Almost 40 years after its beginnings, the Air Force Nurse Anesthetist Course entered into a contract with the University of Texas Health Science Center School of Nursing to centralize the academic component of the program and move it into a graduate degree framework. Advantages of such a move are seen to far outweigh any disadvantages of the program.

In 1951, Air Force Program Training Requirement HQ USAF authorized the establishment of two nurse anesthetist training programs. Both were to be of 12 months' duration, with one located at Sampson Air Force Base, Geneva, New York, and the other at Lackland Air Force Base, San Antonio, Texas. The school at Sampson Air Force Base was later moved to Sheppard Air Force Base, Wichita Falls, Texas.

In 1957 the school at Sheppard closed, and the students were transferred to Lackland Air Force Base for completion of their training. Wilford Hall Medical Center at Lackland has served as the only site for nurse anesthesia training from 1957 to the present.

At one time, students affiliated with Randolph and Sheppard Air Force bases to gain experience in anesthesia for thoracic surgery or with Galveston and the former Robert B. Green Hospital in San Antonio to learn to administer the anesthetic agent cyclopropane and to gain experience in obstetrical anesthesia.

Wilford Hall students now affiliate with Medical Center Hospital, San Antonio, for their obstetrical anesthesia and with Children's Hospital, Birmingham, Alabama, for pediatric anesthesia. A rotation at Medical Hospital of San Antonio that enabled anesthetists to gain experience in trauma anesthesia was recently relocated to Wilford Hall Medical Center.

Current situation

In the fall of 1989, the Air Force entered into a contract with the University of Texas Health Science Center of San Antonio School of Nursing in order to move its anesthesia program into a graduate degree framework. At the same time, an increase in the number of admissions to 20 students was accomplished. Two additional civilian students are admitted to the program per year, for a total of 22 students. Two additional clinical training sites have been established at David Grant Medical Center, Travis Air Force Base, California, and the USAF Medical Center, Wright-Patterson Air Force Base, Ohio.

It is believed that a case can be made in support of a centralized academic program with a consistent educational philosophy. The advantages of such a program include:

1. Uniformity in course content and method of presentation.
   The existence of two locations where academic courses were presented created the potential for problems. Slight differences in course content and methods of presentation were considered inevitable.

2. Concentration of qualified faculty in one location.
   One of the primary advantages of a centralized academic program is the number of faculty qualified to teach in the academic area. The role of the teacher is sometimes not all that attractive. For example, the fi-
nancial compensations of becoming a faculty member in a military nurse anesthesia course often do not ade-
quately compensate the educator for the amount of effort and responsibility he or she incurs. Anesthesia programs throughout the nation have had difficulty attracting qualified faculty, a factor accentuated in the military services because of the smaller pool of qualified applicants. Therefore, the consolidation of the academic anesthesia program in one location, where qualified faculty can teach it, prevents unnecessary dispersion of an extremely valuable resource.

3. Anesthesia education benefits from a regionalized education network.
AANA's goal is to move all programs into the master's degree framework by 1998, a step that fosters the development of regionalized education programs. Several hospitals in an area could then provide clinical teaching, while the academic component could be taken at a university. A practical consideration for the Air Force was the situation in San Antonio. It wanted to move into the graduate framework and at the same time recruit more anesthesia students. The University of Texas Health Science Center recognized the advantage of being able to defer clinical teaching costs to Air Force hospitals. In order to meet the need for more anesthesia providers, innovative, cooperative efforts have to be formulated.

4. Goals for clinical training unique to the military can be met.
The advantages to the Air Force in retaining the ability to utilize military facilities for clinical training are many. Each military branch has its own unique goals for nurse anesthesia education. The Air Force has many more small medical facilities (less than 50 beds) than the Army or Navy. For example, it has 78 medical treatment facilities—42 of which have two CRNAs and no anesthesiologist. Therefore, the Air Force has a greater interest in preparing students to function independently with a minimal degree of physician supervision.

5. An increase in applicants.
News of the transition into the MSN framework has brought about a 100% increase in the number of applicants. For the past four years, two selection boards had been necessary each year because of a dearth of applicants. The increase in applicants is a positive indication that applicants today are much more discerning and appreciate the value of a truly credible academic degree that will provide them with an increased number of career options for the future.

The major disadvantage of a centralized program lies in the small number of Air Force anesthetists with MSN degrees who are qualified for university faculty appointments.