What role should education standards play in the manpower shortage?

Key words: Accreditation, education, manpower, workforce.

At issue
The purposes of this column are: (1) to accurately portray the process that has taken place for a major revision of the Standards for Accreditation of Nurse Anesthesia Educational Programs, and (2) to answer questions about the Council on Accreditation of Nurse Anesthesia Educational Programs’ (COA’s) role in the supply of nurse anesthetists that were raised by Ouellette et al in a December 2002 “Guest Editorial” in the AANA Journal.

Before beginning this discussion, it must be emphasized that the mission of COA is 2-fold: (1) grant public recognition to nurse anesthesia programs and institutions that award post-master’s certificates, master’s, and doctoral degrees that meet nationally established standards of academic quality (quality assessment), and (2) assist programs and institutions in improving educational quality (quality enhancement). The focus of COA’s mission is on quality improvement.

Standards revision process
There is a detailed procedure that outlines COA’s responsibility to formulate, adopt, evaluate, and revise the Standards for Accreditation of Nurse Anesthesia Educational Programs. The COA embarked on a major revision of the standards more than 3 years ago as a deliberate process. The purpose of this revision process was to study the relevancy of the standards and make suggestions for improvement, specifically in the areas of quality assessment and enhancement. Prior to this time, the last major standards revision had been completed in the early 1990s followed by periodic minor revisions.

Building on past experiences, the current process of standards revision was an extensive one and included many opportunities for all members of the community of interest to comment. It must be noted that the community of interest for this revision included program directors and faculty, university and hospital administrators, Certified Registered Nurse Anesthetists (CRNAs), and the AANA Education Committee, as well as AANA leadership, employers, and students. Four focus groups were conducted around the country. Public presentations on the progress of the standards revisions were made throughout the process. Four public hearings were conducted at various AANA meetings. Multiple requests for comments were extended over a 2-year period. The draft standards were posted on the AANA Web site for all members to review. In addition, each state board of nursing and several federal governmental agencies received copies of the third draft with a request for comments.

Data driving standards revision
The suggested revisions to the standards were based on data from multiple sources that included COA Annual Report data (submitted annually by the program directors), Council on Certification of Nurse Anesthetists (CCNA) transcript database, 2003 Trial Standards for Accreditation of Nurse Anesthesia Educational Programs, COA Employer Survey, and student evaluations of programs submitted to COA at the time of self-study. Based on an exhaustive review of these data sources and in consultation with a respected statistician and higher education consultant, COA placed several issues on the table for discussion with the community of interest in the initial drafts of the new standards. Subsequent public hearings and comment periods yielded excellent comments from all constituency groups. Many changes were made in subsequent drafts of the standards based on those findings. Some of these changes were referred to in the “Guest Editorial” by Ouellette et al that described early versions of the draft standards from as long as 2 years ago rather than reflecting the current COA Trial Standards. The authors wrote “several respondents indicated that the length of programs should not be expanded nor should more stringent requirements for specialty procedures be instituted.”

This issue also generated many comments during public hearings. Although 80% of existing programs are greater than 24 months in length, COA, in agreement with the AANA Education Committee, adopted the continuation of the standards with a 24-month curriculum requirement based on comments received.

As for changes in case requirements, the overall number of cases was closely evaluated based on actual reported data on clinical experiences from CCNA transcripts of graduates. At one point, the AANA Education Committee advocated for considerably higher total case numbers. After a mutual discussion, the decision to support an
increase to 550 cases was agreed upon. Another area of concern was regional anesthesia. The COA maintained previously adopted requirements in this area after discussion with the community of interest.

It is important to note here that program faculty and practitioners have divergent opinions on what programs should require and that was taken into consideration at the time of standards revision. Consistently, practitioners and employers asked that practice requirements in all areas of clinical experiences be increased to assure graduates are prepared for a full scope of practice at the end of their programs.

Likewise, the availability of fiberoptic intubation and central line placement were fully evaluated. The COA determined that simulation experiences could be used to meet this requirement until 2008 at which time students would be required to have actual clinical experience.

Workforce issues
The editorial by Ouellette et al suggested that a connection be made between workforce issues and nurse anesthesia program accreditation. Efforts to link workforce issues, accreditation, and certification are misguided, as this could be construed as controlling the market as well as suggesting that program requirements should reflect the shortage in lieu of quality education.

While members of COA are cognizant of the current anesthesia manpower shortage, CRNA demand cannot be the driving force behind educational advancement. Garde wrote “The councils were established in the 1970s to ensure the public that certification, recertification, accreditation and public interest functions of the discipline of nurse anesthesia were separate from and not unduly influenced by the national professional association.” Determining accreditation standards based on workforce projections from the profession would be a violation of the way in which the council structure was developed. This separation is a requirement of the United States Department of Education (USDE) and other agencies that recognize the Councils.

Furthermore, workforce projections must account for predicted numbers of individuals leaving the profession. The actuarial studies done in recent years did not reflect the current state of the stock market and retirement funds. CRNAs, like the general population, will probably work longer than expected. This assumption remains to be validated. As workforce issues are studied, programs continue to build capacity and look for new opportunities for their students.

However, the authors of the “Guest Editorial” alleged that accreditation requirements are a barrier to producing more nurse anesthetists through program expansions. From their poll, they reported “Program directors were asked if any of the 37 potential barriers [identified by the authors] would place them in a position of decreasing current enrollment after January 1, 2001. Fifteen (29%) of the directors responded affirmatively to this question.” Further analysis of these data is needed to determine if particular types of programs reported these issues. Issues that need to be assessed are degree offered, length of program, and number of students. CCNA transcript data studied during the revision process by COA does not confirm that decreasing enrollments would be necessary. However, significant expansion in programs might require additional clinical sites.

Ouellette et al report: “…the poll asked program directors how the profession should address the current CRNA manpower shortage and asked for additional comments. Several program directors indicated that a combined effort between the American Association of Nurse Anesthetists (AANA) and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) should be implemented for aggressive recruitment and support of programs preparing CRNAs. Existing anesthesiology nursing programs should be expanded to meet workforce needs. Aligning with other major nursing organizations to lobby for better working conditions for nurses also was suggested as well as appealing to local hospitals for program support and clinical site expansion.

In reality, COA is very aware of workforce issues. So is AANA. The work of the profession in new program development and increasing student enrollment has been very well documented. Recent efforts include $20,000 annually in recruitment advertisements; workshops on opening new programs for university representatives; grants for new program consultants; and lobbying for education issues, which remains a top priority of the AANA.

Program achievements and challenges
Current data recently presented in the COA Annual Report cites many exciting achievements for our programs. Perhaps these data say it best: accredited programs have remained stable over the past ten years with 20 new programs opening. The number of clinical sites has quadrupled. Average program enrollments have risen from an average of 12 to 36 over that period of time. Most importantly, the number of graduates in 2002 is more than 1,300, an increase of 20% with an expected number of more than 1,500 graduates in 2003, a projected 30% increase (P. Markway, Council on Certification of Nurse Anesthetists, telephone conversation, February 2003). While program enrollments continue to grow, concern certainly remains as to how far this can possibly go. On another important front, there were more than 40 inquiries this past year from universities interested in establishing a nurse anesthesia program with
3 programs expected to submit to self-study in 2003; several more inquiries are expected in 2004. All of these accomplishments are consistent with the recommendations made by the National Commission on Nurse Anesthesia Education. Those recommendations included increasing program size and increasing use of new clinical sites.

To be clear about the entire picture, it is noted that several nurse anesthesia programs have reported concern about their fiscal stability, and this is being closely monitored. Programs that have closed have been studied, and the results indicate that there are many reasons for the closures, but accreditation has not been identified.\(^8\)\(^,\)\(^10\) In one study, 64 variables were identified that lead to program closure, none of which were accreditation. Another study noted “Of the 5 highest ranked risk factors in this study, all were related to financial constraints, healthcare reimbursement issues, and monetary issues presently faced by healthcare facilities.”\(^10\) Despite this, nurse anesthesia programs continue to expand and request approval for additional primary clinical sites.\(^6\)

**Dangerous suggestions**

A suggestion made by Ouellette et al that the profession should “Place a moratorium on any accreditation revision that would lead to program closures or reduced enrollment unless clearly required by the US Office of Education” is interesting.\(^2\) The USDE expects COA to make changes that reflect current practice and educational needs. The USDE also expects COA to meet its defined mission. If COA did not continuously review all data sources and make necessary changes under the auspices of quality assessment and quality enhancement, COA would be out of compliance with USDE. Having said this, it is important to recognize that COA does not wish to put programs in jeopardy. However, 1 example of moving nurse anesthesia programs forward is evidenced by concerns in the 1980s with regard to moving to the graduate level. One might pose the question “Where would this specialty be if this advancement had not been made?” Further, the administration of regional anesthesia has required programs to be proactive and identify mechanisms to meet this requirement. The COA acknowledges the hard work that program faculty have taken to achieve this goal. It can be argued that all students are better prepared today for a full scope of practice than before they had regional administration experience. The need for this experience has been long supported by employers.

**Summary**

Any assertions that COA did not respond to concerns raised is not an accurate portrayal of the process and does not acknowledge the significant work the COA and the AANA Education Committee did to write standards that are relevant for nurse anesthesia education today. The COA asserts that information taken from the final draft of the standards presented in 2000 based on “a nonscientific online poll”\(^2\) does more to damage the credibility of COA, AANA, and the profession than it does to establish constructive dialogue. Reporting only a portion of the process used to revise the standards is inaccurate at best. This lack of scientific rigor, as appropriately acknowledged in the “Guest Editorial,” offers many problems in subsequent assertions made by the authors.

The COA will proceed with the established process for a major revision of the educational standards as last published. The evaluation period for COA Trial Standards continues through November 15, 2003, and COA looks forward to continued, constructive dialogue with the community of interest.

**REFERENCES**


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