

## **Addendum C - Attachment 1**

### **REPORT OF THE AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SUMMIT ON DOCTORAL PREPARATION FOR NURSE ANESTHETISTS**

#### **Unattributed Quotes**

The following are quotes collected during the interviews conducted as part of the CMG study. None of these quotes are attributed to any individual. They are presented in no particular order, but are offered to add another dimension to the CMG Report, and are representative of opinions shared with CMG interviewers.

“Don’t be overly influenced by AACN.”

“What is AACN’s real agenda here?”

“AANA should determine the future of the nurse anesthetist not AACN.”

“This will foster more title chaos.”

“The more education we have the less physicians can demean our education.”

“The train has left the station on this and we need to be on board.”

“This effort will be challenging and expensive.”

“What additional education is needed that would justify a doctoral degree?”

“Don’t get on the bandwagon if there is no compelling reason to move to the DNP.”

“Nurse anesthetists are already well compensated and I can’t imagine their compensation would increase with a DNP.”

“I would move faster than slower and develop accreditation criteria and say this is what will be different in education and practice.”

“Pharmacists have a clinical doctorate and don’t call themselves doctor.”

“Our university would rather have a PhD program than a DNP program.”

“Credentials dictate who people listen to...the heck with competence. We see it in medicine all the time.”

“I would get a DNP as a personal goal. I doubt it would lead to more pay.”

“If the DNP is leveraged correctly it will end the argument that nurse anesthetists are not adequately prepared.”

“When pharmacy went to a doctorate it threw the profession into a huge shortage.”

“It is likely a move to the DNP will birth more assistive personnel.”

“What would the value added be?”

“From a management perspective, I don’t know what the heck we would do with them. We have no new dollars to pay them with.”

“This might compound the huge shortage of providers.”

“The deans are looking for their next buck and the faculty are resistant to change.”

“Let AACN and the deans’ group carry the water on this.”

“It should be up to the institution to decide the degree to offer given the experience and education provided.”

“I am afraid our profession will be split over this issue and there will be the haves and have nots.”

“We need to standardize degrees across the nursing profession first.”

“Offer the DNP for what we do now.”

“The doctors will hate it and the public will love it.”

“Will the DNP make us better practitioners?”

“This may be AACN’s recommendation but it passed the AACN delegate assembly by a very slim margin. So, I think we have to be concerned about how supportive of this efforts the deans will be.”

“AACN’s track record is not good. They have been unable to solve the entry into practice issue.”

“What will happen to me is a concern.”

“The Tennessee and Missouri Medical Associations have introduced legislation to prohibit anyone but a physician from being called a doctor.”

“CRNAs may not be welcome in nursing programs as there seems to be animosity towards us.”

“I think it is a good idea. It is time to acknowledge our education. It is time for respect.”

“The faculty who teach us are barely above our level now.”

“Instead of spending money on the DNP let’s spend our resources for a public relations campaign to educate the public about the nurse anesthetist.”

“This will lead to wanting to throw out the physician supervision requirement in the Medicare law and there will be enormous resistance by the medical community.”