The implications of the report of the study of credentialing in nursing to nurse anesthesia

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The author, a member of the ANA-appointed Committee for the Study of Credentialing in Nursing, provides her perspective of the recently completed Study Committee Report.

The recently completed Study of Credentialing in Nursing was a response by the American Nurses Association (ANA) to a resolution passed by the ANA House of Delegates in 1974 which mandated that organization to implement an accreditation program for continuing education in nursing and "to examine the feasibility of accreditation of basic and graduate (nursing) education." The passage of such a resolution was bound to create reverberations in the nursing profession since the National League for Nursing (NLN) is and has been the responsible accrediting agency for both basic and graduate nursing education since shortly after its formation in the early 1950's. This resolution, while only mandating a feasibility study with regards to ANA's involvement in accreditation of basic and graduate education was received by loyal NLN supporters with consternation, and in some instances hostility, since it was perceived as threatening to traditional NLN prerogatives. It was perceived by various observers as evidence of (1) dissatisfaction with NLN or its accreditation programs or (2) an attempt by ANA to recapture the traditional prerogatives of professional societies, that is, placing accreditation within its sphere.

Recognizing the sensitive situation that the passage of this resolution had created, the ANA, through its Commission on Nursing Education, invited the NLN and the American Association of Colleges of Nursing (AACN) to plan two invitational conferences for purposes of discussing how best this resolution could be implemented. Attendees at these invitational conferences included representatives of the ANA, NLN, AACN, selected nursing specialty organizations (including the American Association of Nurse Anesthetists), the National Student Nurses Association, the National Association for Practical Nurses Education and Services, some non-nurse professional organizations, and the US Office of Education.

While the resolution spoke only to accreditation, it became rapidly apparent during these conferences that educational program accreditation is intricately interrelated to other credentialing mechanisms such as licensure, certification, etc. Since all such credentialing mechanisms share the aim of assuring quality care to people, the conference recommended to the ANA Commission on Nursing Education that the scope of the proposed feasibility be enlarged to include an assessment of credentialing mechanisms for organized nursing services and individuals as well as accreditation of basic and graduate education.
They felt such a comprehensive study, with proposals for future actions, was essential to the profession's discharge of its social responsibility for assuring the competence of its members and the quality of care they provide. The conferees further recommended that the NLN be invited to join ANA in co-sponsorship of the study.

Study proposal developed

At the second invitational conference, a draft of a study proposal was developed with the following preamble: "Developments within society at large (for example, pending enactment of national health insurance legislation), within health care delivery systems, and within the nursing profession mandate that there be taken with all deliberate speed the reassessment of existing philosophies and processes in nursing credentialing as well as exploration and development of new approaches to credentialing, recognizing the necessity for increased public accountability."

The ANA, receptive to the recommendation coming from these invitational conferences, contracted with the Center for Health Research, College of Nursing, Wayne State University, Detroit, to complete the proposal for presentation to the ANA Commission of Nursing Education in November, 1975 and subsequently to the participants of the previous two invitational conferences.*

The study proposal approved by the ANA Commission on Nursing Education had as its purposes: (1) "To critically examine, compare, and evaluate current credentialing in nursing in relation to purposes, assumptions, processes, activities, interrelations, limitations, areas of duplication, gaps, and other credentialing impinging on nursing; (2) To develop alternative models for a credentialing system for both individuals and programs (education and service) within nursing and evaluate such models against a list of specific criteria deemed essential for such a system such as, comprehensive but not duplicative, realistic and operationally feasible, representative of broad public interest, coordinated, dynamic, etc.; (3) To recommend a credentialing system

*Ruth P. Satterfield, CRNA, senior educational consultant, AANA participated in the first invitational conference. Ira P. Gunn, CRNA, educational consultant, AANA participated in subsequent invitational conferences and as a member of the proposal committee to work with Wayne State University, Center for Health Research in finalizing the study proposal.
for nursing and plan for a systematic implementation of the system proposed; and (4) To make other recommendations for future directions as deemed appropriate.

A plan for conduct of the study was included in the study proposal, and this plan was carried out with some modification as became necessary because of certain events. The proposal called for both the ANA and NLN to co-sponsor the study and to provide opportunity for other organizations involved in or interested in nursing credentialing to provide input into the study as cooperating groups. As co-sponsors, both the ANA and NLN would be responsible for securing funding for such a study, naming the Study Committee, which was proposed to be composed of ten nurses and five non-nurses, and contracting with a research facility, preferably a university, to carry out the study as specified in the study proposal. When NLN declined to co-sponsor the study, but agreed to participate in it as a cooperating group, it became necessary for ANA to become sole sponsor. As a result, ANA named the Study Committee, financed it, and contracted with the University of Wisconsin-Milwaukee, College of Nursing to conduct the study following the selection of this site by the Study Committee as the appropriate research center. The study was to be performed on a 24-month contract, with a report of the study to be made available January 15, 1978.

As an additional condition of the study made within the study proposal, the sponsoring agency, in this instance, the ANA, would have no additional prerogatives with relation to the study than the cooperating groups, that is, their role would become similar to that of cooperating groups once the study was launched except for periodic progress reports and fiscal accounting. Findings and recommendations were to be released simultaneously to the sponsor and the cooperating groups.

**Study staff**

The Study staff which served throughout the project at the University of Wisconsin consisted of Inez G. Hinswark, Ed.D., FAAN, professor, School of Nursing, who served as project director; Antonio Passarelli, PhD, a political scientist who served as a research associate and later as assistant project director, and Marilyn MacArthur, MS, who served as a research associate. Multiple individuals were contracted by the study staff to serve as administrative assistants, project assistants, consultants, contributing consultants and editor as became necessary.

The approach to this study had to be as broad and as open-ended as the subject itself. It began with an exhaustive literature search. "In addition, governors of all states, state boards of nursing, state nurses associations and all other identified nursing organizations and credentialing agencies were invited to share plans, positions, papers, testimony, laws, documents, bulletins, newsletters, and other relevant materials."15

The role of the cooperating groups was to assist the study committee and staff in identifying issues, locating information, obtaining documents describing the current system, and reacting to materials as well as making suggestions for change. Approximately 72 organizations, including the AANA Councils on Accreditation, Certification and Practice, participated in the Study. (Appendix 1.) Also included were nursing and non-nursing organizations, governmental and non-governmental agencies. Their participation in this endeavor in no way committed them or the sponsoring organization, the ANA, to an endorsement of the Study recommendations. During the study, the Study Committee met 11 times and the Cooperating Groups met with the Study Committee at three crucial points in the study. Draft copies of the background papers developed as a part of the study were shared with the Cooperating Groups to provide them an...
opportunity to assess the information that was being collected. The Cooperating Groups assumed fiscal responsibility for the expenses associated with the attendance of their representatives at these meetings.

The time constraints for the study, as well as the constantly changing nature of credentialing were factors instrumental in determining the methodologies utilized within the study and the sequence of activities undertaken. Three concurrent activities of the study which ideally might have been planned in sequence, were: (1) The construction of a model from which a comprehensive series of studies covering the role of credentialing in the broad scope of activities within the occupation of nursing evolved; (2) The development of a basic premise and set of principles appropriate to guide all credentialing endeavors; and (3) The identification of current issues within nursing, the formulation of positions relative to those issues, and consideration of the barriers anticipated to implementation of planned change.

Model utilized

The model utilized for the study as a basis for collecting primary and secondary data for Committee consideration was composed of three separate areas: governance, policy and control of credentialing within nursing; credentialing in the job market, and credentialing in nursing education. Each arena was studied separately as well as it related to others. The socio-political milieu within which credentialing in nursing takes place was a constant consideration in these studies. Factors related to the socio-political milieu considered were the concerns of consumers, state and federal governments and health care professionals and groups. Trends identified as having implication to the study recommendations were as follows:

1. Increased acceptance that credentialing basically exists to protect and benefit the public.
2. Increased awareness and insistence on public and community of interest involvement and representation in the process of credentialing.
3. Increased insistence upon accountability of credentialing personnel, institutions and/or programs, and of credentialing bodies in assuming their public responsibilities.
4. Increased emphasis on due process and appeal and grievance mechanisms as well as fair and ethical practice.
5. Reaffirmation of the triad principle that public and consumer protection is a shared responsibility of federal government, state government, and voluntary credentialing bodies.
6. Recognition that professional territoriality reflected and preserved by state practice acts inhibits innovation and experimentation in health care delivery.
7. Understanding that licensure is a complex credentialing mechanism which must be carefully studied for interrelationships within and among occupations and held in balance for the public good.”

Following study, deliberation and debate with study staff, consultants and cooperating groups, the Study Committee recommended the following:

1. The basic premise and principles of credentialing identified during the course of the study be applied to nursing credentialing. (Table 1.)
2. The positions taken by the Study Committee on crucial issues pertaining to credentialing be adopted as they relate to credentialing in nursing. (Table 2.)
3. The definitions of credentialing forms and their application in nursing as identified by the Committee be adopted as a basis for a comprehensive credentialing system. (Table 3.) (It should be noted that the definitions of the various credentialing forms and their application in nursing are not nec-
Table 1
Basic Premise and Principles of Credentialing

The following principles derive from the basic premise that credentialing exists primarily to benefit and protect the public.

1. In addition to benefiting and protecting the public, credentialing also benefits those who are credentialled.
2. The legitimate interests of the involved occupation or institution and of the general public should be reflected in each credentialing mechanism.
3. Accountability should be an essential component of any credentialing process.
4. A system of checks and balances within the credentialing system should assure equitable treatment for all parties involved.
5. Periodic assessments with the potential for sanction are essential components of an effective credentialing mechanism.
6. Objective standards and criteria and persons competent in their use, are essential to the credentialing process.
7. Representation in credentialing systems of the community of interests directly affected by credentialing mechanisms should assure consideration of the legitimate concerns of each group.
8. Professional identity and responsibility should evolve from the credentialing process.
9. An effective system of role delineation is fundamental to any credentialing mechanism for individuals.
10. An effective system of program identification is fundamental to any credentialing mechanism for institutions.
11. Coordination of credentialing mechanisms should lead to efficiency and cost effectiveness and avoid duplication.
12. Geographic, including interstate, mobility should be improved by the credentialing of the individual.
13. Widely accepted definitions and terminology are basic to an effective credentialing system.
14. Communication and understanding between health care providers and society should be facilitated through the credentialing process.

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Table 2
Positions on Credentialing Issues

Definitions of Nursing
1. Nursing practice should be defined by the professional society. (This is a generic term referring to what is currently the ANA.)
2. A consultative process from within and without the profession should be used in establishing such definitions.
3. These definitions should be used by credentialing agencies.

Entry into Practice
1. Education for entry into practice should be defined by the professional society.
2. Therefore, the positions taken by the ANA in 1965 and 1978 should be used as a guide for the definitions.
3. The professional society, with broad consultation, should periodically continue to assess society's needs for nursing to redefine practice and educational preparation accordingly.

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Educational Mobility
Mechanisms for the credentialing of individuals and educational programs should encourage the achievement of the highest aspirations of individuals insofar as they are consonant with their abilities, and should remove artificial barriers to this attainment.

Control of Credentialing
1. It is an appropriate role for state government agencies regulating nursing (nursing boards) and with responsibility for protecting the public to license individuals for practice.
2. It is an appropriate role for the profession, with broad consultation, to credential and/or set standards for the credentialing of:
   a. Individuals:
      i. For entry into professional practice.
      ii. For entry into specialty practice.
   b. Institutions and agencies offering educational programs which prepare:
      i. For entry into professional practice.
      ii. For entry into specialty practice.
   c. Institutions/agencies providing organized nursing services.
3. It is an appropriate role for the federal government to determine that agencies, institutions, programs, and individuals eligible for funding and reimbursement are appropriately credentialled according to the roles defined above.

Cost of Credentialing
Although the cost of credentialing mechanisms and processes may be subsidized in part by government, philanthropy, and professional societies, the costs of credentialing are ultimately reflected in the costs of health care. Therefore:
1. Credentialing should be limited to that required to serve the public welfare.
2. A coherent, articulated, comprehensive system, considering all persons involved in nursing practice, should result in minimal credentialing and related costs.
3. Individuals are responsible for maintaining their own competence and for the learning required to maintain that competence and for the costs of associated credentialing.
4. Agencies and institutions providing nursing education and nursing service are responsible for maintaining the quality of those programs and services and for the costs of associated institutional and program credentialing.

Accountability
1. Accountability, within the framework of the standards set by the professions, is an essential dimension of credentialing.
2. Accountability includes aspects of shared governance, as well as reporting, explaining, and justifying.
3. The structural components of credentialing bodies and credentialing processes should provide for both intraprofessional and extraprofessional accountability.
4. The involvement of public members on credentialing bodies should fulfill the purpose of challenging the assumptions upon which the credentialing processes rest, with the view toward having them serve the public interest in contrast to that of the profession.
5. Accountability as it relates to credentialing must encompass the notion of having appropriate mechanisms for redress for the public and individual practitioners or agencies, in cases wherein either is ill-served.

Competence
1. A comprehensive credentialing system should assure initial and continued competence of the nursing practitioner.
2. Research on existing and emerging methods of assessing competence should be ongoing.
3. The employing agency or institution is responsible for providing an environment in which continued competence and improved practice is encouraged.
4. The delineation of practice privileges and continued periodic review of such privileges in agencies and institutions has a role in assuring practitioner competence in his/her particular nursing responsibility.

Table 3
Credentialing Mechanisms and their Applications in Nursing

Licensure
Licensure is a process by which an agency of state government grants permission to individuals accountable for the practice of a profession to engage in the practice of that profession and prohibits all others from legally doing so. It permits use of a particular title. Its purpose is to protect the public by ensuring a minimum level of professional competence. Established standards and methods of evaluation are used to determine eligibility for initial licensure and for periodic renewal. Effective means are employed for taking action against licensees for acts of professional misconduct, incompetence, and/or negligence.

Applications in Nursing
Professional nurses (defined by the professional society and state law), as the persons accountable for the entire scope of nursing practice (defined by the professional society and state law), should be the only licensed members of the occupation. Requirements for licensure with respect to definitions and standards for monitoring competence of practitioners contained in nursing practice acts, should be comparable throughout the nation to ensure a minimum level of quality of nursing care for all citizens and to facilitate mobility for professionals.

Licenses should be renewed only on evidence of competency required in current practice.

A mechanism to record licenses should exist within a national non-governmental agency as well as in each state regulatory body.

Registration
Registration is a process by which qualified individuals are listed on an official roster maintained by a governmental or non-governmental agency. It enables such persons to use a particular title and attests to employing agencies and individuals that minimum qualifications have been met and maintained.

Applications in Nursing
Assisting personnel (titled and defined by the professional society) well-qualified for specified functions necessary to the practice of nursing, but not accountable for the full scope of nursing practice, should be registered by a national, non-governmental agency, using publicly announced criteria and evaluation procedures.

Certification
Certification is a process by which a non-governmental agency or association certifies that an individual licensed to practice a profession has met certain predetermined standards specified by that profession for specialty practice. Its purpose is to assure various publics that an individual has mastered a body of knowledge and acquired skills in a particular specialty.

Applications in Nursing
This credential denotes maintenance of minimal competency in a field of nursing specialization, and requires, as a prerequisite, the credential for professional practice. Definitions and standards should be established and updated periodically by the professional society and professional specialty organizations as appropriate.

Educational Degrees
An academic degree is a title awarded to an individual who has successfully taken an officially recognized predetermined series of steps in a particular branch of learning. The designation of the degree signifies the level of education and indicates an arts or science area. The professional degree is similar but the designation differs in indicating the specific professional field of study.

Applications in Nursing
Within the context of the stated principles of credentialing, it is inappropriate for the Credentialing Study Committee to define academic degrees as a primary credentialing mechanism. Nonetheless, the position taken is that the profession should establish the minimal educational degree requirement for licensure at entry level.

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### Table 3. (continued)

**Accreditation**
Accreditation is the process by which a voluntary, non-governmental agency or organization appraises and grants accredited status to institutions and/or programs or services which meet predetermined structure, process, and outcome criteria. Its purposes are to evaluate the performance of a service or educational program and to provide to various publics information upon which to base decisions about the utilization of the institutions, programs, services, and/or graduates. Periodic assessment is an integral part of the accreditation process in order to ensure continual acceptable performance. Accreditation is conducted by agencies which have been recognized or approved by an organized peer group of agencies as having integrity and consistency in their practices.

**Applications in Nursing**
All nursing education programs and all organized nursing services wherever rendered should seek accreditation, in order to serve the purposes indicated above. Definitions and standards should be established by the professional society.

**Charter**
Charter is the mechanism by which an agency of state government, under the laws of the state, grants corporate existence to an institution with or without the right to award degrees.

**Application in Nursing**
The responsibilities of the agency of state government charged with chartering educational institutions should be extended to include those programs of nursing education which do not lead to a degree and which are not operated under the aegis of a chartered institution of higher education.

**Recognition**
Recognition is a process whereby one agency or association accepts for specified purposes the credentialing status of and the credentials conferred by another credentialing body.

**Application in Nursing**
All nursing organizations with a credentialing function should seek to be recognized by appropriate bodies.

**Approval**
Approval is a process whereby one agency assesses the practices of another agency for consistency of procedural practices and for evidence of integrity in its conduct of business.

**Application in Nursing**
An organization with voluntary credentialing functions in nursing should seek to be approved by appropriate approving agencies.


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characteristics and structure of the Center but recognizes the need to communicate with the various publics about the concept, believing that experts in the fields of nursing and the health occupations, credentialing, organizational development, association law, political science, business administration, sociology, psychology, and systems design be involved in studying and developing the center to the point where it is acceptable to the profession and the community of interest and is functional.)7 (Table 4.)

5. The professional society (currently called the American Nurses’ Association) make provision for categories of membership for credentialed nursing personnel and students of nursing. (This recommendation had no intent to displace any nursing organization, specialty or otherwise, but rather to provide opportunity for all credentialed persons and students in the occupation of nursing to have a voice and be heard within the professional society whereby all viewpoints could be considered as a basis for future policy determination for nursing as a whole.)

As a part of the charge to the Study Committee, a plan for follow-up activ-
Table 4  
Nursing Credentialing Center

Purpose of the Center
The purpose of the center would be to study, develop, coordinate, provide services for, and 
conduct credentialing in nursing.

Functions of the Nursing Credentialing Center
The Study Committee believes the functions of the Center could be:
1. To provide for coordination of all nursing credentialing, private and governmental, into a 
   comprehensive, integrated credentialing system.
2. To perform selected credentialing—accreditation, certification and registration.
3. To provide services to all nursing credentialing, that which is performed within the center 
   and governmental credentialing conducted externally.
4. To monitor activities within the broad field of credentialing and within governmental 
   agencies having a potential impact on credentialing.
5. To be a focal point for research and development in nursing credentialing, facilitating, 
   sponsoring, and performing studies related to the efficacy of credentialing in accomplishing 
   its ultimate purposes.
6. To serve as a national data resource on credentialed individuals and credentialed programs 
   and services.

Characteristics of the Center
The characteristics of a nursing credentialing center should derive from the basic premise and 
principles of credentialing and the forces that impact upon credentialing. Within the context 
of the general purpose of such a center, certain characteristics can be delineated:
1. The structure and operation of the center should be designed to consider and serve the 
   legitimate interests of the public, and the profession and its related community.
2. Appropriate concentration of power should be achieved through distribution of responsi-
   bility and authority to appropriate levels of the organization, and a system of checks and 
   balances should be integrated throughout.
3. The operation of the center should make explicit the responsibility of the professional 
   society, for defining nursing and for standard setting, with broad consultation with the 
   public and the community of interest.
4. Within the overall policies of the center and the characteristics listed above, the creden-
   tialing divisions of the center should function autonomously in conducting the credentialing 
   process for which they are responsible.
5. The center structure should recognize the right and responsibility of federal and state 
   government with regards to credentialing and attempt to integrate these forms into the 
   overall credentialing framework.
6. The center should operate within the legal interpretations of both federal and state law 
   with regards to corporate responsibility, civil rights, consumer protection, etc.
7. The organization of the center should be dynamic and provide for periodic review and re-
   newal in credentialing processes, responding to changing social need and nursing practice.
8. The center structure should have the capability of providing essential services for internal 
   and external credentialing mechanisms.
9. The center should consider the cost of credentialing and strive to assure cost-effectiveness 
   within and among credentialing mechanisms. As an aspect of this responsibility, the center 
   should study the effect of credentialing on outcomes of care, striving to limit credentialing 
   to those forms essential to quality.

Structure of the Center
The structure and operation of the center should be that which would best reflect the charac-
teristics and functions outlined. This might be accomplished through the following principal 
structural components:
1. A federation of organizations with legitimate interests in nursing and credentialing, possibly 
grouped into categories of membership such as:
   a. General nursing organizations.
   b. Specialty nursing organizations.
   c. Nursing services of the federal government.
   d. State agencies directly involved in credentialing nursing.
   e. Nursing student organizations.

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f. Related health organizations.
g. Consumer groups.
The federation should be instrumental in the organization of the center and should have continuing overall responsibility for the center.

2. A board of directors drawn appropriately from the categories of organizations in the federation and accountable to the federation, would have the authority to establish policy and operate the center.

3. Divisions of:
   a. Accreditation,
   b. Certification,
   c. Registration, and
   d. Licensing Services.
Operating with collegial councils related to the credentialing performed, review boards, and staff, the divisions would conduct voluntary credentialing within the center. Through the fourth division, coordination and services would be provided for licensure.

4. Departments providing to all of the units of the center shared support services, such as fiscal affairs, tests and measurements, research and development, library and resources, records, and administration.

A simplified diagram of the suggested components of the center appears as Figure 1.

Figure 1.
Simplified diagram of a possible structure for a Nursing Credentialing Center

- Federation of Organizations*
  - Board of Directors
  - Executive Board
  - Executive Director
    - Division of Accreditation
    - Division of Certification
    - Division of Registration
    - Division of Licensure Services
      - Departments of Shared Support Services**
        - Councils and Review Boards
        - Councils and Review Boards
        - Councils and Review Boards

*Categories of organizations, such as general nursing organizations, specialty nursing organizations, federal government nursing services, state credentialing agencies, nursing student organizations, related health organizations, and consumer groups.
**Departments of shared support services, such as research and development, tests and measurements, records, library and resources, administration, fiscal affairs.

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Ities and implementation of the recommendations of the study was outlined and presented to the study sponsor, the ANA. (This plan is an addendum to the Study Report.) The plan calls for the establishment of a Task Force to (1) Act as a catalyst and focal point for stimulating discussion aimed at broad acceptance of the study recommendations, including the implementation of the Nursing Credentialing Center, and (2) Develop additional data necessary for definitive decision-making by nursing organizations and credentialing bodies for committing themselves and their resources to such an endeavor. The major tasks of the Task Force were suggested to be: (1) Educating the nursing population and the public about the Study on Credentialing, its recommendations and the implications for social betterment; (2) Reconvening the Cooperating Groups on a periodic basis for continuing discussion with the goal of acquiring acceptance of the study recommendations and their implementation; (3) Sponsoring a cost analysis study of credentialing as a basis for projecting the fiscal needs of a Nursing Credentialing Center; (4) Providing for the development and design of the Credentialing Center to such a point that nursing organizations and credentialing bodies will have the information they need to make commitments to participate in the credentialing system and Center; and (5) Procuring funding for the follow-up activities and start up of the Center.*

Discussion and implications of the Credentialing Study to nurse anesthesia

The recommendations of the Study Committee are purely that, recommendations, until consensus can be achieved within nursing as to their acceptance.

*The AANA Board of Directors has made a grant of $10,000 to the American Nurses Foundation for purposes of providing funds for completion of the Study on Credentialing as might be required and for follow-up activities.

rejection or possible modifications and the resulting actions taken as a basis of that consensus. The following represents my assessment of the implications of these recommendations to nurse anesthesia:

1. The Basic Premise and Principles of Credentialing (Table 1.)

An analysis of nurse anesthesia credentialing mechanisms, accreditation and certification, demonstrates them to be more nearly consistent with these principles and their basic premise than perhaps any other nursing credentialing mechanism in effect today. The Councils on Accreditation, Certification and Practice are autonomous and composed of appropriate constituencies, that is, members of the profession, both educators and practitioners, members of the community of interest and the public. They have as their primary purpose to protect and benefit the public recognizing that benefits also accrue to those credentialled. Their autonomy and constituency are consistent with principles 2, 3, 4, and 7 in Table 1. Their mechanisms provide an opportunity to fulfill principles 6, 8, 9, and 10. Their general acceptance by a variety of publics including some state boards of nursing is consistent with principle 12. And the actions of the AANA and the Credentialing Councils (Accreditation and Certification) have demonstrated commitment to principle 14.

2. Positions Taken by the Study Committee on Crucial Issues Related to Nursing Credentialing (Table 3.)

Comments shall be made with reference to each category of positions taken, with more detailed discussion being provided for those which are perceived as perhaps being of most concern to nurse anesthetists. (The reader is urged to review these positions in Table 3 as a basis for coordinating these comments.)

a. Definition of Nursing.

The Committee had neither the authority nor responsibility to define nursing, but took note of broad variations in
such definitions and felt that a generally accepted definition of nursing practice should be defined by the professional society, currently the ANA; that a consultative process both within and without the profession should be used in establishing such definitions; and such definitions should be used by credentialing agencies. Such a position calls for involvement of nurse anesthetists, both as members of the professional society and through their specialty organization, the AANA, to be involved in such definition. Implicit within this position is the utilization of this basic definition of nursing by specialty nursing groups as a basis for specialty practice definitions, again engaging in broad consultation. The position further calls for support and endorsement of the utilization of these definitions in appropriate credentialing mechanisms.

b. Entry Into Practice.

There is little question that the entry into nursing practice issue is one of the most critical issues facing the profession today and calls for the utmost objectivity and diplomacy in its resolution. No other profession or occupation is so beset with such problems as having four types of entry* leading to two types of licensure, ie, licensure as a practical or vocational nurse at one entry point and licensure as a registered nurse at three entry points. Such a situation distorts the intent of licensure by the states for the protection of the public and makes current licensure inconsistent with Principles 9, 10 and 14 of the Basic Premise and Principles of Credentialing. The Committee's position on this issue is that it is the responsibility of the professional society to define educational requirements for entry into practice, that the 1965 and 1978 positions taken by ANA should be used as a guide for those definitions and the professional society, with broad consultation, should continue to assess societal needs and redefine educational requirements and practice accordingly.

Perhaps no other nursing specialty has more reason to see the need for resolution of this problem. The Council on Accreditation is acutely aware of the difficulty in justifying its policy of allowing multiple entry level of students into nurse anesthesia educational programs to educators and public representatives of groups such as the Council on Post-secondary Accreditation (COPA). This multiple entry level was also a major point on which the American Society of Anesthesiologists challenged the Council in its reviews by the U.S. Office of Education and COPA as well as being crucial in their testimony in hearings before the Senate Finance Committee pertaining to third party payment.

It is my personal belief that nursing as a profession can never reach its full potential, nor make its maximum contribution to the health of this nation until this issue is resolved and the entry level into professional practice is set at a minimum of baccalaureate level. Only in this way can nursing cease from having to defend its professional status as relates to its education and devote those energies in acquiring a power base through which it can influence health policy and health related laws. I fully recognize the contributions of both diploma and associate degree prepared nurses to the profession and its practice. Neither am I convinced that baccalaureate education for nursing is without problems. But the answer to baccalaureate education does not lie with maintaining multiple kinds of entry under a single licensure. It lies with broader involvement in the definition of baccalaureate educational standards and insuring the accountability of educators to the community of interest and publics involved or served.

Resolution of this problem is also needed for nurse anesthesia to resolve

*In reality, there are five levels of entry as a registered nurse, diploma, associate degree, baccalaureate degree, masters degree, and now the doctor of nursing degree. The Study Committee put the baccalaureate and higher degrees together in the same category for this study.
its own educational dilemma of preparing entry level practitioners in certificate, baccalaureate and graduate programs, all leading to the same certification. Make no mistake, we in nurse anesthesia are a microcosm of nursing and as such have the same problems in this regard as nursing. This is not to say we could not take steps to resolve such problems on our own initiative, but the resolution of the entry into practice issue in nursing would immeasurably facilitate our resolution.

c. Educational Mobility.

The position taken by the Study Committee on educational mobility, ie, that credentialing mechanisms for individuals and educational programs should encourage educational mobility insofar as it is consonant with the individual’s aspirations and abilities and should remove artificial barriers to such attainment, can only be viewed with encouragement by nurse anesthetists. It is hoped that full consideration will be given to this position by all those involved in individual or programmatic credentialing to bring it to fruition.

d. Control of Credentialing.

The Study Committee recognized and endorsed the triad concept as relates to the control of credentialing, ie, states have the constitutional right and responsibility to protect the public welfare and thus uses credentialing in some instances for such protection; professions are accountable for services rendered to the public by their members and thus it is also appropriate for professions, with broad consultation, to credential and/or set standards for credentialing of individuals and nursing programs (education and service); and the federal government has both the right and responsibility for determining eligibility for federal funding and thus should determine that agencies, institutions, programs, and individuals are appropriately credentialled as a basis for such funding.

Again, this position is consistent with those within nurse anesthesia as demonstrated by the activities of the AANA and the Council on Accreditation in past years.

e. Cost of Credentialing.

The positions taken by the Study Committee in relation to the cost of credentialing present no problems to nurse anesthesia. While neither the AANA nor the Credentialing Councils have formally taken similar positions, their actions have been consistent with those stated by the Study Committee; ie, that while professions, government, or philanthropy may support the cost of credentialing, individuals and programs credentialled should be responsible for costs as may be required recognizing that ultimately costs of credentialing in the health care arena are reflected in costs of health care.

f. Accountability.

The positions with regards to accountability taken by the Study Committee confirm the wisdom of the AANA in the development of the credentialing council structure and the development of mechanisms for redress for the public and individual practitioners or agencies, wherein either is ill-served. Thus again these positions are consonant with prior actions taken by the AANA and the Credentialing Councils.

g. Competence.

The Study Committee, with reference to competence, endorsed the concept of assuring both initial and continued competence for nursing practitioners, recognized the need for research in developing methodologies for assessing continued competence, assigned responsibility to employing agencies or institutions for providing an environment in which continued competence and improved practice is encouraged, and suggested the delineation of institutional practice privileges for nurses as a complementing credentialing mechanism when needed. These positions present no problems to AANA or nurse anesthetists since most of these are already facts of life for nurse anesthesia. We do have the need to study the rela-
tionship of continuing education to continued competency as well as explore other methodologies that might better be employed to attest to continued competency.

3. Credentialing Mechanisms and Their Application in Nursing (Table 3.)

This study found that various credentialing mechanisms have been used in diverse ways for diverse purposes. Thus consistent with the principles of credentialing stating that “widely accepted definitions and terminology are basic to an effective credentialing system,”

the Study Committee undertook to define those credentialing forms it felt basic to a nursing credentialing system and recommended their application to nursing.

a. Licensure.

The current division of licensure varying among states from two to four types of licenses within the nursing occupation promotes fragmentation and confuses the accountability issue. It was the Committee's decision that licensure should be reserved for the professional practitioner responsible for total nursing care, whether or not such care provided is of a general or special nature. It fully recognized that such practitioners must be assisted by others less qualified for total practice but well qualified in specific tasks and functions.

This recommendation by the Committee is perceived to be one of the most controversial within this study. For one thing, the entry into practice issue and its resolution has definite implications to this recommendation and for another, it challenges the traditional licensure of practical nurses.

Licensure, as a state prerogative, intended for the sole purpose of protecting the public, has in effect enhanced status and often protected the economic base of those licensed beyond that necessary for public good. Recognizing this, the Council of State Governments, in looking at licensure, has taken a position similar to that of the Committee, that only individuals responsible for the total practice within an occupation should be licensed, provided anybody within that occupation needs licensure. These individuals should then be responsible for the practice provided by their assisting personnel.¹⁰

The implication of this recommendation on licensure to nurse anesthesia lies within the realm of the resolution of the entry into practice issue and its impact on the licensure recommendation. Also implicit in this recommendation is that licensure should denote an acquired competence in the general practice of nursing and be prerequisite or serve as a basis for professional specialty practice. (Note discussion on certification.)

b. Registration.

It is interesting how registration became confused and commingled with licensure in the historical development of credentialing of nursing personnel. This confusion is somewhat compounded by the recommendation of the Study Committee that “assisting personnel well-qualified for specified functions necessary to the practice of nursing, but not accountable for the full scope of nursing practice, should be registered by a national, non-governmental agency using publicly announced criteria and evaluation procedures.”¹¹ [For those who like to play with initials, this recommendation would in effect make the professional nurse an LPN (Licensed Professional Nurse) and the current LPN an RN or RPN (Registered Nurse or Registered Practical Nurse)].

Despite this unintended confusion, the concept and recommendation has validity. Such assisting personnel would be credentialed for public protection, yet would not confuse the accountability issue related to total practice as regards to licensure. (They certainly would be responsible and accountable to the professional for the quality of their designated functions.) Further, national, rather than state registration permits increased mobility for an individual to respond to personal and public needs,
is easier to coordinate, and allows greater flexibility for change than state licensure.

This recommendation, if implemented, is not seen as having any impact on nurse anesthetists as long as they continue to commit themselves to full professional nursing practice and as long as we are prepared to deal with the possible resolution of the entry into practice issue wherein baccalaureate education becomes the requirement for entry into professional practice.

While registration by a non-governmental agency may not have the legal force of state licensure, its advantages are peculiarly appealing to those who have experienced the difficulty in cracking legislative concrete to promote needed change. There also is a tendency for governments to institutionalize voluntary credentialing in regulatory rules through the process of recognition. Thus there may not be as much lost from changing from licensed to registered status as is perceived at first reading.

c. Certification.

It was the Study Committee's decision that certification should be a non-governmental process to denote minimal competency in a field of nursing specialization, and require, as a prerequisite, the credential for professional practice, i.e., a nursing license. Further, it was the Committee's recommendation that definitions and standards for practice and education for specialty practice should be established and updated periodically by the professional society and the professional specialty organization as appropriate.

Like registration, national certification as a non-governmental process has advantages of being easier to coordinate, promoting mobility and providing increased flexibility to respond to change.

This recommendation is consistent with the certification process utilized for nurse anesthetists. It does have distinct implications to those organizations involved in certification for excellence.

The Committee noted that the diverse use to which certification is put by both private and governmental agencies make this an especially confused credential. However, the Committee felt that certification, when used as recommended, had the potential to restore balance within a nursing credentialing system between governmental and private control and afforded the dynamism necessary to keep up with the changing state of required competence. The future of certification as a nursing credential depends on the profession's ability to bring order to the process.

d. Educational Degrees.

Educational degrees have been one of the oldest and most stable credentials. However, the Study Committee took the position that it was inappropriate to define academic degrees as a primary credentialing mechanism since they are static and indicate achievement at one point in time. Thus, they do not lend themselves to periodic assessment, neither are they open to sanction (except when obtained fraudulently) as called for by the principles of credentialing. The Committee did reiterate its position that the profession should establish the minimal educational degree requirements as a basis for licensure at entry level.

The implications of this recommendation to nurse anesthesia are similar to that with regards to the position on entry into practice.

e. Accreditation.

The recommendations made by the Committee with regards to accreditation, both its definition and application to nursing, should create no difficulty for nurse anesthesia. As accreditation was defined by the Committee, structure, process and outcome criteria should form the basis for accreditation evaluation. This is not inconsistent with the promoted trend in accreditation circles toward the greater utilization of outcome criteria for such evaluation. If outcome criteria show a program unsatisfactory, its structure and process must
be reviewed to assess possible cause. The problems at this time are that methodologies for assessing outcome criteria with regards to education present a different set of difficulties to evaluating agencies. Additionally, educational outcome criteria present some of the same difficulties as they do in health care. Some patients do well despite the care provided to or for them, while others do poorly regardless of all efforts. Likewise, some students learn despite poor quality education, while others do not, regardless of how good the program.*

f. Charter and Approval.

While these two credentialing mechanisms were defined separately, they lend themselves to consideration together. Charter basically is a state mechanism which grants corporate existence to an institution with or without the right to grant degrees. Approval has been a mechanism used by state boards of nursing to grant authority, based on defined criteria, to conduct a nursing educational program. This mechanism was perhaps appropriate in the years when all, or at least the great majority of nursing programs existed outside of academic and/or vocational institutions. Today, charter and approval, while perhaps not utilizing the same criteria, represent a form of state duplication, while accreditation and approval for nursing educational programs represent duplicative efforts between state and private efforts. (To further confuse this issue, some few states call their state process accreditation rather than approval.) The Study Committee has recommended that the state educational chartering authority be extended to institutions which conduct nursing educational programs which do not lead to a degree and which are not operated under the aegis of a chartered institution of higher education. Implicit in this recommendation is the strengthening of the charter process in those states where there are inadequate or no charter requirements. It further suggests that state boards of nursing be relieved of their program/school approval authority to allow them to concentrate on their primary obligation of licensure, with all its ramifications with regards to continued competence and the application of sanctions for validated cause. This recommendation, if adopted and implemented would avoid duplication of effort, reduce cost, place greater emphasis on private, voluntary accreditation, provide a division of responsibility and patterns of operation for State Boards of Nursing more similar to those of most other professions, and allow for realization of a better balance of power within credentialing.

The Committee did recommend that approval, as a credentialing form, be retained but be utilized as a process by which one agency assesses the practice of another agency for “consistency of procedural practices and for evidence of integrity in the conduct of its business.” It further recommends that organizations with voluntary credentialing functions in nursing seek approval from appropriate approval authorities.

These recommendations present no great problems for nurse anesthesia in my view, though they do call for chartering of some hospitals for educational purposes that conduct nurse anesthesia programs (if such a purpose does not already exist in its charter). There are a few state boards of nursing which are currently involved in reviewing nurse anesthesia educational programs for approval, thus these recommendations have implications to them.

g. Recognition.

The Study Committee also recommends the use of the credentialing form, recognition, ie, where an agency, or association "accepts for specified purposes
the credentialed status of and the credential conferred by another credentialing body." Such recognition would be conferred through a qualitative review process which in essence would attest to the validity of the credentials awarded. Such a process could be utilized not only as a basis of determining eligibility for government funding (such as the current U.S. Office of Education process), but for such matters as state reciprocity with reference to licensure, state acceptance of a voluntary agency conferred credential for its purposes (where this does not conflict with law), for recognition and reciprocity of Continuing Education Units, etc. Recognition is utilized already in this manner to some extent in nursing both in the area of continuing education and in state defined advanced practice statutes and/or regulations.

The utilization of both approval and recognition as credentialing forms in relation to accreditation, licensure and certification would reduce much duplication in current credentialing efforts and thus the cost of credentialing. Again, these recommendations are consistent with the philosophy of AANA and the Credentialing Councils as demonstrated in their past activities. Thus, they create no cause for concern, but rather reinforce many of our previous actions.

The Committee, in making recommendations pertaining to these credentialing forms, licensure, registration, certification, educational degrees, accreditation, charter, approval, and recognition, did not reject the utilization of other credentialing forms for individual agency or institutional purposes. Such forms include practice privileges, civil service classifications, military rank or occupational specialty designations, academic tenure, etc. The Committee did not have time to consider all these forms; however, it is consistent with the recommendations pertaining to applications of approval and/or recognition, that such agencies and institutions consider the utilization of these processes when and where appropriate rather than duplicating such efforts.

4. Recommendation for the
Establishment of a Nursing Credentialing Center. (Table 4)

The Center concept evolved from the Committee's belief that a modification of the current processes, mechanisms, and organizational frameworks could not succeed in achieving a true system of credentialing in nursing. The Committee also considered the obvious immediate concerns that could emanate from such a recommendation, i.e., concerns pertaining to a bureaucratic superstructure. The Committee believes that the structure could be and in fact must be so designed in such a manner as to minimize the negative connotations of bureaucratic superstructure while affording opportunity for integration, coordination and collaboration in credentialing to the extent unachievable by other type models. In reality, both responsibility and authority must be delegated throughout the center to that level of expertise and its community of interest essential for valid and effective decision-making. Quality of performance and accountability for actions as relates to such integration, coordination and collaboration with other components of the system must be fully defined.

I, as a Committee member, fully endorse this recommendation while recognizing that neither the AANA, the Councils, nor any other group could or should do more that endorse the concept without its more definitive development. The Council on Accreditation is fully aware of external pressures that exist with regards to proliferation of accrediting agencies and the often made suggestion of the utilization of umbrella or joint processes as a means of alleviating the adverse impacts of proliferation on institutions and/or programs relative to time and money. Some institutions also often perceive programmatic accreditation as an intrusion on academic freedom and institutional pre-

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rogatives. The concern over proliferation has reached the proportion to where it is one of the hottest issues of debate in accreditation circles. The Council on Postsecondary Accreditation, in an effort to reduce or contain such proliferation has adopted a policy statement with regards to proliferation which calls for the strengthening of its provision for recognizing accrediting agencies coupled with a more deliberate process of consultation prior to consideration of applicant agencies for recognition. It further states that "such consultation will suggest to groups alternatives to becoming an accrediting body, four of which are: (1) Developing educational and consultative services in lieu of accreditation; (2) Working informally with existing accrediting bodies; (3) Becoming part of an existing accrediting body; and (4) Joining with other existing or new accrediting bodies to create a larger, umbrella organization."14

This COPA statement has great implications to the Council on Accreditation and its possible future recognition by that body. While the Council on Accreditation does not perceive itself as one of the "proliferants" since it or its parent body (the AANA Approval of Schools Committee) has been functioning since 1952, this perception is not shared by some institutions. The Council does recognize in its operational procedures the necessity to take into consideration other credentialing mechanisms which impact upon its operation, such as generic nursing education accreditation and/or approval, licensure and certification. It has and will consider joint visits with other accrediting/approval agencies where appropriate. However, it is my belief that such a Nursing Credentialing Center has much to offer nurse anesthesia if it is appropriately designed, consistent with the Basic Premise and Principles of Credentialing which mandate professional identity and responsibility, individual role delineation and an effective system of program identification. (Principles 8, 9, and 10.) These principles apply to both general and specialized nursing credentialing. (Principles 2, 3 and 7.)

The positions taken on crucial issues affecting credentialing also spell out the role of specialty nursing organizations or agencies in the defining of standards for credentialing within that specialty and being involved along with its particular community of interest and the public in the credentialing process.

I believe that the recommendation of the Committee for a nursing-oriented credentialing research and development service within the Center could be of great benefit to nurse anesthesia credentialing.

In any joint or umbrella endeavor, some individual characteristics or prerogatives must be surrendered for the common good. I believe that the benefits that could be attained through such a joint endeavor as described above far outweigh any losses that might be felt by credentialing bodies or the organizations from which they evolved.

5. Providing for Categorical Membership within the Professional Society (currently the ANA) for Credentialed Nursing Personnel and Students of Nursing.

Nursing needs a clear and cohesive voice if it is to attain the power base necessary to influence health policy today and in the future, both for the benefit of the public and for benefit of nursing and its members. The intent of this recommendation could provide for this if the professional society was open on a categorical basis to membership of all credentialed nursing personnel and students of nursing and if such persons became members and participated in its activities. The implementation of this recommendation would not usurp the role of individual special interest groups within nursing, both as specialty organizations or as components within the professional society, from dealing with matters of particular concern to it,
but rather would provide a nursing forum for coordination and collaboration of efforts as well as for debate and dialogue on controversial issues of mutual concern, leading hopefully to consensus. The current use of the public arena for such dialogue and debate is detrimental to nursing and its members and ultimately contributes to this lack of power within nursing to influence health policy and legislation both at the state and federal levels. Nursing power is in the interest of the public good since it would be a legitimate force in helping counterbalance other influence groups in health care.

The implication of this recommendation to nurse anesthesia does not require waiting for its implementation before nurse anesthetists can do something about it. Nurse anesthetists should belong to both the ANA and the AANA where they can be a part of those who speak for nursing and nurse anesthesia. What ANA does affects nurse anesthesia just as what nurse anesthesia does has an impact on nursing. If one does not agree with announced policy for nursing or nurse anesthesia, the best way to influence such pronouncements is through involvement within those respective organizations. Collective action by consensus is the basis of survival of civilized societies and governments, and groups within such societies when such actions are consistent with defined individual and human rights.

6. Suggested Follow-up of the Study of Credentialing in Nursing.

It is imperative for nurse anesthesia through the Credentialing Councils and the AANA to be involved in the follow-up activities of this study. Both must make a detailed study of the Committee's report as well as participate in call back meetings of the cooperating groups for further dialogue and debate as a basis for affording endorsement or withholding endorsement of any of the study recommendations. It is particularly important that these groups be involved in the further definition of the center concept since if it is established, external pressures rather than mere organizational consent may lead to participation within such a center. Again, I reiterate, if the center concept is further defined, structurally and procedurally consistent with the Basic Premise and Principles of Credentialing, the Definitions of Credentialing Mechanisms and their Application to Nursing, and the Positions taken by the Study Committee on Crucial Issues Affecting Nursing Credentialing, I believe nurse anesthesia has much to gain from such participation.

Summary and conclusions

The Study of Credentialing in Nursing, sponsored by the ANA, grew out of a resolution passed by the ANA House of Delegates in 1974. Following two invitational conferences, cooperatively planned by the ANA Commission on Nursing Education, the NLN, and the AACN, to which both nursing and non-nursing leaders in accreditation were invited, the proposed feasibility study was expanded from accreditation to encompass nursing credentialing, including accreditation, licensure, and certification. When NLN declined to co-sponsor the Study, but preferred to participate as a cooperating group, ANA sponsored and financed the study alone.

Overall responsibility for guiding, overseeing and making recommendations as a result of the Study was given to a Study Committee, composed originally of sixteen members, eleven nurses and five non-nurses. (Appendix 2.) The University of Wisconsin-Milwaukee School of Nursing was contracted to perform the Study under the Committee guidance. Dr. Inez Hinsvark, RN was designated as project director. This study has been reported and the background papers developed as a part of the study project are in the process of publication.

Ruth P. Satterfield, CRNA, and I were both asked to participate as members of the Study Committee, not as representatives of nurse anesthesia or the AANA, but rather as nurses who could bring a certain expertise in cre-
dentialing as well as a viewpoint of specialty nursing to the Committee. Though Ms. Satterfield felt compelled to resign from the Committee due to personal and family reasons shortly prior to the Study's completion, with her permission I speak for both of us in commending this study and its recommendations not only to nurse anesthesia, but to other specialties within nursing for their consideration and future implementation of its recommendations. Its recommendations, while addressed to nursing, have broader implications to other professions and to credentialing. We believe this Study was both timely and exceedingly important to the future of nursing. It is, we believe, the first time any profession has undertaken to review the varied aspects of the variety of major credentialing forms with a view toward development of a dynamic, comprehensive and coordinated credentialing system whose primary aim is to protect and benefit the public. The Study Design provided for broad participation, and we believe its recommendations are reflective of that input.

The nursing credentialing system as proposed by the Study recommendations reflects those trends within society dealing with accountability as it relates to public, consumer and interdependent professions and occupations. These trends are not viewed as being transient in nature, but rather as encompassing social values rooted in human rights and law which will exist over time.

Too frequently, major studies, well designed and well carried out, with worthy recommendations are placed upon shelves to collect dust for lack of a designed plan for follow-up. This study has a plan for such follow-up as a part of its report, as a result of the basic charge to the Study Committee. It is essential that all segments within nursing as well as others outside of nursing on whom nursing credentialing impacts, including government representatives and the public, be involved in such follow-up activities. Full implementation of the recommendations will not only require nursing consensus, but their acceptance by interdependent professions and state and federal governments. While part of the recommendations will not require such breadth of acceptance, it is essential to the development of a true system of nursing credentialing. To this end, let us get on with the work.

REFERENCES
(2) Ibid. p. 3-4.
(3) Ibid. p. 4.
(4) Ibid. p. 5.
(5) Ibid. p. 16.
(6) Ibid. p. 29.
(7) Ibid. p. 80-81.
(8) Ibid. Addendum to Study Report, pp. 5-7.
(9) Ibid. p. 49.
(12) Ibid. p. 73.
(13) Ibid. p. 72.

Author's Note:
Much, but not all of the overview of the Study of Credentialing in Nursing has been taken from the Study of Credentialing in Nursing: A New Approach, Volume 1. The Report of the Committee. The implications to nurse anesthesia are those as I perceive them. I have only footnoted those aspects of the study that are direct quotes from the report or instances where corroborating views of a subject are reported. I wish to thank the American Nurses Association for permission to reprint the Study Recommendations as appendices to this article as well as for the liberal extraction from the Report not footnoted because of the excessive cumbersome-ness it would have created. The published report of the Committee as well as the background papers that will comprise Volume 2 of this report will soon be available from the ANA for a nominal charge.
Ira P. Gunn, CRNA, MLN, is currently serving as an educational consultant for the American Association of Nurse Anesthetists. She spent more than 20 years of her career in the US Army Nurse Corps; and upon her retirement in 1973, she had served as consultant to the Surgeon General and was responsible for the overall direction of the army-wide Nurse Anesthesia Educational Programs. She received her master's degree from the University of Houston in 1951 and her BA degree from Hardin-Simmons University in Abilene, Texas. She has earned numerous honors in anesthesia education and has had a number of papers published.

Appendix 1
Cooperating Groups

Air Force Nurse Corps
American Association of Colleges of Nursing
American Association of Critical Care Nurses
American Association of Nephrology Nurses and Technicians
American Association of Neurosurgical Nurses
American Association of Nurse Anesthetists
Sub Units:
- Council on Accreditation
- Council on Certification
- Council on Practice
American Association of Occupational Health Nurses, Inc.
American College of Nurse-Midwives
American Hospital Association
Sub Units:
- Special Committee of the Board of Trustees on Nursing
- American Society for Nursing Service Administration
- Assembly of Hospital Schools of Nursing
- Staff Specialists in Nursing Education
American Medical Association
American Nurses' Association
Sub Units:
- Advisory Council
- Commission of Economic and General Welfare
- Commission on Human Rights
- Commission on Nursing Education
- Commission on Nursing Services
- Commission on Research
- Congress on Nursing Practice
- Council of Nurse Researchers
- Council of State Boards (became independent June 1978)
- Council of Continuing Education
- Division of Community Health Nursing
- Division of Gerontological Nursing Practice
- Division of Maternal/Child Nursing
- Division of Medical/Surgical Nursing
- Division of Psychiatric and Mental Health Nursing
- Intervisional Council on Certification
- National Accrediting Board for Continuing Education in Nursing

American Society of Allied Health Professions
Army Nurse Corps
Association of Independent Colleges and Schools
Association of Operating Room Nurses
Association of Pediatric Oncology Nurses
Council on Postsecondary Accreditation
Emergency Department Nurses Association
Federation of Associations of Health Regulatory Boards
Health Standards and Quality Bureau (formerly Bureau of Quality Assurance)
International Association for Enterostomal Therapy, Inc.
National Association for Practical Nurse Education and Service
National Education Association
National Federation of Licensed Practical Nurses, Inc.

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National Joint Practice Commission
National League for Nursing
Sub Units:
  Council for Associate Degree Programs
  Council of Baccalaureate and Higher Degree Programs
  Council of Diploma Programs
  Council of Home Health Agencies and Community Health Services
  Council of Practical Nursing Programs
National Student Nurses Association
New England Association of Schools and Colleges
New England Board of Higher Education
North Central Association of Colleges and Schools
Northwest Association of Schools and Colleges
Nurses Association of the American College of Obstetricians and Gynecologists
Nurses Coalition for Action in Politics
Oncology Nursing Society
Orthopedic Nurses Association, Inc.
Public Health Nursing Section of the American Public Health Association
Public Health Service
Rehabilitation Nursing Institute (Association of Rehabilitation Nurses)
United States Civil Service Commission
United States Office of Education
Veterans Administration Nursing Service
Western Association of Schools and Colleges
Western Interstate Commission for Higher Education

The Cooperating Groups to the Study of Credentialing in Nursing participated in the project as described in the body of the report. Their endorsement of the recommendations of the study is not implied.

Taken from The Study of Credentialing in Nursing: A New Approach, Volume 1. The Report of the Committee, reprinted with permission from the American Nurses Association.

Appendix 2
Committee for the study of credentialing in nursing

Chairperson: MARGRETTA M. STYLES, EdD, FAAN
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Vice Chairperson: ALONZO S. YERBY, MD
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Graduate School of Social Work
Associate Dean for Student Affairs
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Appendix 2
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American Association of Nurse Anesthetists
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Rozella Schlotfeldt, PhD, FAAN
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Case Western Reserve University

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