Clinical experiences are vital to all types of healthcare educational programs. Supervised clinical experiences provide the opportunity for the learner to apply didactic knowledge and theory to real world situations and hone skills necessary for entry into practice. Nurse anesthesia programs utilize a wide variety of clinical sites to expose student registered nurse anesthetists to experiences that will prepare them clinically, academically and professionally to enter practice as a Certified Registered Nurse Anesthetist. This article describes the process of developing a clinical site. A thorough evaluation will determine the types of experiences meant to be offered at the site, the resources available to house and educate the students, and how to evaluate the effectiveness of the clinical site. Open communication between the clinical coordinator and the program director or designee is essential to ensure success of the clinical site. The Council on Accreditation of Nurse Anesthesia Educational Programs has resources available to guide those interested in becoming a clinical site, as well as for program administrators who seek to add new experiences to their programs.

Keywords: Clinical experiences, clinical site, nurse anesthesia programs.

Clinical experiences are vital to all types of healthcare educational programs. Supervised clinical experiences provide the opportunity for the learner to apply didactic knowledge and theory to real world situations and hone skills necessary for entry into practice. Experiential learning has been validated in the literature as a vital component to student growth and learning.1,2 Nurse anesthesia programs (NAPs) have long used clinical education experiences to develop skill competency in student registered nurse anesthetists (SRNAs). However, the types and numbers of clinical sites used by individual programs vary widely. In the past, it was not uncommon for a program to be “self-contained,” with all clinical experiences obtained within the host facility. This was especially true of hospital-based NAPs. Military programs and those based in large university-based academic settings were noted to have the most clinical sites outside of the primary academic home.3 According to the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), the 113 currently accredited NAPs report 1,922 active clinical sites. The COA has reviewed and approved over 2,400 clinical sites.4 These clinical sites may be defined as required sites and enrichment sites. A required site may be defined as a site where students receive 50 percent or more of their total clinical experience, and/or a site where students obtain experiences necessary to meet the Council’s standards. An enrichment site is defined as meeting one or more of the following criteria: an institution (1) where students receive less than 50 percent of their total clinical experience; (2) that is not necessary to enable the program to meet the Council’s standards; (3) that is unlikely to have a significant impact on the program’s ability to continue complying with accreditation standards and policy/procedural requirements; (4) used solely as an enriching experience.5

Certified Registered Nurse Anesthetists (CRNAs) practice in every environment where anesthesia is delivered; from large academic centers and Anesthesia Care Team (ACT) environments, to small, critical access hospitals or even office-based practices. CRNAs may be employed by a variety of entities: a university or hospital; a physician group or CRNA only group; an agency; or even be a self-employed independent contractor. All of these practice and employment models have distinct influences on the way CRNAs provide anesthesia care. The nurse anesthesia professional community has identified a need to provide these “enrichment” experiences to SRNAs to better prepare them for practice after graduation.
Exposure to these environments as clinical sites during their education enables the newly graduated nurse anesthetist to be better prepared to function in these various environments, or to realize what skills they may still need to develop to transition from student to independent practitioner.

Utilization of clinical sites by NAPs is as wide and varied as the practice environments of nurse anesthetists. While some programs maintain all clinical experiences within close proximity to their main academic campus, some programs have clinical sites hundreds of miles away, and even in other states. The number of clinical sites per program also varies widely, from 1 to over 60. Time spent at individual clinical sites also varies by program. The COA defines what clinical experiences are required for program completion, but allows the individual programs great latitude in how they fulfill those requirements. If a clinical site is able to offer all the required case exposures, then a student could complete his or her clinical experiences in that single site. It is common for students to rotate through multiple sites to obtain all their required clinical experiences. Indeed many clinical sites are enrichment sites, offering additional experiences that are not required, but are valuable for other reasons. Some clinical sites focus on pain management, an increasingly important and controversial component of CRNA practice. Other sites focus on business aspects of the profession, such as billing and management of an anesthesia practice. Still other sites expose SRNAs to rural anesthesia practices. Actual case numbers obtained at these clinical rotations may be smaller in terms of actual anesthetics delivered, but the experiences gained by working with CRNAs in these practice environments is also a valuable part of their education and assimilation into the professional role of the CRNA.

There are many considerations that a nurse anesthesia program must consider when developing a clinical site. Is the site a required site or an enrichment site? Over time, has a clinical site changed from a required site to an enrichment site, or vice versa? While having enrichment sites enhances the depth and breadth of the overall clinical experience, that is of little value if the students cannot meet COA clinical case requirements. A program may have to forgo an enrichment site to ensure required clinical experiences are met as facilities and their offered services change with the changing healthcare environment.

The COA requires that each clinical site be visited by program personnel on-site at least once per year. This can become a hardship if there are many clinical sites or they are some distance away. However, the site visit is crucial to maintaining a quality learning environment for the SRNA. Open, two-way communication between program administrators and clinical sites is essential to establish goals for the site, evaluation procedures for the site, instructor and SRNA performance, and especially to establish procedures in the event disciplinary actions are required related to SRNA performance.

Costs associated with clinical sites are also an issue to be considered. Some programs are able to provide financial support for clinical sites, while some clinical sites provide financial support to aid programs in offsetting some of the costs associated with students travelling to that clinical site. Some programs include additional fees in their tuition structure to be used for clinical site development. Some programs require students to fund their own housing and living expenses while away at clinical sites, while some programs provide housing or a stipend for expenses. The financial burden of the off-campus clinical site can be a significant stressor to the program, the site itself, and the student. Innovative arrangements that help the program, site, and student evolve from these issues. The one thing that is paramount is that all parties are clear that the SRNA is not a paid employee, nor are they “free” labor. These are students who pay a significant tuition for a graduate education, and this clinical experience is a crucial part of their education. Federal laws, state laws, graduate institutional policies, and COA policies are in place to ensure this arrangement maintains educational integrity.

The primary reason for the existence of any clinical site for a NAP is to obtain clinical experiences for the student. If a program is unable to obtain sufficient experiences for its students at the primary facility, other clinical sites are sought to fill the void in required case numbers. Examples are a cardiac, obstetric or pediatric rotation if those experiences cannot be found in sufficient numbers for all students to meet their case requirements at one facility. University programs that coexist with an anesthesiology medicine residency program often must seek experiences in other facilities due to the number of available cases, or due to internal institutional pressures. Competition between anesthesiology medical residents and SRNAs for specific case exposures may be a consideration affecting clinical site development.

Once clinical case numbers are assured, the NAP may seek out clinical experiences that add value to the education received at that institution. Rural anesthesia practices, office-based practices, regional anesthesia opportunities, pain management and business aspects of practice are some of the most widely recognized enrichment experiences. Some programs pride themselves on the enrichment experiences provided.

Programs may advertise the variety of clinical sites offered to
attract students to their program. Alternatively, programs may promote the value of having all clinical experiences within close proximity to their primary campus. This may limit the variety of enrichment experiences available, but has the potential to attract students who may not have the financial means to travel to outside clinical sites, or, for other reasons, do not wish to travel away from the main campus for any period of time.

Some nurse anesthesia programs have close ties with facilities that provide a large number of qualified applicants, or often hire a significant number of graduates from the program. This can make having that facility as a clinical site advantageous to both as the program has a consistent clinical site for many students, and the facility has a steady stream of potential employees that are already familiar with the facility. So long as the facility provides sufficient quality clinical experiences for the SRNAs, the program reaps great benefits from this arrangement.

Although many clinical sites hire graduates from NAPs on a regular basis, not all clinical sites are in such a position. Smaller clinical sites, especially highly specialized clinical sites, often provide clinical experiences for SRNAs but will not have positions available for graduates on a routine basis. Certainly the ability to “cherry pick” a new graduate when an opening is available is attractive to any clinical site, but these sites may have other reasons to provide clinical opportunities to SRNAs. Some clinical sites are offered because the practicing CRNA at the site was a graduate of the program and the CRNA or the facility wishes to affiliate with the institution. Some CRNAs see the value in offering to teach aspects of professional practice at their facility as a way to ensure the profession has future leaders who have had the opportunity to experience their unique aspects of the profession. Other CRNAs may see a void in the education at an institution and wish to fill this void with their expertise by making their facility available as a clinical site. This variety of clinical experiences allows the newly graduated CRNA to be more comfortable exploring new territory, and developing other skills in addition to technical skills that are equally important to the profession. While the COA has specific case requirements for technical skills, there is much more variability in how the professional aspects of the CRNA profession are taught and measured. As the profession moves to the doctoral level of entry into practice, there is a greater opportunity for these professional skills to be obtained in a variety of clinical experiences.

While there may be interest by a CRNA group or facility to become a clinical site for a nurse anesthesia program, there is much more to becoming a clinical site than simply the desire to educate SRNAs. The COA requires evidence of a well thought out evaluation of the potential of the proposed clinical site. This may include evaluation of the specific objectives of the proposed site, discussions with the department chair, clinical faculty and others that may have input into the clinical experiences provided to the SRNAs, and evaluation of institutional policies and procedures that may affect the SRNAs while at the clinical facility. It is vital that the facility healthcare providers and administration have “buy in” to the idea of having SRNAs at their facility, since the SRNA may be exposed to experiences outside the operating room venue, such as the emergency room or the obstetrical suites. It is important to educate surgeons on the role and qualifications of the SRNA and the importance of the experience to their education before SRNAs rotate to the site, so resistance to SRNA participation in clinical experiences is minimized. There must be open communication between the clinical site coordinator and NAP personnel so expectations from both sides are clear. Policies guiding SRNA participation at all clinical sites for the NAP should be consistent across sites utilized by that program if at all possible, lessening the risk of problems related to inconsistent expectations in performance.

Regulatory issues must also be considered. Clinical sites in states outside of the primary academic institution may require additional RN licensure or malpractice insurance requirements. It is important to understand state laws regarding students in clinical education experiences so policies will be consistent with those laws. Institutional policies may be more restrictive than state law, so it is important that these have been evaluated during the policy writing phase of site development and clearly discussed by clinical coordinators and NAP personnel.

Once the proposed clinical site has done a self-evaluation of its readiness to serve as a clinical site for SRNAs, the NAP representative, be it the program director or designee, should meet with the clinical site director and establish the written policies and obtain a written agreement outlining the goals and objectives of the experience, as well as pertinent details of the agreement between the site and the NAP. Once again, the COA allows great latitude in these agreements, so long as basic requirements outlined in the application are met. This written agreement should be reviewed annually, and a schedule of yearly site visits should be established. Once all of the evaluation and planning for the clinical site by the clinical coordinator and the NAP are completed, then the NAP must complete COA documentation for requesting a new clinical site, avail-
able from COA. Instructions for completion of this paperwork are available through the COA website. After receiving the necessary paperwork and application fee, the COA will review the materials for completeness. This process can take some time, so it is advisable that programs submit documentation at least 2-3 months in advance of SRNAs being placed at the site. Expedited review of a site is possible in certain circumstances, but the fee for a faster review is significant. If addition of the clinical site is deemed a major programmatic change, the COA may require additional supporting materials prior to approval. In some circumstances, the COA may require a site visit to ensure the availability of educational resources and adequacy of the site for the intended goals of the experience. It is the role of the COA to ensure educational standards for NAPs are met and all students have access to sufficient clinical experiences to provide the quality education the nurse anesthesia community and the public demand from our NAPs. As with all regulatory bodies, there are limited personnel to perform all the functions necessary for proper oversight, so it is easy for programs to become frustrated with the seemingly slow process of clinical site review. Careful documentation and precise following of directions when completing applications will decrease delays related to paperwork errors, and minimize frustration for all concerned. The ultimate goal of ensuring quality education for SRNAs should be kept in mind to keep delays in perspective and promote the cooperation necessary to get the work done in a timely fashion.

A successful clinical site will provide specific clinical experiences for SRNAs that are clearly outlined and understood by the clinical site, the NAP and the SRNA. Expectations for SRNA behavior will be clearly outlined, and an evaluation process will be in place for the clinical site itself, the students, the faculty and the NAP as a whole. Annual visits from NAP personnel to the clinical sites will ensure all parties are fulfilling their stated objectives, and will be crucial in developing an action plan to address any changes that need to be made to ensure a quality experience for the students. As the healthcare environment changes, so must the clinical experiences provided to students, so they will be ready to meet the future demands of anesthesia practice.

The clinical experiences included in nurse anesthesia education are crucial to the development of a competent provider. All clinical sites have the responsibility of providing quality experiences for SRNAs, and are heavily invested in educating future Certified Registered Nurse Anesthetists. The process for developing a clinical site requires planning and open communication, development of goals, objectives and written agreements between clinical sites and the programs they are affiliated with. The COA is responsible for evaluation and approval of NAPs and their clinical sites, based on the standards set forth by the COA, and a process is in place for this process. Those wishing to become clinical sites for NAPs should evaluate their facilities based on the standards available from the COA, and work closely with a nurse anesthesia program to create a successful learning environment for SRNAs.

REFERENCES

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ACKNOWLEDGMENTS
The author wishes to thank the members of the AANA Education Committee and Dr John Preston for their guidance and support.