have completed the Bachelor of Science Degree (BSN) from the Southern Adventist University School of Nursing and who meet all other specific criteria for admission to MTSA will be eligible for an interview for admission through either the Early Interview or General Interview process.

HISTORY OF THE SCHOOL

Madison Hospital School of Anesthesia for nurses was founded in 1950 by Bernard Bowen, CRNA, under the sponsorship of Madison Hospital. It has been in continuous operation since that time. The program got its start when Mr. Bowen was invited to Madison by Dr. James D. Schuler, a surgeon, and Dr. Julian C. Gant, who was the Medical Director of the hospital. Since that time, more than 1000 graduates have gone out from Madison to provide high quality anesthesia service throughout the United States and in many parts of the world.

Through the years, all persons connected with the School, both as students and teachers, have contributed to the success of the School and to the growth of nurse anesthesia as a profession. Middle Tennessee School of Anesthesia is proud to carry on the tradition of excellence that was so firmly established by Bernard Bowen, his staff, and students.

As of July 1, 1980, the School of Anesthesia changed from Madison Hospital School of Anesthesia to Middle Tennessee School of Anesthesia. Nashville Anesthesia Services, a partnership of physicians, agreed to temporarily shepherd the school until a corporation could be formed. On January 5, 1982 the institution was incorporated as an independent, 501 (c)(3), non-profit organization, Middle Tennessee School of Anesthesia, Inc., under the guidance of a Board of Trust composed of community leaders involved in the business, educational, financial, legal, and medical industries. Tennessee Christian Medical Center, formerly Madison Hospital, continued to provide strong support for the School in the form of a leased building and operative facilities until 2005. In 2005, MTSA initiated a capital expansion project, constructing an entirely new state-of-the-art classroom and student lounge facility, while beginning renovation of two existing buildings. In 2006, MTSA purchased three acres and the two existing buildings from the former Tennessee Christian Medical Center.

In addition to specificity accreditation in nurse anesthesia through the Council on Accreditation of Nurse Anesthesia Educational Programs of the American

Association of Nurse Anesthetists, in December of 1994, MTSA first received regional accreditation through the Commission on Colleges of the Southern Association of Colleges and Schools (SACS). The latter enabled the School to grant a master's degree.

SCHOOL PHILOSOPHY

Middle Tennessee School of Anesthesia recognizes the expanded role that Certified Registered Nurse Anesthetists (CRNA) fill as contributing members of the health care team. It is no longer enough that nurse anesthetists be skilled in anesthesia administration, as important as that is; but, in addition, they must 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. To this end, the School aims to provide the facilities and academic climate necessary for the student to attain the body of knowledge and technical skills consistent with high standards of practice.

In recognition of the important role played by CRNAs in the nation, but more 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, regionally and nationally.

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

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

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

It is the goal of the School that graduates be well qualified to fill first level positions, and be capable of working with other CRNAs or physician anesthesiologists; or if necessary, to be able to function under the direction of a surgeon only.

Furthermore, it is the philosophy of the School that it be operated as a freestanding, single purpose, anesthesia specific, graduate degree granting institution; rather than be enveloped by a multi-disciplinary university.

OUTCOME CRITERIA FOR STUDENTS UPON GRADUATION

Graduates of this program shall have acquired knowledge, skills, and competencies in patient safety, perianesthetic management, critical thinking, communication, and the professional role.

A. Patient safety is demonstrated by the ability of the student to:

1. Be vigilant in the delivery of patient care.
2. Protect patients from iatrogenic complications.
3. Participate in the positioning of patients to prevent injury.
4. Conduct a comprehensive and appropriate equipment check.
5. Utilize standard precautions and appropriate infection control measures.

B. Individualized perianesthetic management is demonstrated by the ability of the student to:

1. Provide care throughout the perianesthetic continuum.
2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
4. Provide anesthesia services to all patients including trauma and emergency cases.
5. Administer and manage a variety of regional anesthetic techniques, including:
 - a. Spinal blocks; this includes actual insertion of the spinal needle and all other related skills,
 - b. Epidural blocks,
 - c. Other peripheral blocks.
6. Function as a resource person for airway and ventilatory management of patients.
7. Possess advanced cardiac life support (ACLS) recognition.
8. Possess pediatric advanced life support (PALS) recognition.

9. Deliver culturally sensitive perianesthetic care throughout the anesthesia experience.

C. Critical thinking is demonstrated by the student's ability to:

1. Apply theory to practice in decision-making and problem solving.
2. Provide nurse anesthesia care based on sound principles and research evidence.
3. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
6. Calculate, initiate, and manage the patient's fluid and blood component therapy.
7. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
8. Seek appropriate consultation in situations that exceed the capacity of the nurse anesthetist to respond unaided.
9. Performing arterial cannulation for blood gas determinations and taking appropriate action with reference to screening pulmonary function and blood gas determinations.
10. Pass the Council on Certification of Nurse Anesthetists' national certification examination.

D. Communication skills are demonstrated by the student's ability to:

1. Effectively communicate with all individuals influencing patient care.
2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.

E. Professional role development is demonstrated by the student's ability to:

1. Participate in activities that improve anesthesia care.
2. Interact on a professional level with integrity.
3. Function within the appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
4. Interpret anesthesia related research data and complete a research project.
5. Teach selected anesthesia related concepts to patients and health-related personnel.
6. Participate in continuing education activities to acquire new knowledge and improve his or her practice.

Reviewed 2006, Revised 2003.

GRADUATION REQUIREMENTS

Each student must accomplish each of the following criteria to become a graduate of MTSA:

Satisfactory completion of all academic courses, Valley Review, and the comprehensive examination (For complete information regarding the comprehensive examination, please refer to page 37 of the Catalog.)

Satisfactory completion of all categories of clinical procedures required by the Council on Accreditation of Nurse Anesthesia Educational Programs

Satisfactory completion of practicum at assigned affiliates (as determined by the Administrative Committee), and senior electives including the MTSA required care plans and clinical case records

Completion of the 28-month program with absences in excess of thirty days vacation, twelve holidays, and seven personal/sick days being made up prior to graduation

Completion of any financial obligations to the School

Completion of the Financial Assistance Exit Interview for students who have borrowed FFELP Stafford loans while attending MTSA

Participation in the graduation exercise, unless specific prior permission for graduation in absentia is granted by the Administrative Committee. Exceptions generally will not be made unless the circumstances preventing attendance are beyond the control of the student.

CREDENTIAL AWARDED

Upon satisfactory completion of the program of study at Middle Tennessee School of Anesthesia, the student is awarded a diploma with the degree of Master of Science (MS) with a focus in nurse anesthesia.

The student is then eligible to take the National Certification Examination under the direction of the Council on Certification of Nurse Anesthetists, an autonomous council of the American Association of Nurse Anesthetists. Upon successful completion of this exam, the graduate will bear the title of Certified Registered Nurse Anesthetist (CRNA).

LOCATION AND FACILITIES

ACADEMIC FACILITIES

The Middle Tennessee School of Anesthesia campus has offices and classroom facilities located in Madison, Tennessee. Teaching facilities include a brand new technologically state-of-the-art classroom, an additional classroom for study and small group use, a new student lounge, the Nelda Fay Ackerman Learning Resource Center (LRC), a computer lab adjacent to the LRC equipped with wireless internet connection and 12-16 laptop computers, and clinical facilities of the affiliate hospitals. The school also has a human patient simulator to enhance clinical education, and is currently designing a new simulation center. The academic courses are conducted on the School's campus, adjacent to the former Tennessee Christian Medical Center.

CLINICAL FACILITIES

The desirability of providing students enrichment to their learning experience through affiliations with other health care institutions is recognized by Middle Tennessee School of Anesthesia. Accordingly, students should be prepared to affiliate at institutions in the Nashville area and elsewhere. As of February 1, 2006, affiliations are conducted at the following institutions:

| HOSPITAL | LOCATION |
|--|--------------------|
| Baptist Hospital | Nashville, TN |
| Bedford County Hospital | Shelbyville, TN |
| Blanchfield Army Community Hospital | Ft. Campbell, KY |
| Bowling Green Medical Center | Bowling Green, KY |
| Centennial Medical Center | Nashville, TN |
| Columbus Children's Hospital* | Columbus, OH |
| Crockett Hospital** | Lawrenceburg, TN |
| Gateway Medical Center | Clarksville, TN |
| Hendersonville Medical Center | Hendersonville, TN |
| Horizon Medical Center | Dickson, TN |
| Metro Nashville General Hospital | Nashville, TN |
| Maury Regional Hospital | Columbia, TN |
| Skyline Medical Center | Nashville, TN |
| Southern Hills Medical Center | Nashville, TN |
| Southern TN Medical Center*** | Winchester, TN |
| St. Thomas Hospital | Nashville, TN |
| Summit Medical Center | Hermitage, TN |
| Tennessee Christian Medical Center | Madison, TN |
| Tennessee Christian Medical Center, Portland | Portland, TN |
| Vanderbilt University Medical Center | Nashville, TN |

**When students go on affiliation to the Columbus Children's Hospital, they will receive a "one time travel expense" (\$250) to help cover the cost of the trip to and from this institution. Living quarters are provided by the anesthesia staff at no cost to the student while on affiliation at Columbus. Meal tickets for days on call are provided to the student by this facility.*

***Students are provided a room and a dislocation allowance while affiliating at Crockett Hospital, Lawrenceburg, TN.*

****Students are provided a room while affiliating at Southern TN Medical Center, Winchester, TN.*

Any other travel expenses and living expenses at out-of-town affiliations are the responsibility of the student.

Selected affiliates return a fee to MTSA when senior students rotate in their facility. This fee helps MTSA keep tuition lower for students.

The School retains the right to change affiliations or length of rotations at any time.

OPTIONAL AFFILIATES

MTSA recognizes that there are hospitals and anesthesia groups willing to give clinical instruction to students that cannot accommodate the entire student body of MTSA. For this reason, "Senior Electives" have been developed. Each student must participate in a Senior Elective taken during the last **three months** (last quarter) of the program. A Senior Elective fee must be paid by

either the affiliate or the student. The actual fee for the quarter depends on the location chosen: \$3,000 if in the Nashville area or \$3,750 if outside the Nashville area and not already a full-time affiliate. The affiliate hospital agrees to have the position for a limited number of MTSA students. These facilities have the right to approve or disapprove student participation in the affiliation. Students seeking any time other than the last 3 months must submit a special request.

Those requests made first, and with the hospitals already having contracts with MTSA, will be considered first. The facilities below have participated in the "Senior Elective" program in the past:

| HOSPITAL | LOCATION |
|---|------------------|
| Anesthesiology Medical Group The Women's Center Centennial Medical Center St. Thomas Hospital Summit Medical Center | Nashville, TN |
| Athens-Limestone Hospital | Athens, AL |
| Baptist Hospital of East Tennessee | Knoxville, TN |
| Baptist Hospital | Nashville, TN |
| Baptist Medical Center | Little Rock, AR |
| Baptist Medical Center South | Montgomery, AL |
| Baptist Memorial Hospital – Huntingdon | Huntingdon, TN |
| Baptist Memorial Hospital – Golden Triangle | Columbus, MS |
| Baptist Memorial Hospital – North Mississippi | Oxford, MS |
| Baptist Memorial Hospital – Union County | New Albany, MS |
| BMC Montclair & Princeton | Birmingham, AL |
| Brackenridge Hospital | Austin, TX |
| Candler Hospital | Savannah, GA |
| Cardiovascular Anesthesiology St. Thomas Hospital | Nashville, TN |
| Claremore Hospital | Claremore, OK |
| Clark Regional Hospital | Winchester, KY |
| Central Baptist | Lexington, KY |
| Cookeville Regional Medical Center | Cookeville, TN |
| Crestwood Hospital | Huntsville, AL |
| Crockett Hospital | Lawrenceburg, TN |
| Cumberland Medical Center | Crossville, TN |
| DCH Regional medical Center | Tuscaloosa, AL |
| Decatur General Hospital | Decatur, AL |
| DeKalb Medical Center | Decatur, GA |
| Dr. Dan C. Trigg Memorial Hospital | Tucumcari, NM |
| Eliza Coffee Memorial Hospital | Florence, AL |
| Florida Hospital | Orlando, FL |
| Fort Sanders Regional Medical Center | Knoxville, TN |
| Frank T. Rutherford Memorial | Carthage, TN |
| Grant Medical Center | Columbus, OH |
| Greenwood Leflore Hospital | Greenwood, MS |
| South Sunflower County Hospital | |
| Grove Health Cooperative | Redmond, WA |
| Gulf Coast Medical Center | Panama City, FL |

| | |
|--|---------------------------|
| <i>Harton Regional Medical Center</i> | <i>Tullahoma, TN</i> |
| <i>Helen Keller Hospital</i> | <i>Sheffield, AL</i> |
| <i>Henry County Medical Center</i> | <i>Paris, TN</i> |
| <i>Horizon Medical Center</i> | <i>Dickson, TN</i> |
| <i>Houston Medical Center</i> | <i>Warner Robins, GA</i> |
| <i>Huguley Memorial Medical Center</i> | <i>Fort Worth, TX</i> |
| <i>Huntsville Hospital</i> | <i>Huntsville, AL</i> |
| <i>Jackson Clinic</i> | <i>Jackson, TN</i> |
| <i>Jackson Madison County General Hospital</i> | |
| <i>Jewish Hospital</i> | <i>Louisville, KY</i> |
| <i>LeBonheur Children's Medical Center</i> | <i>Memphis, TN</i> |
| <i>Livingston Regional Hospital</i> | <i>Livingston, TN</i> |
| <i>Lourdes Hospital</i> | <i>Paducah, KY</i> |
| <i>Marymount Medical Center</i> | <i>London, KY</i> |
| <i>Medical Center at Bowling Green</i> | <i>Bowling Green, KY</i> |
| <i>Memorial Hospital</i> | <i>Chattanooga, TN</i> |
| <i>Methodist Healthcare – Volunteer Hospital</i> | <i>Martin, TN</i> |
| <i>Methodist Hospital of Memphis</i> | <i>Memphis, TN</i> |
| <i>Methodist Medical Center</i> | <i>Oak Ridge, TN</i> |
| <i>Memorial Mission Hospital</i> | <i>Asheville, NC</i> |
| <i>Miami Valley Hospital</i> | <i>Dayton, OH</i> |
| <i>Middle TN Medical Center</i> | <i>Murfreesboro, TN</i> |
| <i>Monroe County Hospital</i> | <i>Monroeville, AL</i> |
| <i>Morton Plant Hospital</i> | <i>Clearwater, FL</i> |
| <i>North Mississippi Medical Center</i> | <i>Tupelo, MS</i> |
| <i>Norton Suburban Hospital</i> | <i>Louisville, KY</i> |
| <i>Our Lady of Bellefonte</i> | <i>Ashland, KY</i> |
| <i>Park Plaza Medical Center</i> | <i>Houston, TX</i> |
| <i>Parkway Medical Center</i> | <i>Decatur, AL</i> |
| <i>Piedmont Hospital</i> | <i>Atlanta, GA</i> |
| <i>Providence-Yakima Medical Center</i> | <i>Yakima, WA</i> |
| <i>Regional Medical Center</i> | <i>Memphis, TN</i> |
| <i>Elvis Presley Trauma Center</i> | |
| <i>Riley Memorial Hospital</i> | <i>Meridian, MS</i> |
| <i>Sacred Heart Medical Center</i> | <i>Spokane, WA</i> |
| <i>Samaritan Hospital</i> | <i>Lexington, KY</i> |
| <i>Southern Hills Medical Center</i> | <i>Nashville, TN</i> |
| <i>Southwest Mississippi Regional Medical Center</i> | <i>McComb, MS</i> |
| <i>Sparks Medical Center</i> | <i>Ft. Smith, AR</i> |
| <i>St. Joseph Hospital</i> | <i>Memphis, TN</i> |
| <i>St. Thomas West End Anesthesia</i> | <i>Nashville, TN</i> |
| <i>Taylor Regional Hospital</i> | <i>Campbellsville, KY</i> |
| <i>The Surgery Center of Huntsville</i> | <i>Huntsville, AL</i> |
| <i>Trident Medical Center</i> | <i>Charleston, SC</i> |
| <i>United Hospital</i> | <i>St. Paul, MN</i> |
| <i>University Hospital</i> | <i>Jackson, MS</i> |
| <i>VA TN Valley Healthcare System</i> | <i>Nashville, TN</i> |
| <i>Western Baptist Hospital</i> | <i>Paducah, KY</i> |
| <i>Wiregrass Hospital</i> | <i>Geneva, AL</i> |
| <i>Yakima Valley Memorial Hospital</i> | <i>Yakima, WA</i> |

The student must meet the following criteria to be eligible for consideration for a Senior Elective of his choice:

1. Maintained an overall 3.0 GPA
2. No failures in any class

3. Above average clinical evaluations
4. Met or have the potential to meet all case requirements
5. No Administrative Committee action preventing student's participation
6. Specific permission from the Administrative Committee if the student has been on probation for any cause during his time in the program

Students not meeting these criteria will be assigned at one of the traditional affiliates and are personally responsible for the cost of the Senior Elective.

MTSA is willing to develop a Senior Elective with any large anesthesia department willing to offer specific clinical experience to students, and whose CRNAs and anesthesiologists are capable and desirous of becoming clinical instructors and are willing to enter into our senior elective contract agreement. The School does not provide living accommodations for students. The affiliate or the student is expected to cover this.

TUITION AND FEES

While these are current, the student can expect some changes prior to enrollment and as the program progresses. The appropriate tuition and fees are due in each period as outlined on page 26.

- ◆ \$50 Application fee (include with application).
- ◆ \$50 Reapplication fee (for each year your file remains active). Students who have interviewed repeatedly and have not been accepted (after three to four times) are encouraged to apply elsewhere.
- ◆ \$3,500 non-refundable deposit – (fee set each year by the Board of Trust or Finance Committee - to be submitted upon receipt of acceptance letter, if not an early acceptance) This deposit verifies your position in the class and applies toward Period I tuition.
- ◆ Text Books -- Students will purchase textbooks upon entrance into the program after the School sends the list of textbooks for the school year in which the student is accepted. Current approximate retail value of required textbooks is \$1,200 (prices subject to change).
- ◆ Tuition: Period Ia: \$5,475 (minus the non-refundable deposit already paid). This amount is due and payable upon entry into the School. Period Ib: \$5,475. Period IIa: \$4,565. Period IIb: \$4,565. Period IIIa: \$4,637. Period IIIb: \$4,637.

While it is projected the tuition will be as stated above, MTSA reserves the right to change tuition and fees on a year-to-year basis (between acceptance and enrollment for Period I and also in Periods II and III).

- ◆ \$200 Possible Liability Insurance Fee. A portion of tuition is directed toward liability insurance. This fee will not be charged unless there is an increase in the second year liability insurance premium. If the increase is greater than \$200 MTSA will bear the increase.

- ◆ Ohio Nursing License* - After the student has been enrolled, late in the first year of school and before the student is scheduled to affiliate at Columbus Children's Hospital, an Ohio RN license must be obtained. Obtaining this license and meeting all the continuing education requirements for such licensure is the student's responsibility. The student is encouraged to obtain information about the licensure prior to enrollment. However, as a cost containment measure, the student should wait until the latter part of the first year to actually apply for licensure. The student must have obtained this license and a copy must be given to the School before the student affiliates at Columbus Children's Hospital. For further information, please contact
Ohio Board of Nursing
17 South High Street, Suite 400
Columbus, Ohio 43215-3413
Phone (614) 466-3947

- ◆ Nursing License in Other States* - Should the student desire to participate in any other out-of-state affiliate, or in a Senior Elective in any other state that is not one of the compact states, licensure in that state must be presented to Middle Tennessee School of Anesthesia prior to beginning that elective.

The School operates on a relatively tight, fixed budget. Its primary source of income is tuition. The tuition for each class is set in advance and is apt to fluctuate from year to year. Student selection policy is designed to accept only those students the Admissions Committee believes have the ability and desire to complete the academic and clinical components of the program.

NO TUITION OR FEES WILL BE REFUNDED TO ANY STUDENT WITHDRAWING FROM THE PROGRAM OR TERMINATING AFTER REGISTRATION.

**As these fees are mandated by parties other than MTSA, the student will be responsible for payment of any fee increases.*

SUMMARY OF TUITION AND FEES

Class of 2006-2008

| | Period I (a) July 2006 | Period I (b) Dec. 2006 | Period II (a) May 2007 | Period II (b) Sept. 2007 | Period III (a) Feb. 2008 | Period III (b) July 2008 |
|-------------------------------|---------------------------|---------------------------|---------------------------|--|---|--|
| Tuition | \$5,475 | \$5,475 | \$4,565 | \$4,565 | \$4,637 | \$4,637 |
| Fees: | | | | | | |
| Equipment | \$ 865 | \$ 865 | \$ 865 | | | |
| AANA dues | \$ 20 | \$ 20 | \$ 20 | \$ 20 | \$ 20 | \$ 20 |
| Parking | \$ 100 | \$ 100 | \$ 100 | \$ 100 | \$ 100 | \$ 100 |
| EKG/ACLS-EP/PALS | \$ 650 | | \$ 150 | | | |
| Laboratory | \$ 122 | \$ 122 | | | | |
| Learning Center | \$ 125 | \$ 125 | \$ 125 | \$ 125 | | |
| Drug Testing | \$ 60 | \$ 60 | \$ 60 | \$ 60 | \$ 60 | \$ 60 |
| Senior Exams | | | \$ 60 | \$ 60 | | |
| Valley Review | \$ 450 | \$ 450 | \$ 350 | \$ 350 | | |
| Accreditation | \$ 50 | \$ 50 | \$ 50 | \$ 50 | \$ 50 | \$ 50 |
| Clinical Record Tracking | \$ 62 | \$ 62 | \$ 62 | \$ 62 | \$ 62 | \$ 62 |
| Pre-Check | \$ 58 | | | | | |
| Graduation | | | | | \$ 225 | \$ 225 |
| Certification Exam* | | | | | \$ 350 | \$ 350 |
| 4th Comp Exam** | | | | | <\$ 150> | <\$ 150> |
| Deposit Paid | <\$3,500> | | | | | |
| | | | | | | |
| TOTAL | <\$8,037> \$4,537 | \$7,329 | \$6,407 | \$5,392 | \$5,504 | \$5,504 |
| | | | | | | |
| In addition to above: | | | | September October November 2008 | May be self-paid or affiliate paid (See Note below) | DUE: 9/15/08 Local \$3,000 OR Distance \$3,750 |
| SENIOR ELECTIVE DETAIL | | | | | | |

(Last three periods are **Bold**, indicating this is when **enrolled students can expect tuition will change.**)

NOTE: If elective is sponsored, group or affiliate will be billed direct from contract info supplied to Mitzi Birdwell.

If elective is self-pay, payment arrangements must be made with Business Office. Payments must be received in full before graduation, December 6, 2008.

***As these fees are mandated by parties other than MTSA, the student will be responsible for payment of any fee increases.**

**Only if required to take a more than three comprehensive exams.

OTHER EXPENSES (areas of expense or related expenses not covered by tuition or School fees)

1. Each student is required to have a physical examination and provide the School with all information required on the Health History form including the following:

The actual lab reports showing evidence of either immune or non-Immune for the titers Rubella, Rubeola, and Varicella.

Either an **annual** or every six-month lab report for the TB skin test. If results are positive, an annual negative chest x-ray is required. (Students must show evidence of TB skin test both upon admission and in the second year.)
NOTE: Students scheduled at St. Thomas may be required to have a TB skin test within the previous six months before their assignment begins. Currently, Vanderbilt University requests this test be done within the three months prior to rotation there.

Record of hepatitis immunization series (from physician's office).

Record of tetanus (from physician's office within the last seven years).

2. Each student must provide evidence of medical insurance coverage. The office needs such evidence current at all times in the student's file.
3. Uniforms – Each student is required to own his/her own scrub clothes and to assure that they are clean at all times when worn to the hospital. Appropriate operating room apparel is furnished by some of the hospitals. At all times, whether in class or in clinical, dress must be modest – this includes complete coverage of the back and midriff and skirts or shorts of modest length. Please refrain from wearing ball caps in the classroom while giving presentations.
4. Parking - All students will park only in authorized parking lots at all affiliating institutions. The parking places on each side of the parking lot next to the School of Anesthesia are primarily intended for the MTSA employees, faculty, and visitors. Students may use the parking spaces of the Madison Campus Seventh-day Adventist Church above the school. Parking on the grass and in "No Parking" areas is not allowed.

Parking at Vanderbilt - The fee the student submits to the school is paid by MTSA to Central Parking for a limited number of Vanderbilt parking cards and tags. These cards/tags are kept at the School by the Clinical Assistant. They are to be signed out by students only if they have a scheduled Vanderbilt rotation. **The student is expected to pay a \$40.00 "lost park card" cash deposit.**

After the student's rotation at Vanderbilt ends, the student must sign the card and tag back in to the Clinical Assistant at the School and she will return the "lost park card" deposit to the student and then will give the card and tag to the next student scheduled to be at Vanderbilt. The student is not to pass the card and tag on to another student, but must turn it in personally. The school will keep the "lost park card" deposit if the card and tag are not returned to the school within one week after the rotation has ended.

Parking at General Hospital is by parking pass. These passes are available only during the rotation and are distributed and collected by the General Hospital Anesthesia Department. Failure to return the parking pass will result in a replacement fee, which if not paid immediately, will be collected before graduation.

5. Scrubs at Vanderbilt - Vanderbilt uses scrub vending machines. Each student scheduled there will be assigned an ID number by Vanderbilt. If the scrubs are not returned, the student may be charged for them.
6. Meals – Meals are not provided. Arrangements for meals vary at each affiliation for seniors. Juniors returning to class from affiliates will be given adequate time for fast-food type meals. The new student lounge is also equipped with microwave ovens and a refrigerator, if students wish to bring their lunches from home.
7. Housing - It is the students' responsibility to find housing while attending MTSA, as no student housing is available.
8. Accommodations while taking call – While assigned on call, the student is required to stay within twenty minutes of any hospital at which he is on call. Some hospitals, but not all, provide a room for the student to stay in-house while taking call. If the hospital does not provide a room and the student's home is farther than twenty minutes from the hospital where he is assigned on call, the student is responsible to make his own arrangements for accommodations while taking call (i.e. staying with a classmate).
9. Molded earpiece -- for the ear in which your hearing is the best. Traditionally the School has a company come to class during the first week of Orientation and make earpieces. The charge is approximately \$50. If hearing is equal in both ears, you may be better served to get your primary earpiece for the right ear, as your instructor in the clinical area usually stands on your left side, allowing you to better hear instructions.
9. Protective eyewear.
10. Technology requirements:

- a. Nerve stimulator – the approximate cost is \$140 (7100 Microstim Plus - 1-800-638-7689). In recent years, however, these have been provided by pharmaceutical representatives at no charge to our students. This is usually done during the Broadfields Orientation. If not provided, the student is responsible for the purchase
- b. Pager. The student must wear his/her pager during clinical, call, and class times. MTSA uses Satellink pagers, and a representative from Satellink will be available during Broadfields Orientation to assist students in setting up their pager accounts.
- c. A mobile phone is required. As students travel to several affiliates, a mobile phone may be needed for emergency use.
- d. All students are required to have a working answering machine on their home telephone or mobile phone at all times throughout the 28 months of the program.
- e. A home computer or laptop with high-speed Internet access with the following recommended specifications: processor speed 1.8-2.0 GB, operating system Windows XP-Professional, and MS Office applications (including Word and Excel). Because of the incompatibility with existing school computers, Microsoft Works is **NOT** acceptable. Additionally, while MTSA recognizes that students may prefer Apple computers, please be aware that MTSA only has PC's with Microsoft programs. We cannot, therefore, support any usage of Apple technology within the school. The computer must also have the capability to “hot sync” with the student's PDA (see item f. below).
- f. Recommended but optional - Portable Digital Assistant (PDA) with the following specifications: Palm O/S with expandable memory. This should be adequate to support any drug programs the student purchases in addition to the Medatrax clinical record program to be used throughout the program.

11. Random drug screening

Students will take call at Vanderbilt University Medical Center, Hendersonville Medical Center, Skyline Medical Center, and Metropolitan Nashville General Hospital at some time in the program. Housing should be easily accessible to these institutions.

The School does not pay student stipends. Dislocation allowances may be provided by affiliations in some distant Senior Elective sites.

While students are on rotation at the Children's Hospital in Columbus, Ohio, they take call and are given meal tickets **when on call**. They are also provided free lodging while rotating there. This free lodging is for the student only, and will not accommodate the student's family. Additionally, students may be required to share apartments/lodging facilities with a classmate.

Students on rotation in the Crockett Hospital, Lawrenceburg, TN are given free lodging and a dislocation allowance. Students may be required to share the apartments/lodgings with a classmate.

Students on rotation at Southern TN Medical Center in Winchester, TN, are given free lodging, which may need to be shared with a classmate.

Should any lodging provided by any affiliate not be acceptable to students, they may provide their own lodging at their own expense, within a reasonable distance from the affiliate.

HEALTH

If accepted, each applicant is required to undergo a complete physical examination using forms furnished by the School. These forms are mailed to applicants once they have been accepted into a class. The physical examination form must be completed and returned to the School by late June. A letter will notify the selected applicant of the exact date of the deadline. **Please note that the School reserves the right to refuse admittance of a student if the physical examination and health information deems that the person would be incapable of completing the program.**

If accepted, each applicant must have a recent complete physical examination and be in a state of satisfactory health. **The physician's report must include lab reports documenting titers for varicella, rubella, and rubeola**. This report must show evidence of either immune or non-immune for these titers. The actual report for the TB skin test, not just the results, must also be included with the forms. (The student is required to have another TB Skin Test at his/her expense during the second year of enrollment). The student must provide documentation of a tetanus vaccination within the last seven years and a hepatitis vaccination. St. Thomas Hospital requires a TB skin test within the last six months prior to assignment to that facility. Currently, Vanderbilt University requires a TB skin test within the last three months prior to rotation at that facility.

The health history, physical exam, and all lab reports must be submitted prior to entering the program.

All student health records may be shared with appropriate personnel at any clinical affiliate if requested. Students must sign a release of information form.

In keeping with MTSA's drug free environment, applicants will be asked to sign a statement relative to substance abuse prior to interview and enrollment and are expected to refrain from substance abuse as students. Students are expected to be good citizens, consequently, all applicants are asked to sign a form indicating any conviction of a felony other than a minor traffic violation. **The School reserves the right to request, and students should plan on receiving unplanned drug testing.**

The School does not assume the student's medical care nor provide health insurance. **The student must provide evidence of basic health insurance to the School within the first week of school, or they will not be allowed to attend clinical.**

MALPRACTICE INSURANCE

Students are required to participate in the program for student malpractice coverage carried by the School with The State Volunteer Mutual Insurance Company underwriters, which provides basic limits of liability of \$1,000,000 per incident with an aggregate of \$3,000,000. The cost of the basic premium can fluctuate. For the first year, a basic premium has been included in the tuition. Should the second year basic premium increase, the student will be charged a fee in the amount of the increase only, up to \$200. Should the increase be greater than \$200, MTSA will cover the additional increase. Should it be determined that the actual limits of this basic insurance need to be increased, the student will be asked to cover the actual cost of this increase.

STUDENT FINANCIAL PLANNING

Enrollment in a 28-month continuous course of full-time study during a period of limited financial income may place immense strain on students and their families. Further 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 program.

Although the Admissions Committee prefers that applicants be financially stable, the following information should prove helpful in financial planning:

- There are a number of anesthesiology groups that sponsor students attending MTSA. For additional information, contact the Student Finance Office. Students should be aware that such sponsorship may affect eligibility for alternative loans as discussed below.
- Students who intend to return to their own locality to work after graduation are encouraged to seek sponsorship from their own area

anesthesiology groups or hospitals. Students should be aware that such sponsorship may affect eligibility for alternative loans as discussed below.

- Part-time employment by a student is permissible if prior approval has been obtained from the Dean. Failure to maintain satisfactory grades and clinical performance levels will give cause for permission for part-time employment to be denied or withdrawn. It is advised that students do **not** work during the first three quarters. After this period, a suggested maximum is two shifts per week.
- Students are encouraged to investigate various civic, church and state agencies in their state of residence to determine if there are grant or scholarships funds available for graduate level studies. Such funds are limited, but are available in certain instances.

NOTE: Anesthesia students may not be employed by title or function as nurse anesthetists during the 28-month program.

In early May, prior to enrollment in July, admitted students are invited to attend an Orientation Workshop at MTSA. In addition to thorough information regarding the student financial assistance process, Admission, Academic and other information pertinent to new student enrollment is covered in detail. Students who desire further information or counseling in regard to loans, grants, or financial planning are invited to contact the school office to schedule an appointment with the Associate Vice President for Student Finance.

In order to be considered for financial assistance, students must complete the Free Application for Federal Student Assistance (FAFSA) twice during the 28-month period of studies at MTSA. The FAFSA is completed the first time, prior to the student enrolling at MTSA. Then prior to the beginning of the second 9-month Enrollment Period, the FAFSA must be completed the second time. When applying for Financial Aid, the MTSA School Code is 007783-00.

Following are some of the financial assistance programs available to MTSA students:

- Federal Stafford Loan
The amount of \$18,500 may be borrowed every nine months (3 times during the 28-month program). Up to the amount of \$8,500 is available for a **subsidized** Stafford Loan. The Federal government pays the interest on behalf of the student during the time the student is enrolled in the program for a **subsidized** Stafford Loan. The amount of the **subsidized** Stafford Loan is based on the needs analysis information received by MTSA from the FAFSA information. All \$18,500 (minus any **subsidized** funds received) is available through an **unsubsidized**

Stafford Loan. The student is responsible for the interest that accrues on an **unsubsidized** Stafford Loan during the time the student is enrolled. Since the **unsubsidized** Stafford Loan is not based on financial need, all students who have completed the FAFSA will qualify for **unsubsidized** funds even if they do not qualify for the **subsidized** Stafford Loan.

Disbursement of each Stafford Loan check is made in two equal payments. The first payment is at the beginning of the Enrollment Period, and second is at approximately the half-way point of the specific Enrollment Period.

- Grants
Some limited grant assistance may be available to MTSA students. MTSA makes application annually to the Health Resources and Services Administration (HRSA). Any funds received from HRSA are distributed to currently enrolled students.
- Alternative Loans
Additional loan funds may be available to MTSA students through the alternative loan programs offered by the lenders on the MTSA Preferred Lender List. This information is discussed in detail during the Orientation Workshop, or may be obtained from the Student Finance Office. Students must complete the FAFSA and apply for the full **subsidized** and **unsubsidized** Stafford Loan prior to consideration for any alternative loan funds.

Any sponsorship received by the student will be considered as an alternative loan amount, thus reducing eligibility for alternative funds from a lender source.

Disbursement of each Alternative Loan check is made in two equal payments. The first payment is at the beginning of the Enrollment Period, and the second is at approximately the half-way point of the specific Enrollment Period.

- Military Assistance:
The various military programs offer financial assistance to students in exchange for service following completion of the Program. This assistance is explained in detail during the Orientation Workshop. Additional information is available through the Student Finance Office.

Prior to disbursement of funds, all students must complete the Entrance Interview process. This is done by accessing <http://www.mapping-your-future.org/> and completing the Entrance Interview process. MTSA is then notified via email of the student's completion of the process.

Prior to graduation, all students who have obtained student loans during their studies at MTSA must complete the Exit Interview process. This is done by accessing <http://www.mapping-your-future.org/> and completing the Exit Interview process. MTSA is then notified via email of the student's completion of the process.

MTSA is very proud of its extremely low default rate. The current MTSA default rate is 0%. In connection with this, the exit interview stresses loan repayment for students who are recipients of Stafford Loans.

ENROLLMENT PROCEDURES

Within the first two days of class, the Dean will review and summarize all costs, schedules, and obligations; and will issue and discuss the Student Handbook. The student will sign the Enrollment Contract and pay the Period 1A tuition. Late enrollment is not permitted without special Administrative Committee approval. The student will also be asked to review the Release of Information Policy and sign the consent form. Students will also be made aware of the HIPAA policies as they relate to patient data collection for educational purposes.

Each student should be aware that there will be **two** student handbooks issued during the program, one at the beginning of the program and one at the beginning of the second year. While changes are rare, except moderate tuition increases or changes, **students are expected to abide by the most current student handbook, unless otherwise noted.** This includes abiding by the most current student handbook in regards to tuition and fee changes. The student will be notified of financial changes in advance.

WITHDRAWAL PROCEDURES

Anyone considering withdrawal from the School must meet with a faculty committee prior to withdrawal to retain the option of possible readmission. The Dean is to be notified of intent to withdraw and will assemble a committee of faculty members to discuss the withdrawal with the student. Any withdrawal without a prior meeting with a special faculty committee will be considered permanent.

REFUND POLICY

THERE ARE NO REFUNDS OF TUITION OR FEES TO STUDENTS WITHDRAWING OR TERMINATING AFTER REGISTRATION.

HOMELAND SECURITY POLICY

In the event of a regional or national crisis, MTSA has agreed with the Public Health Department that its junior students, on non-clinical mornings, may be called upon to help in nursing activities requiring RN's (i.e., vaccination in the event of a bioterrorist attack).

TRANSITION FROM NURSE TO NURSE ANESTHETIST

While all students accepted into the School have had acute care nursing experience, this experience has been received in a wide variety of hospital settings. Traditionally in the settings students have come from, hospitals schedule nurses on shifts with each nurse reporting to the oncoming nurses at the end of their shift, and then being able to leave at a predictable time. Because most surgery schedules vary in number of cases on a daily basis and on the varying length of cases, most anesthesia scheduling is not handled as it has been in other nursing environments. Typically a CRNA, much like an anesthesiologist (MDA), accepts a job, not a shift. It is expected that the anesthesia provider (CRNA or MDA) will work until the job for the day is done, or until the surgery schedule has reached the point that the "late" or "call" team can cover the cases.

As a CRNA or MDA, if the cases are finished by 10:00 in the morning, unless you are designated as the "late" or "call" person, your job for the day is completed. On the other hand, if more cases last late into the night than the "late" or "call" person(s) can handle, the other anesthesia providers are expected to stay until the work is done. Employers are cognizant of the actual number of anesthesia providers needed to complete the tasks in a reasonable number of hours.

As described, in your transition from RN to CRNA, students will be adjusting to having hours patterned after the physicians' hours, rather than after the nurses' hours. Also, when students are at selected affiliates such as Vanderbilt University Medical Center and Columbus Children's Hospital, they will be working with physician anesthesia residents who have never had the scheduling of hours nurses have. Their expected hours will still be longer than MTSA students. Students should be aware of the residents' longer hours and be patient with them as they learn to understand student nurse anesthetists' hours. Junior students should maintain a relatively fixed schedule of coming to clinical every other morning and class every Monday through Thursday afternoon. The expectation is that students will be able to come to class. If a junior student ever needs to be late or miss any part of a class due to

unforeseen clinical situations, the absence will be excused and any tests or quizzes will be rescheduled.

As seniors, the class load decreases, and clinical expectations increase where they function more as the CRNA described in the above paragraphs. If students are assigned to a hospital and the cases are finished early, most likely they will be dismissed early. On the other hand, if students are assigned to a facility and the cases last longer than an assigned block of time, they are expected to function as a CRNA until relief is available.

In the past years, the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) suggested that an average of 60 hours per week be maintained. Today's COA requirement is that the hours be "reasonable." Students are going to affiliate in some sites where they have long hours; however, they will also be assigned to sites where the hours are much shorter.

MTSA tracks actual hours spent in clinical by a specialized, self-reported tracking service, Medatrax, to assure overall obligated time is not excessive.

MTSA and its affiliates make schedules for students with their monthly time randomly averaged in each affiliate (time taken from the CCNA CLINICAL RECORD) to assure that hours are reasonable. At Vanderbilt, the students may be asked to actually clock in and out to keep track of their time.

As it is MTSA's aim to prepare students both in academic and clinical knowledge and experience to become a CRNA, MTSA also chooses to orient the student to the time commitment and expectations of the CRNA. These time commitments will be different from typical nursing hours.

ACADEMIC AND CLINICAL STANDARDS

ACADEMIC STANDARDS

- ◆ High academic standards must be maintained. A minimum of 70% scholastic achievement in each academic course is required. Students must maintain a minimum cumulative GPA of 3.0.
- ◆ Students must successfully complete all assigned affiliations.
- ◆ There will be three Comprehensive Examinations regularly administered to assist in the evaluation of the student's knowledge in the field of anesthesia. The student is required to attain a passing score of 70% on two out of the three regularly scheduled Comprehensive Examinations or attain an average score of 70% on all three regular examinations.

In the event that a student fails to attain a passing score of 70% on two of the three regularly scheduled Comprehensive Examinations or fails to attain an average score of 70% on all three regular examinations, he/she may be allowed to take continuing special examinations. The cost for taking the first special examination is \$100. If needed, special comprehensive examinations may be administered at monthly intervals following the third regular examination. However, the fee for any additional comprehensive examinations will double each time (i.e. the second additional examination is \$200; the third additional examination is \$400, etc.).

In any additional examinations, the student must either:

- a. Pass both the final special examination and one of the regular examinations with a score on both not less than 70%; or,
- b. Make a passing average of 70% calculated by averaging the two highest regular examination scores and the score on any special examination.

If these conditions are met, the student is allowed to graduate with his/her class. If the student fails to attain a passing score on the regularly administered comprehensive examination and the special additional comprehensive examinations administered prior to graduation, the student may not be allowed to graduate with his/her class. However, with the permission of the Administrative Committee, the student may extend in the program and continue to take comprehensive examinations scheduled at monthly intervals until the conditions of passing two, or an average of 70% on three, comprehensive examinations are met. If the student needs to extend in the program, he/she will continue to have clinical assignments and pay additional tuition during this time.

Comprehensive exams are typically scheduled in April and August. During the time between comprehensive exams, even though the student is studying for the comprehensive exam, the student will continue to have clinical assignments.

- ◆ Each student is carefully evaluated for academic achievement and clinical performance on a regular and continuing basis. Academic grades are published quarterly. Clinical practicum evaluations are received from each affiliation, reflected on the official transcripts as letter grades, and used in tabulating final grade point average. The student will receive an academic transcript and clinical transcript. The clinical transcript will be delayed approximately two months behind the quarter's end. Both are merged at the end of the program to give a cumulative academic/clinical grade point average. Students shall be advised concerning their academic and clinical progress no less than three times per year.

- ◆ Advancement of each student to the next higher level of anesthesia training and responsibility is made at quarterly intervals by the Administrative Committee, with faculty recommendation.

Each student will receive a quarterly grade sheet (MTSA Transcript) reflecting academic and clinical progress, with current and cumulative GPAs. Comprehensive examinations will be reflected on the transcript.

MTSA Grading Scale is based on a 4.0 grading system:

- A = 90-100%
- B = 80-89%
- C = 70-79%
- D = 60-69%
- F = 50-59%
- I = Incomplete*

*An incomplete may be given if:

1. A course is scheduled to begin in one quarter and to end in another.
2. An instructor or a student is unable to complete a course in one quarter and must complete the course at a later time. This requires special permission from the Dean.
3. Any Incomplete on the transcript must be completed before graduation. No student may graduate with an Incomplete on the transcript.

- W Withdrew
- WP Withdrew passing
- WF Withdrew failing

- Prob/C Probation due to unsatisfactory Clinical Performance
- Prob/A Probation due to unsatisfactory Academic Performance
- Prob/O Probation due to Other Considerations

- S Suspension
(Involuntary withdrawal from either the Academic or Clinical program for a period determined by the School.)

- T Terminated
(Involuntary withdrawal from the School indefinitely.)

- ◆ Transcripts are given to students on a quarterly basis. The **target dates** for these transcripts for **juniors** is expected to be no later than the end of the month following the end of each academic quarter. The target dates for **seniors** may vary slightly due to seniors' deadlines for submission of case studies. Senior case studies are expected to be turned in by the end of the month following the end of the rotation. If the case studies are not

submitted by this deadline, ten percent will be deducted for each additional week beyond the deadline, until the case study is submitted to the office. If the case studies are not submitted by one month beyond the deadline, the student will be removed from his clinical rotation and charged one personal day for every additional day required to submit the case study.

- ◆ Attendance at announced TANA meetings, specific group functions, and evening lectures by guest speakers is mandatory for all students, unless the student is on vacation, call, or at an out-of-town affiliation.
- ◆ Students must keep a current Tennessee nursing license or compact state license on file in the School's office.

ACADEMIC AND CLINICAL SUMMARY

Upon enrollment students are divided into two groups, A and B, typically alphabetically. This division is for clinical assignments. Clinical assignments are on an **every other morning basis for the first year.** For example, group A will be assigned to clinical each morning Monday, Wednesday, Friday, Saturday, and Sunday if there is a “call assignment” for the first week and for the second week will have a Tuesday-Thursday schedule. There are two to three places where the junior has a call assignment; however, this call is within the rotating days as described above.

During the first year, students have class every afternoon/evening, Monday through Thursday. Students of the past requested to have no Friday classes, preferring rather to have longer classes the other four days, thus allowing every other weekend, when there is no clinical assignment, to have a long weekend off. This was done on a trial basis, evaluated through several cycles and now has been instituted.

The first 5 weeks of the program is “Broadfields Orientation” where students have class every day, clinical every other morning and occasionally a small group seminar on the off clinical mornings. This culminates in a two-day demonstration of skills in three affiliate hospitals.

After Broadfields, there are four quarters (11 weeks each) of class. Second quarter immediately follows first quarter and proceeds for about four weeks until Christmas, when a two-week break in **class** is scheduled. During this two-week period each junior student will have **one** week of **earned** vacation prescheduled. While group A is on vacation every day, group B has an all day, every day clinical assignment. The second week group B is on vacation while group A has the clinical assignments.

Second quarter then continues and the students have another two-week break in classes between second and third quarter. Here each student takes the second **one**-week of prescheduled **earned** vacation, alternating vacation and full clinical between groups A and B. Between third and fourth quarters, each student will also have a two-week break in class, and each will take the third prescheduled **one** week of vacation.

During the breaks in class, **if the student is not on vacation, they will be in a clinical assignment.** These days described above are those 15 days of vacation granted in the first year.

At the beginning of the second year (end of August), which coincides with the end of the fourth quarter, **MTSA** will again schedule each student the first **one** week of their earned senior year vacation. **One** week of senior vacation is to be scheduled later during your senior year and one week prior to beginning of senior elective.

Currently, clinical experience for Juniors is at Baptist Hospital, Bedford County Hospital, Centennial Medical Center, Hendersonville Medical Center, General Hospital, Skyline Medical Center, Gateway Medical Center, Horizon Medical Center, Maury Regional Hospital, St. Thomas Hospital, Tennessee Christian Medical Center, and Vanderbilt University Medical Center. These sites may vary somewhat, but have been very stable, as most facilities truly enjoy having anesthesia students. Clinical assignments begin in August. In their junior year, students typically change rotations on a monthly basis. Senior rotation sites vary in length with the maximum being approximately four months.

Seniors have one course in the senior year, Senior Board Review. They have clinical assignments all day, every day. They also attend one seminar, Valley Review.

A sample copy of the Class of 2006-2008 Junior Academic Schedule is found on pages 91-92. **NOTE:** This schedule may vary somewhat from year to year.

CLINICAL STANDARDS:

◆ Clinical Evaluations of Students by Instructors:

Juniors:

Clinical evaluations are used to determine advancement to the next clinical level, and primarily, to give the student immediate feedback on his/her progress. While students may do more than one case each day they are assigned in clinical, each clinical day all students are expected to receive an evaluation from a clinical instructor on **one** case utilizing the School's official Daily Evaluation Tool. Students may choose to be

evaluated on more than one case, or the instructor may wish to evaluate the student on more than one. The tool is color-coded according to the student's level in the program. The reverse side of the tool lists the expectations for students at each level. This tool will be used all month. The tool is reviewed and revised periodically.

Student evaluations by instructors of clinical performance is subjective; however, instructors are aware of the expectations of students at each level and are able to judge students by those expectations and by comparing performance of students within a given class, and within classes at the same level in the past. Students should be aware that the purpose of the tool is not just to log how well the student is doing (as important as positive feed back is), but specifically where they need to improve. Students should utilize every opportunity to seek advice about how to improve.

The tool is simple. Each color-coded sheet has room for a limited number of cases to be evaluated, each containing only Case number and date which the student fills out, and a place for instructors to give general comments and to list specifically any areas where improvements are needed and an area for the instructor's signature. More than one sheet per month will likely be needed.

The completed sheets should be stapled together and returned to the MTSA Evaluation Assistant at the end of each month. **Students should make two copies of these sheets, one to leave with the affiliate coordinator at the end of the affiliation, and the other to retain for their records prior to turning them in.**

When the affiliate clinical coordinator who is responsible for submitting a clinical numerical grade to the school completes the monthly summary (Narrative Evaluation of Performance - green sheet), he or she will return it to the School. The daily evaluation tool sheet will contain all instructors' comments about the student's clinical performances while rotating with the instructors and is very beneficial in determining the students' final evaluation grade for the month.

In most institutions, the clinical coordinator completes the summary green sheet completed after the student leaves and then sends it to the School for the student to read and sign. However, should students question the summary evaluation or wish to talk to the instructor who completed the summary, they may call him/her. Students are also free to make their own comments on the back of the summary sheet.

Seniors:

Seniors are expected to seek evaluations from the clinical instructor using the MTSA daily evaluation tool as described above. The exceptions to the use of this tool are the following sites, where MTSA has approved an alternate evaluation system:

Columbus Children's Hospital

Vanderbilt University Medical Center

Vanderbilt University Medical Center O.B. (They provide an alternate tool that the student keeps, and then turns in a copy of the completed alternate tool to MTSA).

Vanderbilt Children's Hospital

Refer to the section under penalties for not adhering to this policy.

Special Card System:

MTSA has developed a "card system" to assist in the evaluation process. Giving these cards is the prerogative of the instructor. The following are suggestions regarding when and why these cards may be given.

The first card developed is the "Commendation Card" (green card). These cards are to be completed by an instructor to acknowledge outstanding performance in any area. These are to be submitted directly to the School and are to be discussed at the quarterly clinical faculty meeting.

The next card developed is the "Area Needing Improvement Card" (yellow card). From time to time, a student's performance may not be quite as advanced as the instructor feels it should be for the students' level in the program. Also, if the instructor has seen several students at the same level and their performance is significantly better than the student being evaluated, the instructor is asked to identify specific areas in writing where the student can improve. These yellow cards are to be submitted directly to MTSA, and will be discussed at the quarterly clinical faculty meeting.

The final card developed is a "Critical Incident Card" (red card). Instructors determining that the student's level of performance is below that level acceptable for this stage in the program according to the Quarterly Objectives on the back of the sheet, and that the performance could or would have caused significant morbidity or mortality without intervention, are asked to complete this card. They must have the student sign it and **send it directly to the School**. To receive a Critical Incident Card is very serious. At the Quarterly Clinical Faculty Meeting all Critical Incident Cards will be discussed. Each affiliate is invited to

have a representative present at this meeting. Each student's quarterly performance at each affiliate is discussed.

Faculty from the institution where the student is to affiliate during the next quarter will likely be there as well. If no faculty from the student's next affiliate is present, the committee identifies areas of significant weakness and this faculty is made aware of the area and is asked to devise methods of helping the student improve.

Receipt of Critical Incident Cards can lead to probation or in extreme cases, such as an affiliate site's refusal to allow the student to continue in that rotation, termination.

All cards will become part of the student's file. A letter grade for clinical performance will be recorded on the transcript. Information used in tabulating this grade follows the section regarding Clinical Case Records because clinical evaluations, care plans, paperwork, and faculty review of performance are utilized in this grade.

During the quarterly Clinical Faculty meeting, the daily case evaluations, any cards, and general observations about each student are discussed. Any recommendations by the members of that committee are given to the Administrative Committee. The Administrative Committee makes the final decision relative to any action regarding clinical performance. Furthermore, should it be determined that there may be a negative decision by the Administrative Committee (i.e., probation) the student will be offered the opportunity to discuss his/her performance with the committee, prior to any decision.

◆ Clinical Case Records:

Each student is required to keep a daily clinical log counting the number and types of procedures as outlined by the Council on Certification. The student keeps these case records either via a PDA or his personal computer. The company MTSA has hired to collect this data is Medatrax. On each case the student performs, a detailed record must be kept of specific information regarding that case. Medatrax totals the cases at the end of each month that the student has logged in daily. It also places the total for that month as the beginning total on the next monthly Clinical Case Record so the cases are cumulative from one month to the next. The Council requires that students fulfill a given number of experiences, and the accurate keeping of this log is the student's proof he/she has met and/or exceeded these requirements. This clinical record also includes the student's committed time hours in the school of anesthesia. The record must be completed in its entirety. Medatrax will disallow any entries after the 15th of the following month;

therefore, all entries for one month must be completed before the 15th of the following month.

When these are not turned in on time, the student may be removed from clinical and asked to take a vacation day to complete the record. Any completion of the record after the 15th will involve the student contacting administration which will contact Medatrax.

MTSA has assigned a staff person to oversee submissions and work with students as they become familiar with clinical record completion on Medatrax.

MTSA reserves the right to spot check for accuracy with the affiliate to which the student was assigned. MTSA uses this record to perform time studies periodically at selected affiliate sites. This record is very important as it is submitted as a part of the student's final transcript to the Council on Certification of Nurse Anesthetists for their determination of the student's eligibility to take the National Certification Examination. Instructions will be given during Broadfields Orientation regarding the accurate completion of this form. Medatrax has been very willing to help students with data entry issues.

STUDENT EVALUATION OF PROGRAM (ACADEMIC AND CLINICAL)

Students are asked to evaluate the clinical and academic portions of the program on a regular basis. These evaluations are part of the program's evaluation of institutional effectiveness. In many instances, these evaluations have led to changes. MTSA is moving toward having more of these evaluations completed on-line with Medatrax as a convenience for the student.

Graduates of the latest class are asked to evaluate their total MTSA experience. The major strengths cited about MTSA continue to be the multiple and varied affiliates, such as Vanderbilt University Medical Center and Columbus Children's Hospital, and MTSA's Christian mission. Other positives center on the variety of techniques of anesthesia, including regional anesthesia, strong emphasis on academics, and the "family atmosphere" of MTSA.

INTEGRITY AND PERSONAL BEHAVIOR (DRUG-FREE SCHOOLS AND COMMUNITIES ACT)

MTSA endorses the Drug-Free Schools and Communities Act Amendment of 1989, and, in compliance with that Act, presents the following information:

The Middle Tennessee School of Anesthesia prohibits the possession, use, or distribution of illegal drugs and alcohol on the campus proper, or on the campus of any affiliate site.

Various federal and state statutes make it unlawful to manufacture, distribute, dispense, deliver, or sell controlled substances. The penalty imposed depends upon many factors which include the type and amount of controlled substance involved, the number of prior offenses, if any, and whether any other crimes were committed in connection with the use of the controlled substance. Possible sanctions include incarceration, up to and including life imprisonment, and imposition of substantial monetary fines.

The use of alcohol can lead to the following serious health risks:

- loss of muscle control, poor coordination, slurred speech
- fatigue, nausea, headache
- increased likelihood of accidents
- impaired judgment
- possible respiratory paralysis and death

Heavy use of alcohol can lead to the following problems:

- alcoholism
- damage to brain cells
- increased risk of cirrhosis, ulcers, heart disease, heart attack, and cancers of liver, mouth, throat, and stomach
- hallucinations
- personality disorders

Health risks associated with the use of illegal drugs include the following:

- increased susceptibility to disease due to a less efficient immune system
- increased likelihood of accidents
- personality disorders
- addiction
- death by overdose
- anemia
- poor concentration

Middle Tennessee School of Anesthesia does not provide drug/alcohol counseling, treatment, or rehabilitation programs for employees, teachers, or students. Upon request or in appropriate situations, the school may refer the student to a private center or program for assistance with such needs.

Middle Tennessee School of Anesthesia will impose sanctions against individuals who are determined to have violated rules prohibiting the use, possession, or distribution of illegal drugs or alcohol.

Sanctions for students using or possessing illegal drugs or alcohol include disciplinary probation, and in appropriate cases, suspension or dismissal from the School. Referral for criminal prosecution may be made in appropriate cases.

Individuals involved in the sale or distribution of illegal drugs will be suspended from the School and referred to the appropriate authorities for criminal prosecution.

All employees, teachers, and students agree, as a condition of hire, contract, or admission respectively, to abide by this policy. Sanctions against employees for use or possession of illegal drugs or alcohol in the work place include termination of employment. Additionally, employees are required to notify the institution of any drug convictions resulting from a violation in the work place, no later than five days after conviction.

ADDITIONAL STANDARDS SPECIFIC TO THE MIDDLE TENNESSEE SCHOOL OF ANESTHESIA

Middle Tennessee School of Anesthesia, at its inception over 50 years ago as Madison College School of Anesthesia, was established as a Seventh-day Adventist School. It has always upheld Christian ideals and standards. While it is the policy of the School to freely accept students regardless of religious persuasion, it is the philosophy of the School that both students and faculty serve as public representatives of the School and are expected to avoid any conduct that would conflict with its Christian standards.

Actions and conduct not in harmony with the Christian philosophy of the School include the following:

- ◆ Reporting for duty at any hospital or for any class while under the influence of alcohol or any mood altering substance.
- ◆ The use of addicting drugs or any drugs which would impair judgment or function, unless prescribed by a physician. (Student anesthetists administer narcotics daily and must not be lax in signing out drugs, administering them properly, or properly disposing of unused portions.) If circumstantial evidence renders students suspect of drug abuse, they may be asked to have urine, blood, or hair analyses to document their non-use of drugs. The School also reserves the right, and students should expect that a routine or random analysis for drugs may be requested to rule out substance abuse.
- ◆ The use of **any** illegal drugs.

- ◆ The use of tobacco in any form on the premises of Middle Tennessee School of Anesthesia or on the premises of any clinical affiliate, other than in properly designated smoking areas.
- ◆ The use or demonstrated effect of any alcoholic beverage on the premises of Middle Tennessee School of Anesthesia or on the premises of any clinical affiliate.
- ◆ Participation in or conviction of any criminal activity. This includes theft or pilferage of hospital or school supplies, equipment, or drugs.
- ◆ Cheating or lying involving any clinical, academic, or school endeavor. Students may sit in close proximity to each other in the classroom; therefore, they are encouraged to cover their tests to prevent the accidental, or appearance of, sharing information. Please note that the classroom has strategically placed video cameras, and all exam and quiz sessions are video recorded. No ball caps or any hats with brims or bills are to be worn during any quizzes or tests in any class.
- ◆ Talking or moving about the room during any tests or quizzes. When a student finishes a quiz or test and others are still taking it, it is preferred that the student quietly leave the room. However, if the student chooses to stay in the classroom, he/she is asked not to have an open book or notes where others taking the test may have occasion to see the material.
- ◆ Some instructors do not return tests or quizzes to the students. Students' possession or sharing of copies of these instructors' tests or quizzes is deemed cheating. For those instructors who do return tests and quizzes to students, it is not inappropriate to have or share copies of those tests or quizzes.
- ◆ Any conduct or action that could bring dishonor or discredit on this School or would reflect unfavorably on its reputation as a Christian institution.

NON REPAYMENT OF LOANS

It is expected that students accepted into the Middle Tennessee School of Anesthesia are good citizens and individuals of high integrity, who fully expect to repay all student loans. Middle Tennessee School of Anesthesia graduates historically have had a very low default rate on these loans.

STUDENT RIGHTS

The School maintains a grievance and due process protocol. Complaints are addressed to Mary E. DeVasher, CRNA, MEd, MS, Vice-President/Dean, P. O. Box 417, Madison, Tennessee 37116.

Student representatives sit as full members on the School Administrative Committee, the Appeals Committee, and the Academic Faculty Committee.

Students involved in a disciplinary action by the Administrative Committee have the right to speak on their own behalf. The student has the right to appeal decisions of the Administrative Committee to the Appeals Committee, the highest appellate body in the School.

The Appeals Committee has the right to review the entire issue, and may support the Administrative Committee's action or may render a judgment that may be more lenient or more severe. The student and the Administrative Committee are expected to abide by the decision of the Appeals Committee.

STUDENT REPRESENTATION

Each class elects student representatives as voting members of the Administrative Committee, Admissions Committee, Academic Faculty Committee, Social Committee, Appeals Committee, and Library Committee. Student representation for the Institutional Review Board is appointed. Should any committee member be out of town on an affiliation, the alternate for the position or any other committee member or class member may be appointed to fill the position. Students from each class nominate a representative to the Tennessee Nurse Anesthetist Association (TANA).

PENALTIES

Penalties may range from a simple verbal warning to dismissal from the program; and may include, but not be limited to the following:

- ◆ A student having less than an 80% academic or clinical average (grade of B) may receive verbal counsel from the Dean.
- ◆ A student whose academic or clinical GPA falls below 3.0 in any one quarter will be placed on academic probation. Even though the cumulative GPA may be above 3.0 at the end of that quarter, the student will still merit probation. Academic probation will continue until the cumulative GPA reaches or exceeds 3.0. In the next quarter, if the GPA does not show significant improvement, the student may be terminated from the school.
- ◆ Failure in any one academic course will result in academic probation, with the course being repeated the next year when it is offered. Such repeats are expected to result in an extension of time in the program, commensurate with the amount of time for the repeat course (one quarter). The charge for such extension will be prorated per quarter. If a student is extended in the program, his or her financial assistance may be affected.
- ◆ Any student who fails the same course a second time will be terminated. The student can appeal this decision to the Appeals Committee. Both the student and MTSA will abide by the decision of the Appeals Committee.
- ◆ Students will receive certain penalties for late paperwork in documentation that includes, but is not limited to, care plans, case studies, clinical records, and daily evaluations. If this paperwork is not turned in by the 15th of the month following that clinical rotation, a penalty will be enforced. Delinquent paperwork must be completed at the School, with each day beyond the deadline resulting in the loss of one vacation day, or personal day from the student's bank. The student who uses up the entire bank of such days will

then graduate one day late for each additional day of delinquency. The student will not receive a diploma until all paperwork is completed and the extended days are made up in clinical.

- ◆ Students who have not received satisfactory clinical evaluations may be placed on a probation designed to help improve their clinical skills, at the recommendation of the Clinical Faculty Committee to the Administrative Committee, or the Administrative Committee independently. This probation will be reflected on the student's transcript.
- ◆ The probationary status for clinical performance will be a minimum of one quarter. At its next quarterly meeting, the Clinical Faculty Committee will review performance evaluations from all affiliates where the student has rotated and determine if the student is eligible to be removed from probation. The Clinical Faculty Committee may recommend that the student be removed from probation or that probation continue. For charges of inconsistent performance, the student may receive probation for the duration of the program. In this instance, the Administrative Committee must determine if the student's clinical performance has been consistently satisfactory prior to a recommendation for graduation.
- ◆ Seniors having been placed on a clinical probation may of necessity extend a minimum of one quarter in the program. Seniors participate in specificity rotations (i.e., cardiovascular, pediatrics, obstetrics, and trauma) and if their clinical progress prohibits their full participation in specialty areas, they will need to extend in the program to complete these rotations.
- ◆ Should a student be placed on clinical probation, the student's status will be made known to each clinical affiliate where the student is likely to affiliate. If aware of the cause of probation, the affiliate will be better able to assist the student in remediation.
- ◆ Students whose clinical performance warrants an extended time in the program will be charged for the extension. The extension cost will be prorated per quarter.
- ◆ A student with a combination of unsatisfactory clinical and academic performance may be terminated without probation.
- ◆ A student may be placed on a general probation if conduct or health fails to meet acceptable levels. The duration of this probation is determined by the Administrative Committee and is expected to be between one and three months. Upon completion of the probationary period, the student may be restored to full student standing, have probation continued (the duration is at the discretion of the Administrative Committee), or, in extreme cases, be dismissed from the program.

- ◆ A student may be placed on suspension if conduct in any clinical or academic area fails to meet acceptable levels, to include cheating in any form. The duration of the suspension will be determined by the Administrative Committee. Upon completion of the suspended period, the student may be restored to full standing with no probation, or allowed to re-enter the program and placed on probation for a duration that will be determined by the Administrative Committee.
- ◆ In extreme cases, a student may be dismissed from the program without probation or suspension.
- ◆ Disciplinary actions for violations of the standards of academic, clinical, or personal conduct shall include, but not be limited to, the following or any combination thereof: verbal reprimand, written reprimand, probation, suspension (including suspensions from classes and/or clinical rotations), and expulsion from the School.
- ◆ The Administrative Committee has the authority to require the student to spend extended time in the program as an alternative to dismissal.
- ◆ Occasionally the Administrative Committee meets to discuss specific issues that involve individual students. In this instance, the Administrative Committee invites the individual student(s) to speak to the issue before rendering a decision. Should students not agree with this decision, they may appeal the issue to the Appeals Committee, the highest appellate body of the School.
- ◆ There may be times the Administrative Committee, in its discussion of students' performance in general, determines that an action should be taken related to individual students. Upon notification of the decision, any students who feel extenuating circumstances existed which may have impacted on any decision of the Administrative Committee, and were unable to speak on their own behalf before the original decision was rendered, may give a written request to the Administrative Committee to speak on their own behalf to appeal the decision. The Administrative Committee will meet to allow a student to speak to the issue. The Administrative Committee may decide to alter its original decision or to stand by it. Should a student still not be in agreement with the final decision, the student may address the issue to the Appeals Committee.
- ◆ Students must give a written notice to the Dean if they desire to have a decision heard by the Appeals Committee. The Dean will assemble an Appeals Committee according to policy. The Appeals Committee has the right to review the entire issue and may support the Administrative Committee's action or may render a judgment that may be more lenient or

more severe. The student and the Administrative Committee are expected to abide by the decision of the Appeals Committee.

- ◆ Upon completion of a probationary period, the student's situation will be reviewed by the Administrative Committee and his or her status determined. Depending on the student's progress, he or she may be restored to full student standing, have probation continued, or, in extreme cases, be dismissed from the program.
- ◆ Students must complete the comprehensive examination requirements detailed in the "Academic Standard" section of this catalog. Failure to do so will result in an extension in the program and/or termination.
- ◆ As a portion of the Professional Adjustment Class, the instructor requires the student's attendance at the annual TANA meetings held in Nashville. These meetings are usually held on a Friday, Saturday, and Sunday in October. Each student is required to attend two of the three days of meetings. This will be discussed in more detail in the Professional Adjustment Class syllabus. Student research is presented during these meetings. Non-attendance is considered a personal day, and is subtracted from the bank of sick/personal days granted. These occasions will be announced in advance. A limited number of students will be able to attend state and national meetings and such attendance will be at the student's expense, with clearance from the clinical coordinator. Students in each class will nominate representatives to sit in the student positions on TANA committees.
- ◆ Attendance at specific group functions and evening lectures by guest speakers is mandatory, unless the student is on vacation, call, or out-of-town affiliation. Non-attendance is considered a personal day and is subtracted from the bank of sick/personal days granted. These occasions will be announced in advance.
- ◆ Students will keep a current Tennessee or compact state nursing license and current licenses for any state in which the student affiliates on file in the School's office. Failure to do so will lead to suspension from school until a current license is obtained. Any suspended time must be made up prior to graduation.
- ◆ Students will submit a copy of their Ohio license before the beginning of the second year. (This means making application late in the first year and at least two months before scheduled to affiliate there.) Students desiring to participate in a full affiliation or a Senior Elective in any state other than Tennessee or Ohio will present evidence of licensure in that state prior to full approval of that elective. Not having current licensure prior to these

affiliations will result in withdrawal from the clinical site and may lead to an extension in the program.

**SPECIAL CONSIDERATIONS FOR STUDENTS RECEIVING
VETERANS ADMINISTRATION BENEFITS:**

- ◆ Any veteran placed on academic probation for a period of one quarter and not successfully removed from that probation at the end of the quarter will lose VA benefits.
- ◆ Any veteran placed on clinical or general probation and not successfully removed from that probationary status in the stated probationary time will lose VA benefits.
- ◆ Any veteran who has lost VA benefits may be considered for renewal of VA benefits in the Middle Tennessee School of Anesthesia at the discretion of the Administrative Committee.

TRANSFERS

(To include credit granted for previous education)

Transfers to and from other anesthesia schools will be considered on the merits of each individual case in accordance with guidelines established by the Council on Accreditation of Nurse Anesthesia Educational Programs, MTSA, and schools accredited by the Commission on Colleges of the Southern Association of Colleges and Schools.

The transfer of credit from MTSA to another institution is controlled by the receiving institution. Accreditation does not guarantee transferability. Many institutions will accept credit which applies to their specific degree program.

Students seeking to transfer to Middle Tennessee School of Anesthesia must meet the following criteria before making application for admittance:

1. The same accrediting bodies which accredit MTSA must accredit the anesthesia school in attendance at the time of request: COA, state accreditation or approval, and regional accreditation.
2. Transcripts of course work completed must be transferable from the school in attendance.
3. Clinical experiences must be documented and verified by transferring school.
4. Recommendations are required from the school administrator and educational and clinical instructors.
5. All other policies and procedures for acceptance into MTSA must be met before review for admissions by the Admissions Committee of MTSA.

The Middle Tennessee School of Anesthesia may consider applicants for admission who have been terminated from other programs of nurse anesthesia. The same steps and process will be followed for this applicant as for any applicant wishing to transfer from another school to MTSA.

All students accepted into MTSA from other programs, whether transfer, withdrawal, or termination from another program, will be expected to meet the same criteria for graduation as traditional MTSA students and will receive the Master of Science degree. The time commitment for completion of the program for these students will be determined on an individual basis. These students will be evaluated in their clinical rotations to determine how their performance compares to MTSA traditional students at the same level. The academic curriculum design of MTSA may be different from the previous program; therefore, time spent in academics at MTSA prior to graduation will need to be determined on an individual basis.

Steps for transferring are as follows:

- ◆ The student will notify the initial Program Director in writing for the reason of transfer.
- ◆ The Program Director to whom the student is making application will request a transcript of all experiences.
- ◆ The Program Director of the current school will remit the transcript of all experiences and other appropriate data within 30 days.
- ◆ The accepting program will determine the transfer credit, and will notify in writing the transferring student and the Council on Accreditation of Nurse Anesthesia Educational Programs of the decision within 30 days.

The term, Program Director, as used above would indicate the Vice-President/Dean for the Middle Tennessee School of Anesthesia.

PROGRESSION POLICY

Advancement of each student to the next higher level of anesthesia training and responsibility is made at quarterly intervals by recommendation from the Clinical Faculty Committee and is a function of the Administrative Committee. Students must meet all clinical objectives for the current level and pass all academic classes for advancement to the next level.

ATTENDANCE POLICY

Students are expected to attend all scheduled classes and meet all assigned clinical schedules. Any absences must be arranged with the instructor, with the Dean informed. **Any absences from assigned classes may be considered as personal days. Any absence from clinical obligation will be considered a personal day.** An absence from a clinical assignment when the student is assigned to take **call** will be considered as **two personal days**. This includes weekend and daily 16-hour "call" shifts at Vanderbilt. Any absences in excess of specified vacation, holidays, sick, or personal days will result in a delay in graduation of an equal number of days. Any time a student is unable to go to a clinical assignment, the School, affiliate, and the Dean must be notified by the student as soon as possible. Any clinical absence while on affiliation at Vanderbilt will be made up at Vanderbilt. This will be arranged with the Vanderbilt coordinator and may be scheduled on weekends.

INCLEMENT WEATHER POLICY

There are no days off for inclement weather. Students are expected to use their judgment regarding travel, either to affiliations or to class. However, should students elect not to attend clinical or class, they will be charged a personal day for the absence. In the event the student is unable to travel to a clinical assignment, the School, affiliate, and the Dean must be notified by the student as soon as possible.

ABSENCES

Twelve holidays are granted each student for the 28-month program. If a student is scheduled on a holiday, a compensatory day will be granted. Vacation time of 15 days the first year and 10 days the second year, is granted during the course. Vacations during the first year are scheduled by MTSA, prior to the students' entrance, and are granted during designated breaks in the academic schedule. The first week of senior vacation is scheduled by MTSA at the beginning of the second year. There is a "relief student" assigned in the senior year to cover for vacations. This is coordinated by the School's Clinical Schedule Coordinator. **Vacation days and holidays for the first year must be taken during that year. No vacation or holidays from the first year may carry over to the second year.**

A bank of seven (7) days of sick/personal leave shall be granted each student during the 28-month course. These days may be taken for true illness, emergencies and/or inclement weather. Students may be requested to submit a physician's report documenting illness. Any other use of these days must be

pre-scheduled with permission from the affiliate where the student is assigned during the time the absence occurs. If they are requested any less than 48 hours in advance, two days will be subtracted from this bank of sick/personal days.

These days may not be taken during exam weeks to study for exams. Sick days during exam week will be evaluated carefully. The student may be requested to submit a physician's report and/or be required to use two sick/personal days for time taken during exam week.

Students affiliating at sites where they are scheduled 24 hours on and 48 hours off are charged two days for each personal or compensatory day taken while at that affiliation.

Absences in excess of authorized time off must be arranged with the Dean and be made up at the end of the course (example: maternity leave, personal leave, military leave). If the absence has been longer than one month, the faculty will evaluate the returning student's clinical performance to determine if a "re-orientation" to clinical practice is needed. If re-orientation is determined to be necessary, the time will be added to the time absent. Completion of time absent, re-orientation time, and time remaining will be necessary for graduation. Absences from meetings that require attendance (e.g., guest lectures) will be charged as personal days unless the student is at an out-of-town affiliation.

COMPENSATORY DAYS

Compensatory days (comp days) are those days earned for working on a scheduled holiday. Usually one student is scheduled as a relief student, and this person can assume another student's position in an assigned affiliate on the day they need off (weekends excluded). Comp days may be earned only when approved by the MTSA clinical scheduling office. Earned comp days may be taken off as the schedule permits. Earned comp days off must be scheduled in advance and coordinated through the MTSA Clinical Scheduling Coordinator, with signed approval from the affiliate where the student is assigned when the absence occurs. Only one student at a time may take a comp day in any affiliate, and then only with permission from the affiliate. If comp days are requested any less than 48 hours in advance, two days will be subtracted from this bank of sick/personal days. Procedures for compensatory days are described in detail in the Student Handbook.

RELIEF STUDENT

Each month the school attempts to have a senior relief student available, whose function is to replace senior students at an affiliate who have gone

through the appropriate channels to be able to take compensatory day(s) off. When these relief students are not occupied replacing students for comp days, they are available to replace students who may call in sick. When neither of these needs arise, the relief student will go to the pre-assigned base affiliate. Examples are included in the Student Handbook.

STUDENT SERVICES

The goal of Student Services at MTSA is to help new students make the transition into life in a rigorous 28-month program of nurse anesthesia easier and more enjoyable. In addition, it seeks to assist graduating seniors by posting and distributing job opportunities and through clinical elective arrangements.

ORIENTATION AND ADVISEMENT

- ◆ A "Big Sibling" program is operational at MTSA where upper-class students choose new enrollees as "Little Siblings." The "Big Sibling" is then available to answer questions and give advice about life at MTSA to the "Little Sibling." For this reason, as soon as an applicant is accepted, a passport photo is required, helping current students identify individuals they may have met at interviews or during a "shadowing" experience.
- ◆ During the two days set aside for interviewing applicants that will make up the next year's class, select junior classes may be re-scheduled in order that some juniors may be present to welcome these applicants and be available to answer questions they may have about the School.
- ◆ MTSA sends accepted students information relative to apartments in the vicinity of the School upon request.
- ◆ The School provides a personal school-related accidental/injury insurance policy; however, it does not assume the student's medical care nor provide health insurance. This coverage applies only to school related activities. The student must carry health insurance. The School interviews and invites selected health insurance representatives to Broadfields Orientation to discuss individual and family insurance coverage with new students.
- ◆ Complete daily schedules of class and clinical assignments for the first year are given each student upon entry. Vacations for the first year are listed on this schedule.
- ◆ All new students will complete a five-week Broadfields Orientation program which introduces them to both the academic and clinical segments of the School. This prepares them for entrance into the clinical area.

- ◆ The CRNA Student Evaluation Advisors review progress with each student in both the academic and clinical areas. These evaluations are summaries of Daily Case Evaluations, Quarterly Evaluations, and the Academic Record.
- ◆ The Dean of the School is the primary advisor. The Dean is available for informal discussions with the student. Her office is in close proximity to the classrooms, and dialogue is encouraged.
- ◆ The School completes applications for Nurse Anesthesia Traineeship Grants, Faculty Fellowship Grants, and Educational Program Grants, for the school, faculty, and students benefit.
- ◆ MTSA posts job opportunities in the school paper, the *AIRWAYS*, as a service to students in considering their future employment.
- ◆ The school incorporates a senior elective clinical experience during the final three months of the program. In many instances, graduating seniors have the ability to orient to places of future employment through this experience.

LEARNING RESOURCE CENTER (LRC)

The Nelda Faye Ackerman Learning Resource Center has a collection of textbooks and anesthesia-specific journals for student use. The LRC is open during the business hours of the School, as well as all times that classes are in session. The schedule of classes varies from quarter to quarter, and the LRC hours are adjusted accordingly. It is closed on Saturdays and opens only by appointment on Sundays.

Adjacent to the LRC is a computer lab equipped with a wireless internet connection and 12 – 16 laptop computers for use by students, staff, and faculty.

SENIOR ELECTIVES

The last three months of the program are designated as Senior Elective months. Each student must participate in a Senior Elective. The student may select and be approved for one of the current elective sites. Alternatively, the student may work with the Dean to develop a new site. A complete description of the process is found in the Student Handbook.

CAREER OPPORTUNITIES AND SALARIES

All graduates of the Middle Tennessee School of Anesthesia have found employment as graduate registered nurse anesthetists upon completion of the

program. Continued employment in many practice settings is determined upon successful completion of the National Certification Examination to become a Certified Registered Nurse Anesthetist. There is every indication that the placement outlook for our graduates will continue to be favorable.

Beginning salary levels for Certified Registered Nurse Anesthetists vary considerably, depending on institutional policies, fringe benefits, and call pay. In Middle Tennessee, recent graduates are receiving beginning salaries in the range of \$110,000 - \$130,000 annually, plus call pay. Some sites offer significant "sign-on bonuses", as well as reimbursement for tuition charges.

STUDENT PLACEMENT POLICY

Middle Tennessee School of Anesthesia does not have a student placement service; however, it welcomes any information regarding position openings or job opportunities. When contacted by hospitals, anesthesia practice groups, or recruiters regarding positions open, the School copies the information and places it on the bulletin board in the hall for a period of 90 days. These groups have the option to place an ad in the school newspaper, *AIRWAYS*. The school retains a copy in a binder for any future references a student or graduate may need. All graduates seeking employment have been employed upon graduation.

INSTITUTIONAL STATISTICS

| <i>CLASS OF 03-05</i> | <i>NUMBER OF STUDENTS</i> |
|---|----------------------------------|
| Enrolled in 2002 | 50 |
| Withdrawals | 2 |
| Graduated | 48 |
| Immediately Employed Upon Graduation | 48 |
| Passed Certifying Examination 1st Time | 37* |
| Passed A Subsequent Examination | * |
| <p>*At time of publication, MTSA has only received official notification of board scores from 40 graduates who took the National Certification Examination between graduation on December 3, 2005 and December 31, 2005. Of these reports to date, six had scores of 600.</p> | |

| <i>CLASS OF 02-04</i> | <i>NUMBER OF STUDENTS</i> |
|--|----------------------------------|
| Enrolled in 2002 | 50 |
| Withdrawals | 1 |
| Graduated | 49 |
| Immediately Employed Upon Graduation | 49 |
| Passed Certifying Examination 1st Time | 48 (97%) |
| Passed A Subsequent Examination | 1 (100%) |
| <p>Twenty- four had scores of 600</p> | |

| <i>CLASS OF 01-03</i> | <i>NUMBER OF STUDENTS</i> |
|--|----------------------------------|
| Enrolled in 2001 | 44 |
| Withdrawals | 2 |
| Graduated | 42 |
| Immediately Employed Upon Graduation | 42 |
| Passed Certifying Examination 1st Time | 41 (97%) |
| Passed A Subsequent Examination | 1 (100%) |
| <p>Seventeen had scores of 600</p> | |

| <i>CLASS OF 00-02</i> | <i>NUMBER OF STUDENTS</i> |
|--|----------------------------------|
| Enrolled in 2000 | 40 |
| Withdrawals | 2 |
| Graduated | 38 |
| Immediately Employed Upon Graduation | 38 |
| Passed Certifying Examination 1st Time | 37 (97%) |
| Passed A Subsequent Examination | 1 (100%) |
| Twenty-five had scores of 600 | |

| <i>CLASS OF 99-01</i> | <i>NUMBER OF STUDENTS</i> |
|--|----------------------------------|
| Enrolled in 1999 | 38 |
| Withdrawals | 3 |
| Graduated | 35 |
| Immediately Employed Upon Graduation | 35 |
| Passed Certifying Examination 1st Time | 35 |
| Passed A Subsequent Examination | NA |
| Seven had scores of 600 | |

| <i>CLASS OF 98-00</i> | <i>NUMBER OF STUDENTS</i> |
|--|----------------------------------|
| Enrolled in 1998 | 36 |
| Transfer | 1 |
| Withdrawals | 0 |
| Graduated | 37 |
| Immediately Employed Upon Graduation | 37 |
| Passed Certifying Examination 1st Time | 33 (89%) |
| Passed A Subsequent Examination | 4 (100%) |
| Six had scores of 600 | |

| <i>CLASS OF 97-99</i> | <i>NUMBER OF STUDENTS</i> |
|------------------------------|----------------------------------|
|------------------------------|----------------------------------|

| | |
|--|----|
| Enrolled in 1997 | 36 |
| Withdrawals | 2 |
| Graduated | 34 |
| Immediately Employed Upon Graduation | 34 |
| Passed Certifying Examination 1st Time | 30 |
| Passed A Subsequent Examination | 4 |
| One had a score of 600 | |

| <i>CLASS OF 96-98</i> | <i>NUMBER OF STUDENTS</i> |
|--|---------------------------|
| Enrolled in 1996 | 41 |
| Withdrawals | 0 |
| Graduated | 41 |
| Immediately Employed Upon Graduation | 35 |
| Passed Certifying Examination 1st Time | 38 (92%) |
| Passed A Subsequent Examination | 3 (100%) |
| Twenty-eight had scores of 600 | |

CURRICULUM AND CLINICAL PRACTICUM

The program consists of **nine quarters - a 28-month program**. The first four quarters are devoted to classroom studies and a carefully supervised, graduated introduction to performance of clinical practice. The following five quarters provide a period of advanced clinical experiences, and as the major academics are completed, full participation at clinical affiliations. The total program provides an unusually rich variety of anesthetic experiences and cases. Seminars and case studies are held throughout the **28-month program**.

SCHEDULING OF CLASSES AND SCHOOL

FUNCTIONS

No class will be scheduled from sunset Friday through sunset Saturday, in keeping with the Seventh-day Adventist belief that this is the time set aside as the Sabbath. MTSA recognizes that many students choose another day (typically Sunday) as a day of worship. In respect of students' religious choice, class functions scheduled on Sunday are held to a minimum, and are reserved

for about two seminars in the program. Any class scheduled on Sunday will be video taped. The student may select to not attend the Sunday scheduled class, but is responsible for viewing the video and making up any assignments missed.

CHANGES

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 practicum at any time to include any fees or costs related to these changes. Such changes are expected to be minimal. Students will receive notification of these changes and are expected to abide by them.

SCHOOL ORGANIZATION; ACADEMIC AND CLINICAL PROGRESSION

The School is organized on an academic quarter basis for a total of 9 quarters and one month (28 months).

The first month is almost entirely devoted to academic studies, with limited progression into the clinical practicum. An every other morning clinical schedule is maintained, with every other morning reserved for study.

During the first through fourth quarters, the students continue academic studies while increasing their involvement in the supervised anesthesia practicum. During this time, the every-other-morning clinical schedule with every-other-morning reserved for study is continued. During quarters one through four, the student will participate in call at Skyline Medical Center, General Hospital and Hendersonville Medical Center.

The fifth through the ninth quarters are devoted to clinical practicum in a variety of affiliating hospitals, with limited academics. The final quarter (three months) is the Senior Elective. The students' rotation through the various hospitals is planned to provide a logical progression for continuing professional growth and maturity. Clinical case studies are held throughout the 28-month program. In addition, senior students take weekly Senior Board Review tests, participate in a Board Review Course totaling 24 hours, and complete comprehensive examinations.

COURSE DESCRIPTIONS

*ACADEMIC
AND
CLINICAL*

PHYSIOLOGY

ANAP 500 Physiology I – Larry Lancaster, RN, EdD

2 Qtr. Hrs.

This course focuses on concepts foundational to an understanding of human physiology, including functional systems of the cell, cell metabolism, transport across the cell membrane, membrane potentials, action potentials, and cell receptors. Understanding these concepts is prerequisite to a comprehension of all cell, tissue, organ, and system physiology and pathophysiology.

ANAP 505 Respiratory Anatomy, Physiology, and Pathophysiology – Larry Lancaster, RN, EdD and John Shields, CRNA, APN, MS

2 Qtr. Hrs.

This course will introduce the student to human respiratory anatomy and physiology and will include basic physiologic concepts such as pulmonary mechanics, control of ventilation and oxygen diffusion and transport. In addition, these concepts will be incorporated into clinical application involving respiratory physiology and anesthesia.

ANAP 510 Physiology II – Larry Lancaster, RN, EdD

5 Qtr. Hrs.

This course focuses on concepts related to anatomy and physiology of the nervous system, including the brain, vertebral column, spinal cord, peripheral nervous system, autonomic nervous system, neurotransmitters, receptors, synapses, pain pathways, and pain modulation, and physiology of skeletal muscle contraction, neuromuscular synapse, and smooth muscle contraction. Clinical assessment of neurologic status and selected pathophysiologic examples are integrated.

ANAP 520 Physiology III – Larry Lancaster, RN, EdD

4 Qtr. Hrs.

This course focuses on concepts related to physiology of the heart; systemic and pulmonary circulations; microcirculation, hematopoietic system; leukocytes/inflammatory-immune response; hemostasis/blood coagulation; and renal physiology/maintenance of fluid and electrolyte balance. Selected pathophysiologic examples are integrated.

ANAP 530 Physiology IV – Larry Lancaster, RN, EdD

3 Qtr. Hrs.

This course focuses on concepts related to physiology of blood pressure regulation; acid-base balance; selected electrolytes balance (i.e., sodium, potassium, calcium, and magnesium); endocrine system; gastrointestinal system, including nutrient digestion and absorption, the liver and the pancreas. Selected pathophysiologic examples are integrated.

PHARMACOLOGY

ANPH 500 Pharmacology I (Anesthetic Drugs) – Lewis McCarver, CRNA, BS and Michael Pilla, MD 4 Qtr. Hrs.

Presents general physiological properties of individual anesthetic agents and their absorption rate and excretion. Principles governing uptake and distribution of inhalation agents are covered along with specific effects of the agents on organs and systems. Signs and stages of the depth of anesthesia are included.

ANPH 510 Pharmacology II (Accessory Drugs) – Lewis McCarver, CRNA, BS and Michael Pilla, MD 3 Qtr. Hrs.

The applied science of the use, action, and effects of medicinal agents, particularly as related to anesthesia. Information is designed to acquaint the student with relationships between the medications utilized and physiologic and biochemical actions of the medications. Intravenous induction agents, narcotics, muscle relaxants, and vasoactive drugs are included as well as interactions with prescription and non prescription drugs the patient may be currently taking.

ANPH 520 Cardiovascular Pharmacology – Michael Pilla, MD 2 Qtr. Hrs.

This course provides a study of the effects of drugs commonly used in anesthesia on patients with ailing hearts. It also reviews the drugs with specific benefit in patients with altered hemodynamic states.

ANPH 530 Pharmacology III – Larry Lancaster, RN, EdD 3 Qtr. Hrs.

A continuation of Pharmacology II.

PRINCIPLES OF ANESTHESIA

ANPR 500 Broadfields Orientation – Mary DeVasher, CRNA, MEd, MS, APN; Alescia DeVasher, MS, CRNA, APN; Lin Sherrill, MS, CRNA, APN; William O.T. Smith, MD; John Shields, CRNA, APN. MS; Karla Underwood, MS, CRNA, APN; Dina Velocci-Posey, MS, CRNA, APN 5 Qtr. Hrs.

This is the introductory class in anesthesia. It covers principles of pre-anesthetic assessment, airway management, monitoring, charting, equipment function, and intravenous cannulation. Practicing skills on models is required prior to hands-on in the clinical area.

The practicum orientation is structured with a laboratory experience where students can become familiar with charting, equipment use, and basic anesthesia skills.

Introduction to Departmental Organization is designed to introduce the student to the physical plant of the operating room and anesthesia department. The importance of stocking anesthesia supplies, drugs, and equipment is stressed. The student is introduced to the duties of the call person, and participates in the call experience with the senior students as a "third call" student.

ANPR 510 Basic Arrhythmia/12-Lead EKG/BLS/ACLS/PALS 6 Qtr. Hrs.

Basic Arrhythmia course presents an overview of cardiac arrhythmias, beginning with a review of basic electrophysiology. The course presents a systematic method for

interpreting disturbances in cardiac rhythm including sinus, atrial, junctional, and ventricular arrhythmias and conduction abnormalities.

Twelve-lead Electrocardiography interpretation of the lead systems and normal QRS morphology in the various leads.

(BLS) Basic Life Support is a prerequisite to ACLS. Some of MTSA's clinical sites wish to have students present their up-to-date card on arrival in clinical.

(ACLS) Advanced Cardiac Life Support course presents essential aspects of emergency cardiac care including airway support, treatment of acute myocardial infarction, treatment of life-threatening arrhythmias, cardiac drugs, and defibrillation.

(PALS) Pediatric Advanced Life Support course presents aspects of pediatric emergency care including airway management, recognition of respiratory failure and shock, newborn resuscitation, fluid therapy, emergency medications, and prevention of cardiopulmonary arrest.

ANPR 515 Advanced ACLS-EP (Experienced Provider) 1 Qtr. Hr.

The ACLS for Experienced Provider Course is designed for experienced ACLS providers who want to learn and be challenged in critical thinking skills outside of the regular ACLS algorithms.

ANPR 520 Principles of Anesthesia (Fundamentals) – Alescia DeVasher, MS, CRNA, APN 4 Qtr. Hrs.

Basic concepts of anesthetic management are stressed. Anesthetic equipment, its proper function, operation, and maintenance are stressed. Patient safety and anesthetic effectiveness are integrated into the theory and practice of pre-anesthetic, anesthetic, and post-anesthetic management. The course spans two quarters.

ANPR 525 Applied Principles of Anesthesia (Fundamentals) – Alescia DeVasher, MS, CRNA, APN 3 Qtr. Hrs.

This course spans three quarters. The first two quarters are companion courses to ANPR 520, utilizing simulation to allow students to demonstrate basic skills. The third quarter is also an extension of ANPR 520; however, it incorporates more advanced airway skills, utilizing simulated learning to reinforce topics learned in the first two quarters. Students will experience fiberoptic intubations, jet ventilation, and pulmonary decompression utilizing SimMan.

ANPR 530 Advanced Principles of Anesthesia (Obstetrical) – Karla Underwood, MS, CRNA, APN 2 Qtr. Hrs.

The unique aspect of administering anesthesia to the pregnant female is discussed with special emphasis on alterations in physiology in the pregnant state, common pathophysiologic states seen in the pregnant state, and the effects on the neonate of labor, delivery, and anesthesia. Specific techniques are outlined for all of the alternative courses that may be required in the anesthesia care of the pregnant female and techniques for emergency care of the newborn are outlined.

ANPR 540 Advanced Principles of Anesthesia (Regional) 4 Qtr. Hrs.

Anesthesia) – Lin Sherrill, MS, CRNA, APN

A description of those regional blocks used in daily practice and methods of administration are described or demonstrated. Spinal anesthesia, epidural anesthesia, Bier block, and axillary block, etc., are included in this series. Four hours related to acute and chronic pain management are included in this course.

ANPR 550 Advanced Principles of Anesthesia (Pediatric Anesthesia) – Dina Velocci-Posey, MS, CRNA, APN

2 Qtr. Hrs.

Unique aspects of administering anesthesia to children are discussed with special emphasis on alteration in physiology of the child. Specific principles for anesthetic management and maintenance of homeostasis in children are covered.

ANPR 560 Advanced Principles of Anesthesia (Cardiovascular Anesthesia) – John Shields, CRNA, APN, MS

2 Qtr. Hrs.

This course incorporates exposure to anesthesia for vascular, thoracic, and cardiac surgery, and up-to-date literature discussing vasopressors, cardiac, and respiratory physiology and hemodynamic monitoring. It serves as a foundation of knowledge necessary to administer anesthesia to patients with sick hearts for cardiac and non-cardiac surgery.

ANPR 570 Anesthesia and Co-Existing Disease (Path Management) – Michael Pilla, MD

2 Qtr. Hrs.

Presents advanced clinically oriented topics, including advanced principles of management and techniques. Application of these principles to patients with difficult or unusual conditions is covered.

ANPR 580 Pain Management – Gilberto Carrero, MD

1 Qtr. Hrs.

This course prepares the student for a role beyond the operating room to include the management of acute and chronic pain. It focuses not only on the technical aspects of pain management, such as nerve blocks and epidural or subarachnoid catheter placement, but relates to utilization of diagnostic skills as well. It helps the student develop an understanding of the pharmacologic principles and broad medical knowledge in formulating a rational treatment plan for complex pain problems.

ANPR 600 Comprehensive Examinations

There will be three Comprehensive Examinations regularly administered to assist in the evaluation of the student's knowledge in the field of anesthesia. The student is required to attain a passing score of 70% on two out of the three regularly scheduled Comprehensive Examinations or attain an average score of 70% on all three regular examinations.

In the event that a student fails to attain a passing score of 70% on two of the three regularly scheduled Comprehensive Examinations, and/or fails to attain an average score of 70% on all three regular examinations, he/she may be allowed to take continuing special examinations at monthly intervals. The cost for taking the first special examination is \$100. If needed, additional special examinations will be

administered at monthly intervals after the date of the third comprehensive examination. However, if additional special examinations are needed, the cost will double with each additional examination (i.e. the second additional special examination will cost \$200; the third additional special examination will cost \$400, etc.).

In any additional examinations, the student must either:

- a. pass both the final special examination and one of the regular examinations with a score on both not less than 70%; or,
- b. make a passing average of 70% calculated by averaging the two highest regular examination scores and the score on any special examinations.

If these conditions are met, the student is allowed to graduate with his/her class. If the student fails to attain a passing score on the regularly administered comprehensive examination and the special additional comprehensive examinations prior to graduation, the student may not be allowed to graduate with his/her class, and may be terminated at this point. However, with the permission of the Administrative Committee, the student may extend in the program and continue to take comprehensive examinations as scheduled every month until the conditions of passing two, or an average of 70% on three, comprehensive examinations are met.

Comprehensive exams are typically scheduled in April and August. Any request to take additional comprehensive exams before the regularly scheduled time is subject to a decision by the Administrative Committee. During the time between comprehensive exams, even though the student is studying for the comprehensive exam, the student will continue to have clinical assignments.

SEMINARS

ANSM 500 Clinical Seminar (Case Conference)

3 Qtr. Hrs.

Presents clinically oriented topics with problem solving and demonstration format. Utilizes case review, morbidity and mortality reports, and journal reviews. Affords students the opportunity for literature review and class presentation. In addition, certain class periods will be spent with students discussing clinical experiences and their feelings about progress in the clinical area. This group interaction is encouraged with the belief that verbalizing stress is a mechanism to manage it.

ANSM 510 Seminars in Anesthesia

4 Qtr. Hrs.

Juniors and Seniors attend an external comprehensive anesthesia seminar brought to MTSA each year. These seminars are presented in the third and seventh quarters and are awarded two hours of credit for each quarter held. The hours for this seminar last year were 7:30 a.m. - 7:00 p.m. Sunday, 12:30 p.m. - 7:00 p.m. Monday and Tuesday, and 12:30 p.m. - 5:00 p.m. Wednesday. Those students who feel a strong burden not to attend the Sunday lectures must use an alternative time to view the videos. Attendance is mandatory for the Monday, Tuesday, and Wednesday schedule; students will receive grades for their participation (sign in sheets will be monitored as a part of this grade.) These classes are video recorded for a portion of the students affiliating at Vanderbilt University Medical Center and for students on out-of-town affiliations, and copies of these DVDs are made available for these students. There is a separate fee for these seminars, and the cost of the review seminar for these students not attending in person will be about half the cost as for

those attending in person. These seminars are to affirm the basic and advanced anesthesia principles presented in the program, and in addition to focus on current trends in anesthesia.

ANSM 515 Senior Board Review – David Murphy, MS, CRNA, APN 4 Qtr. Hrs.

Monthly reading assignments are made for seniors from the most current Valley Review, Memory Master, and Mixed Reviews. At the end of each month a test will be given over the assigned material. While the grading in this class is Pass/Fail, students making a failing grade on any test will be required to write answers to all missed questions and document reference sources in order to pass the test. This fosters independent study, while preparing students for the national certifying exam.

RELIGION

AREL 500 Religion – Lynn Schlisner, BA, MDiv 4 Qtr. Hrs.

The School philosophy is that true education involves the growth of the spiritual, intellectual, and physical aspects of the student. This course is designed to be a forum to assist in addressing the spiritual aspect. It is recognized that the intellectual progress of the student receives major attention throughout the curriculum.

The AREL 500 classes, held during Broadfields Orientation and the first four quarters, begin with a devotional reading/talk and thus expose the student to Christian philosophy from a Seventh-day Adventist perspective, in the ensuing three quarters. While a relationship with Christ is a major topic, there will be discussion of Seventh-day Adventist doctrines. Many of these are held in common with most other churches, some will be held by only a few churches, and only one is unique to Seventh-day Adventists.

HISTORY

ANHS 500 Professional Aspects: Historical, Ethical, and Legal Aspects of Anesthesia, & Professional Adjustments – Mary DeVasher, CRNA, MEd, MS, APN 3 Qtr. Hrs.

Presents the course of development of relief from pain, for surgical and medical treatment, from the primitive ages to modern time. Included is the development and function of the American Association of Nurse Anesthetists and its four councils.

Presents the inter-relationship of medicine and law with special emphasis on the impact of the law on all aspects of medical practice. Basic concepts of the legal responsibility of the medical practitioner, along with some of the problem areas and legal pitfalls of the practice of anesthesia, are presented.

Professional responsibility and ethical relationships with patients and peers is covered. Historical background and functions of local, state, and national professional organizations are presented.

Students attend one week-end professional meeting of the Tennessee Nurse Anesthesia Association (TANA). This meeting may not be coincident with the actual time the class is delivered. During this meeting students present research from MTSA

and other Tennessee schools. Students are encouraged to participate in the discussions related to issues that are current within the profession.

Professional Aspects lectures/topics are woven throughout the curriculum. During Broadfields Orientation an attorney visits with the students to discuss medical malpractice, and the State Volunteer Mutual Insurance Company lectures students regarding liability issues. Also major safety issues are covered to include, but not limited to, lectures on preoperative interview, informed consent, anesthesia safety in equipment and machine check out, and environmental safety. During ANED 520 Education, an ethicist gives a four-hour lecture regarding ethics in anesthesia. MTSA invites individuals from insurance companies to speak to beginning students, students finishing their junior year and students finishing their senior year regarding financial management and disability insurance. MTSA conducts a seminar regarding financial planning and financial aid prior to enrollment for students accepted into MTSA.

EDUCATION

ANED 500 Research Methods – Michael Vollman, RN, PhD

3 Qtr. Hrs.

This course is the first in the research sequence and is designed to prepare students to understand, critique, evaluate, and utilize research. The specific foci of this course will include the foundations of knowledge development, research design, measurement issues, interpretation of research results, and research ethics. By the conclusion of this course, students will be able to read, critically evaluate, and select studies with scientific and clinical merit in order to apply research findings to the practice of nurse anesthesia.

ANED 510 Knowledge Synthesis and Utilization in Clinical Nurse Anesthesia – Michael Vollman, RN, PhD

3 Qtr. Hrs.

This course is the second in the research sequence and is designed as a capstone experience in research utilization. Each student or small group of students will a salient, specific phenomenon of interest related to clinical anesthesia; do a theoretical/conceptual and research literature review; explicate the conceptual/theoretical basis; and critically analyze, integrate, and evaluate related research; and synthesize the body of knowledge. Based on the synthesis of the body of knowledge, recommendations will be made for applications to evidence-based clinical anesthesia practice. In addition, implications for anesthesia education will be suggested, and additional research needed to expand understanding of the phenomenon of interest will be proposed. The culminating experience for the course is dissemination of findings and recommendations in a scholarly paper and in a formal presentation to faculty, peers, and invited guests.

ANED 520 Education – L. Phil Hunt, RN, EdD

4 Qtr. Hrs.

This course focuses on several different areas of higher education, including professional ethics, accreditation, adult learners, curriculum development, individual and group personality types and differences, roles of anesthesia professionals in the community of scholars, plus a variety of counseling skills and techniques. This course also reviews the history of American Higher Education, trends in secondary and higher education, teaching methods, learning styles, classroom participation, management techniques, evaluation and supervision.

SPECIAL EVENING GUEST LECTURERS

These are announced in advance and are part of the program at Middle Tennessee School of Anesthesia. Attendance is required unless the student is on vacation or at an out-of-town affiliation. Failure to attend will result in Administrative Committee action, not to exceed a one day extension in the program for each missed event.

Special Note:

Every effort is made to adhere to class and clinical schedules. Class hours, course sequencing, clinical seminars, and clinical practicum hours have been estimated with great care, but are dependent on day-to-day situations at affiliations, and should, therefore, be recognized as estimates that are subject to alteration to meet daily situations. Many classes are taught by anesthesia providers who hold CRNA/MDA positions in various facilities. When obligations in these facilities, such as "call," prohibit the instructor from meeting class on any particular day, the class will be rescheduled. This rescheduling will be done as far in advance as the instructor receives their call schedule. All subject matter is subject to change when it benefits the student and/or the School. Students scheduled for class but not for clinical will be expected to adjust to the changes in academic scheduling.

CLINICAL PRACTICUM

| | | | |
|-----------------|-----------------------|------------------|---------------------|
| ANCL 500 | Practicum I | 2 Qtr Hr | 50 Qtr. Hrs. |
| ANCL 505 | Practicum II | 2 Qtr Hr | |
| ANCL 510 | Practicum III | 2 Qtr Hr | |
| ANCL 515 | Practicum IV | 4 Qtr Hrs | |
| ANCL 520 | Practicum V | 8 Qtr Hrs | |
| ANCL 525 | Practicum VI | 8 Qtr Hrs | |
| ANCL 530 | Practicum VII | 8 Qtr Hrs | |
| ANCL 535 | Practicum VIII | 8 Qtr Hrs | |
| ANCL 540 | Practicum IX | 8 Qtr Hrs | |

These practica are designed to provide carefully supervised practice of anesthesia and patient management that corresponds closely to academic progression. They progress from simple to complex experience, allowing students to develop initiative and independent judgment in a progressive manner. Pre- and post-anesthetic patient management and emergency call are important elements of clinical practicum. Each student's performance will be evaluated at each affiliation. Each student usually has a conference with the Clinical Coordinator or designee at the affiliate during the last week of the month, or more frequently if indicated, to discuss his performance. The students should expect to participate in all aspects of the anesthetic as assigned, and to complete all academic assignments made by the affiliate coordinator designee. If, at any time, the affiliate clinical faculty assesses clinical inadequacies relative to the student's level of training, they are asked to address this to the student and notify the School. It is the student's responsibility to keep accurate timely records of clinical experience on the forms provided. The Clinical Coordinator will check these records monthly. The student may be suspended from clinical participation for incomplete records. Suspended days will be made up terminally. It is imperative that the student successfully complete all assigned affiliations as a pre-requisite for graduation.

Students are expected to make written care plans in all affiliations.

A letter grade for Practica I-VIII will be recorded on the transcript and will be factored into the cumulative grade point average. Practicum IX will receive clinical credit with a pass/fail grade.

LENGTH OF PROGRAM

The program is 28-month (9 quarters and one month) duration. Of these 28-months, 25 days are allotted for vacation, 12 for selected legal holidays, and 7 for sick/personal leave. For any other absences, the time will be made up terminally. For extended absences, there will be a reorientation period, with the length of time for this reorientation being determined by the Administrative Committee of the Middle Tennessee School of Anesthesia.

As graduation exercises occur only once in the program, students completing all aspects of the academic and clinical program are required to march in a graduation ceremony concurring with their completion of the program.

FULL-TIME ACADEMIC FACULTY

L. PHIL HUNT, RN, EdD

PRESIDENT

AS, Pacific Union College
BS, Southern Adventist University
MEd, Teachers College, Columbia University
EdD, Andrews University

Licensed Registered Nurse (Tennessee)

MARY ELIZABETH DEVASHER, CRNA, MEd, MS, APN VICE-PRESIDENT/DEAN

Diploma, Nursing, Mountain Sanitarium and Hospital School of Nursing
Certificate, Madison Hospital School of Anesthesia
BA, Ottawa University
MEd, Tennessee State University
MS, Middle Tennessee School of Anesthesia

Additional Study:
Andrews University
Tennessee State University
Capella University

Licensed Registered Nurse (Tennessee)
Certified Registered Nurse Anesthetist
Licensed Advanced Practice Nurse (Tennessee)

ALESCIA L. DEVASHER, MS, CRNA, APN

ASSOCIATE VICE-

PRESIDENT FOR INSTITUTIONAL EFFECTIVENESS

BSN, Southern Adventist University
MS, Middle Tennessee School of Anesthesia

Additional Study:
Capella University

Licensed Registered Nurse (Tennessee)
Certified Registered Nurse Anesthetist
Licensed Advanced Practice Nurse (Tennessee)

ROBIN R. TAYLOR, BS, MD

MEDICAL CONSULTANT/INSTRUCTOR

BS, Southern Adventist University
MD, Loma Linda University

Board Certified Anesthesiologist

AMY C. GIDEON, MS, RHIA

***LEARNING RESOURCE CENTER &
INFORMATION SYSTEMS SUPPORT DIRECTOR***

AS, Jackson State Community College
BS, University of Tennessee - Memphis
MS, University of Tennessee - Knoxville

Registered Health Information Administrator

PART-TIME ACADEMIC FACULTY

GILBERTO CARRERO, M.D.

INSTRUCTOR

BS, University of Puerto Rico
MD, University of Puerto Rico Medical School

Board Certified Anesthesiologist

BERNARD D. DEVASHER, MS, CRNA, MS, APN

INSTRUCTOR

BS, Southern Adventist University
MS, College of William and Mary
ADN, University of Tennessee
Certificate, Madison Hospital School of Anesthesia
MS, Middle Tennessee School of Anesthesia

Additional Study:

East Tennessee State University
Western Carolina University

Licensed Registered Nurse (Tennessee)
Certified Registered Nurse Anesthetist

Licensed Advanced Practice Nurse (Tennessee)

LARRY E. LANCASTER, RN, MSN, EdD

INSTRUCTOR

AS, University of Kentucky Henderson Community College
BS, University of Evansville
MSN, Vanderbilt University
EdD, George Peabody College for Teachers of Vanderbilt University

Licensed Registered Nurse (Tennessee)

LEWIS McCARVER, BSN, CRNA, APN

INSTRUCTOR

AD, University of Tennessee
BSN, Vanderbilt University
Certificate, Middle Tennessee School of Anesthesia

Licensed Registered Nurse (Tennessee)
Certified Registered Nurse Anesthetist
Licensed Advanced Practice Nurse (Tennessee)

DAVID MURPHY, MS, CRNA, APN

INSTRUCTOR

AA, Itawamba Community College
BSN, University of North Alabama
MS, Middle Tennessee School of Anesthesia

Licensed Registered Nurse (Tennessee)
Certified Registered Nurse Anesthetist
Licensed Advanced Practice Nurse (Tennessee)

DAVID NETTERVILLE, BS, MD

INSTRUCTOR

BS, David Lipscomb College

MD, University of Tennessee

Board Certified Anesthesiologist

MICHAEL PILLA, BS, BA, MD

INSTRUCTOR

BS, Widener University

BA, Widener University

MD, University of Pennsylvania

Board Certified Anesthesiologist

LYNN SCHLISNER, MDiv

INSTRUCTOR

BA, Union College

MDiv, Andrews University

JOHN A. SHIELDS, CRNA, APN, MS

INSTRUCTOR

BS, University of Tennessee

BSN, Austin Peay State University

Certificate, Middle Tennessee School of Anesthesia

MS, Middle Tennessee School of Anesthesia

Licensed Registered Nurse (Tennessee)

Certified Registered Nurse Anesthetist

Licensed Advanced Practice Nurse (Tennessee)

LIN SHERRILL, MS, CRNA, APN

INSTRUCTOR

BSN, Belmont University

MS, Middle Tennessee School of Anesthesia

Licensed Registered Nurse (Tennessee)

Certified Registered Nurse Anesthetist

Licensed Advanced Practice Nurse (Tennessee)

WILLIAM O.T. SMITH, BA, MD

INSTRUCTOR

BA, LaSierra College

MD, Loma Linda University

Board Certified Anesthesiologist

MARK SPENCER, AD, CRNA

LECTURER

AD, Ashland Community College

Certificate, Charleston Area Medical Center

Licensed Registered Nurse (Tennessee)

Certified Registered Nurse Anesthetist

KARLA UNDERWOOD, MS, CRNA, APN

INSTRUCTOR

BSN, Tennessee Technological University

MS, Middle Tennessee School of Anesthesia

Licensed Registered Nurse (Tennessee)
Certified Registered Nurse Anesthetist
Licensed Advanced Practice Nurse (Tennessee)

DINA VELOCCI-POSEY, MS, CRNA, APN

INSTRUCTOR

*AA, University of South Florida
BA, University of Central Florida
BSN, Austin Peay State University
MS, Middle Tennessee School of Anesthesia*

Licensed Registered Nurse (Tennessee)
Certified Registered Nurse Anesthetist
Licensed Advanced Practice Nurse (Tennessee)

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INSTRUCTOR

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PhD, Vanderbilt University*

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LTC Gertonson, CRNA
Angel Mangum, MS, CRNA, APN
Brad Richardson, CPT/CRNA

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Vicki Coates, CRNA
Jason Crafton, MS, CRNA, APN
Brian Curtis, CRNA
Amy Dickinson, CRNA
Jon Dickinson, CRNA
Trey Early, CRNA
Sherri Herman, CRNA
Brad Humm, MS, CRNA, APN
Ernest King, CRNA
Matthew Korgan, MS, CRNA, APN
Jared Miller, CRNA
Barry Monroe, CRNA
Keith Norman, CRNA
Todd Oller, CRNA
Mark Ritter, CRNA
Wesley Sturgill, CRNA
Scott Weickel, MS, CRNA, APN

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Lisa Averett, CRNA
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Heather Goodwin, MS, CRNA, APN

Brad Irby, MS, CRNA, APN
Donna Keeney, MS, CRNA, APN
Adrienne Kelley, MS, CRNA, APN
Chris Lovelace, MS, CRNA, APN
Mike Marlow, CRNA
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Jill Meckes, MS, CRNA, APN
Jason Moran, MS, CRNA, APN
Linda Reynolds, CRNA
Mark Spencer, CRNA
Susan St.Romain, CRNA
Roland Zimmerman, CRNA

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COLUMBUS, OH

Dawn Allwein, CRNA (3/1/06)
Karl Amstutz, CRNA
Kari Heinrich, CRNA
Jozefa Herson, CRNA
Janet Isaacs, CRNA
Mary Ann Kane, CRNA
Jennifer Kosnik, CRNA
Mary Magill, CRNA
Paul Sohner, CRNA (3/1/06)
Aimee Wilber, CRNA

CENTENNIAL MEDICAL CENTER

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Kentry Adams, MS, CRNA, APN
Melanie Baker, CRNA
David Beasley, CRNA
Steve Beaty, CRNA
Michael Born, CRNA
Barry Boston, MS, CRNA, APN
Jim Brown, CRNA
Dede Byrd, CRNA
Tamara Cameron, MS, CRNA, APN
Shawn Collins, MS, CRNA, APN
Mary Constantin, CRNA
Carolyn Dijt, CRNA
Tonya Donnell, MS, CRNA, APN
Trevor Eldred, MS, CRNA, APN
Wayne Flatt, MS, CRNA, APN
Angela Forrester, CRNA
Kendel Hanvy, CRNA
Lori Horner, CRNA
Iris Horton, MS, CRNA, APN
Matthew Johnson, MS, CRNA, APN
Brandy Kirk, CRNA
Charles Knapper, CRNA
Chongsuk Marck, CRNA
Jennifer Meadows, MS, CRNA, APN
Amanda Orrand, MS, CRNA, APN
Nancy Palmore, MS, CRNA, APN
Jamie Papesca, CRNA

Randa Pesz, CRNA
Wade Rippy, MS, CRNA, APN
Ella Robinette, CRNA
Susan Schroeder, CRNA
Rod Schwindt, MS, CRNA, APN
Edward Silva, MS, CRNA, APN
Kristy Smith, MS, CRNA, APN
Kale Streetman, MS, CRNA, APN
Brenda Swindle, CRNA
Lori Whitaker, MS, CRNA, APN

CROCKETT HOSPITAL

LAWRENCEBURG, TN

Susan Methvin, CRNA
Eric Molina, MS, CRNA, APN
Mark Pepper, CRNA
Ken Will, MS, CRNA, APN

GATEWAY MEDICAL CENTER

CLARKSVILLE, TN

Judy Daggett, CRNA
James Foust, CRNA
Tammy Hall, CRNA
Mike Jacob, MS, CRNA, APN
Ed Laneville, CRNA
George May, MS, CRNA, APN
Jenny Shockley, CRNA
Karla Underwood, MS, CRNA, APN
Melanie Wenzel, MS, CRNA, APN

HENDERSONVILLE MEDICAL CENTER

HENDERSONVILLE, TN

Rachel Brown, MS, CRNA, APN
Danny Denning, CRNA
Josh LeMay, MS, CRNA, APN
Julie Murphy, MS, CRNA, APN
Budonna Swafford, MS, CRNA, APN
Rick White, MS, CRNA, APN

HORIZON MEDICAL CENTER

DICKSON, TN

Jason Crafton, MS, CRNA, APN
David Coston, CRNA
Suzanna Greenwell, MS, CRNA, APN
James Steason, MS, CRNA, APN
Charlie Tummins, CRNA

MAURY REGIONAL HOSPITAL

COLUMBIA, TN

Mike Argo, CRNA
Brent Baker, MS, CRNA, APN
Vicky Bates, CRNA
Scott Brenner, MS, CRNA, APN
Cynthia Collie, CRNA

Melissa Davis, CRNA
Clint Fletcher, MS, CRNA, APN
Elizabeth Foster, CRNA
Lisa Hargrove, MS, CRNA, APN
David Heffington, CRNA
Todd Holt, MS, CRNA, APN
Barbara Jackson, CRNA
Daniel Klapperich, CRNA
Cathy Ledford, CRNA
Stephanie Lewie, CRNA
Jennifer Loveless, MS, CRNA, APN
Buddy Malone, CRNA
Kip Neuhoff, MS, CRNA, APN
Darlene Pruitt, CRNA
Kendra Rennell, MS, CRNA, APN
Williard "Sonny" Roberson, CRNA
Jenny Southerland, CRNA
Bob Stewart, CRNA
Jennifer Vest, MS, CRNA, APN
Lynette Walls (Officer), MS, CRNA, APN
Dale Willenberg, CRNA

METROPOLITAN NASHVILLE GENERAL HOSPITAL

NASHVILLE, TN

Clayton Bachmann, CRNA
Karen Bagwell, CRNA
Jon Burks, MS, CRNA, APN
Alan Davenport, MS, CRNA, APN
Patrick Moss, MS, CRNA, APN
Karen Parrick, MS, CRNA, APN
Ken Ramsey, CRNA
Yvette Riker, MS, CRNA, APN

SKYLINE MEDICAL CENTER

NASHVILLE, TN

Amy Adams, MS, CRNA, APN
Les Andrus, MS, CRNA, APN
John Bratcher, CRNA
Nancy Browning, CRNA
Abigail Butorac, MS, CRNA, APN
Amy Howden, MS, CRNA, APN
Laura Hughes, CRNA
Cara Litchfield, MS, CRNA, APN
Chadd Moore, CRNA
David Murphy, MS, CRNA, APN
Julie Murphy, MS, CRNA, APN
Gary Sadler, CRNA
Greg Sims, MS, CRNA, APN
Budonna Swafford, MS, CRNA, APN
Lori Taylor, MS, CRNA, APN

SOUTHERN TENNESSEE MEDICAL CENTER

WINCHESTER, TN

Linda Clemens, CRNA

Penny Green, MS, CRNA, APN
Greg Motley, CRNA
Faith Nance, MS, CRNA, APN
Linda Passini, MS, CRNA, APN
Chris Will, MS, CRNA, APN

ST. THOMAS HOSPITAL

NASHVILLE, TN

Jyl Baskin, CRNA
Sue Berkeley, CRNA
Joan Brown, CRNA
Lisa Copeland, CRNA
Amy Costley, MS, CRNA, APN
Duncan Davis, CRNA
Debra Dement, CRNA
Roxanne Eddie, CRNA
Janice Evers, CRNA
Shannon Hall, MS, CRNA, APN
Laura Harper, CRNA
Tammy Holt, CRNA
Laura Johnson, CRNA
Stephanie Konrad, CRNA
Kelly Lomax, MS, CRNA, APN
Philip Mago, CRNA
Sue McSwiney, CRNA
Scott Meadows, MS, CRNA, APN
Derek Price, MS, CRNA, APN
Jim Ray, CRNA
Lena Roach, CRNA
Brenda Ross, CRNA
Vipin Sachan, CRNA
Patrice Tracey, CRNA

SUMMIT MEDICAL CENTER

HERMITAGE, TN

Sean Burch, MS, CRNA, APN
Marsha Chiles, CRNA
Jim Cook, MS, CRNA, APN
Arlene Cooper, CRNA
Patty Cornwell, CRNA
Leanne Fergusson, MS, CRNA, APN
Max Harper, CRNA
Steve Hawks, CRNA
Rachel Hester, MS, CRNA, APN
Susan Loudon, CRNA
Rose Mays, CRNA
Michael McGinley, MS, CRNA, APN
Joel Meredith, MS, CRNA, APN
Tom Neumaier, MS, CRNA, APN
Sarah Palazola, MS, CRNA, APN
Steve Plaxco, CRNA
Nina Porter, MS, CRNA, APN
Kent Price, CRNA
Jenny Reiber, MS, CRNA, APN
Lee Simmons, CRNA

TENNESSEE CHRISTIAN MEDICAL CENTER

MADISON, TN

Mary E. DeVasher, CRNA, MEd, MS, APN
Jeff Pope, CRNA, MS, APN
Tommy Tucker, CRNA
Richard Young, CRNA, MS, APN

TENNESSEE CHRISTIAN MEDICAL CENTER - PORTLAND

PORTLAND, TN

Jeff Pope, CRNA, MS, APN
Tommy Tucker, CRNA
Richard Young, CRNA, MS, APN

VANDERBILT UNIVERSITY MEDICAL CENTER

NASHVILLE, TN

Warren Amyx, MS, CRNA, APN
Charlotte Anderson, MS, CRNA, APN
Robert Atwood, CRNA
B.J. Barker, CRNA
Vicky Bates, CRNA
Ron Bell, MS, CRNA, APN
Steve Blanks, CRNA
Paul Bonner, MS, CRNA, APN
Kevin Burns, MS, CRNA, APN
John Butorac, MS, CRNA, APN
Stella Dellavedova, CRNA
Susan Dixner, CRNA
Ken Donnell, MS, CRNA, APN
Barbara Doring, CRNA
Patty Durchsprung, CRNA
Jeff Ford, MS, CRNA, APN
Melanie Francis, MS, CRNA, APN
Tammy Freehling, CRNA
Lisa Glassford, MS, CRNA, APN
Lisa Gonzales, CRNA
Lenee Greer, MS, CRNA, APN
Eileen Griffin, CRNA
Mark Haffey, CRNA
Jan Hardison, MS, CRNA, APN
Sherry Harmon, MS, CRNA, APN
Richard Mark Hester, MS, CRNA, APN
Sally Holzapfel, CRNA
Jerry Ishee, CRNA
Patricia Juozza-Clark, CRNA
Susan (Buffy) Krauser, MS, CRNA, APN
Melanie Lawless, MS, CRNA, APN
Rick Lyle, MS, CRNA, APN
Alison Martin, CRNA
Lewis N. McCarver, BS, CRNA, APN
Judy McKelvey, MS, CRNA, APN
Brian McKelvy, MS, CRNA, APN
David Moriarty, MS, CRNA, APN
Edith Newberry, CRNA
Veronica Nylander, MS, CRNA, APN
Shuhanna O'Bryan, MS, CRNA, APN

Brian Reid, CRNA
Carolyn Richmond, CRNA
Todd Rushing, MS, CRNA, APN
Lee Rutledge, MS, CRNA, APN
Charles Sharbel, CRNA
Bridget Sharp, CRNA
John Shields, CRNA, APN, MS
Sheila Sitarich, CRNA
Amy Smith, CRNA
Ki Szmyd-Hogan, CRNA
Debbie Temple, MS, CRNA, APN
Rhonda Tucker, MS, CRNA, APN
Jim Vandergrift, MS, CRNA, APN
Dina Velocci-Posey, MS, CRNA, APN
Dana Willis, MS, CRNA, APN
Paul Wilson, MS, CRNA, APN

ACADEMIC AND ADMINISTRATIVE SUPPORT STAFF

| | |
|---------------------|--|
| Mitzi Birdwell | Clinical Schedule and Contract Coordinator |
| Jim Closser, BA | Advancement Consultant |
| Pam Gann | Admissions Coordinator |
| Joanna Hayes | Advancement/Student Finance Assistant |
| Krista Herrod | Clinical Schedule & LRC Assistant |
| Rita McGuffey | Alumni Assistant |
| Jane Pennington, MA | Associate Vice President for Student Finance |
| Carol H. Stinson | Academic Coordinator |
| Dolores Underhill | Receptionist/Clinical Evaluation Coordinator |
| Karin Vilanova | Academic Assistant |

Institutional Calendar 2006-2008

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|-------------------------|---|
| July 24, 2006 | Enrollment Class of 2008 |
| July 24 – Aug. 25, 2006 | Broadfields Orientation Class of 2008 |
| Aug. 5 – 9, 2006 | AANA Annual Meeting |
| July 25 - Aug. 4, 2006 | BLS/ACLS/EKG/PALS Class of 2008 |
| Aug. 4, 2006 | Fourth Quarter ends Class of 2007 |
| Aug. 14 – 20, 2006 | Vacation, 1 st Group, Class of 2007 |
| Aug. 21 - Aug. 27, 2006 | Vacation, 2 nd Group, Class of 2007 |
| Sept. 4, 2006 | Labor Day – NO CLASS |
| Aug. 28 – Nov. 10, 2006 | First Quarter Class of 2008 |
| Dec. 2, 2006 | Graduation Class of 2006 A.M. Consecration P.M. Commencement |
| Nov. 13 – Dec. 15, 2006 | First part of Second Quarter Class of 2008 |
| Nov. 23, 2006 | Thanksgiving – NO CLASS |
| Dec. 18 – 24, 2006 | Vacation, 1 st Group, Class of 2008 |
| Dec. 25, 2006 | Christmas – NO CLASS |
| Dec. 26 – 31, 2007 | Vacation, 2 nd Group Class of 2008 |
| Jan. 1, 2007 | New Year's Day – NO CLASS |
| Jan. 1 – Feb. 9, 2007 | Second quarter, Class of 2008 |
| Feb. 12 – 18, 2007 | Vacation, 1 st Group, Class of 2008 |
| Feb. 19 – 25, 2007 | Vacation, 2 nd Group, Class of 2008 |
| Feb. 26 - May 11, 2007 | Third quarter, Class of 2008 |
| April TBA | Valley Review – Mandatory attendance for all in-town Juniors and Seniors. |
| May 14 – 20, 2007 | Vacation, 1 st Group, Class of 2008 |
| May 21 – May 27, 2007 | Vacation, 2 nd Group, Class of 2008 |

Institutional Calendar 2006-2008 (continued)

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|-------------------------|--|
| May 28, 2007 | Memorial Day – NO CLASS |
| May 28 – Aug. 3, 2007 | Fourth Quarter – Class of 2007 |
| July 4, 2007 | Independence Day – NO CLASS |
| July 30, 2007 | Enrollment – Class of 2009 |
| July 30 – Aug. 31, 2007 | Broadfields Orientation – Class of 2009 |
| August 6-10, 2007 | Clinical & Comprehensive study – Class of 2008 |
| August 12, 2007 | Comprehensive Exam (Classes of 2007 & 2008) |
| Aug. 13 – 19, 2007 | Vacation, 1 st Group, Class of 2008 |
| Aug. 20 – 26, 2007 | Vacation, 2 nd Group, Class of 2008 |
| Dec. 1, 2007 | Graduation Class of 2007 - A.M. Consecration P.M. Commencement |
| August 17, 2008 | Comprehensive Exam (Classes of 2008 & 2009) |
| Sept. 1 – 7, 2008 | Vacation (Class of 2008) |
| September 8, 2008 | Senior Electives Start (Class of 2008) |
| December 6, 2008 | Projected Graduation - Class of 2008 A.M. Consecration; P.M. Commencement |

The above dates are projected dates, and selected ones may change.