



EDUCATION NEWS

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UPGRADING NURSE ANESTHESIA EDUCATIONAL REQUIREMENTS (1933-2006) – PART 2: CURRICULUM, FACULTY AND STUDENTS

This is the second half of the history collected for the 2005-2007 AANA Task Force on Doctoral Preparation of Nurse Anesthetists. Part 1, published in the June 2007 AANA Journal, reported on early efforts to affiliate nurse anesthesia education with universities, starting a voluntary approval process for programs, implementing an accreditation

process, and the evolution of education standards. Part 2 reports on upgrading curriculum requirements in programs and increasing the credentials of faculty and students.

Key words: AANA Doctoral Task Force, education history, nurse anesthesia.

This report provides an historical review of actions taken to upgrade curriculum requirements in nurse anesthesia programs and increase the educational requirements for faculty and students. The information was considered by the 2005-2007 AANA Task Force on Doctoral Preparation of Nurse Anesthetists in making recommendations to the AANA Board of Directors.

Upgrading curriculum requirement

From 1937 to 1969, the guidelines and requirements for nurse anesthesia education addressed only hospital-based schools¹⁻⁴ (Table). This began to change in 1970 when accreditation standards recommended that schools offer college credit courses.²³ A big change in requirements for schools occurred in 1976⁸ following a shift in responsibility for accreditation from the AANA to the semi-autonomous Council on Accreditation of Nurse Anesthesia Educational Programs/Schools (COA).¹⁹ At that time, a few degree programs had been established prompting a statement by the COA that:

Until the need arises to define differing standards and/or criteria for degree-granting programs in anesthesia for nurses, the programs shall be assessed for accreditation as all other programs.^{8(p23)}

Four years later in 1980, the COA announced that it was writing guidelines for baccalaureate and master's programs for institutions developing degree programs.^{9,20} The 1981 guidelines for master's degree programs were useful, but the utility of guidelines for baccalaureate programs was short-lived since the movement of schools to master's degree programs was imminent. Many certificate schools bypassed offering bachelor's degrees and developed master's degree programs instead. In addition, those that offered bachelor's degrees soon moved to offering master's degrees.

In 1982, AANA President Richard Ouellette, and the Board of Directors adopted an official position to support baccalaureate degrees for registered nurses (RNs) applying to anesthesia programs and master's degrees for graduates.^{10,11} Two units of the AANA also recommended that nurse anesthesia programs offer master's degrees: (1) the Long Range Planning Committee in 1985¹² and (2) the Education Committee in 1986.¹³ The AANA's position on increasing educational requirements was in agreement with action being taken by the COA to focus its accreditation on degree-granting programs.

Review of accreditation standards showed that the COA was phasing in requirements for degree programs from 1976 to 1990.^{8,9} The phase-in period was completed with a requirement in the 1990 standards¹⁴ that all accredited programs must be at the master's degree level. This requirement was fully implemented on October 1, 1998, when all programs in the nation were finally offering master's degrees.¹⁶ As a result, the US Department of Education and the Council on Postsecondary Accreditation approved a change in the COA's scope of activity in 1993 from accreditation of "generic nurse anesthesia programs" to "nurse anesthesia programs which prepare graduates for entry level practice at the certificate, baccalaureate, master's, and doctoral degree levels."²¹

During the decade of the 1990s, nurse anesthetists continued to be interested in higher education. Other healthcare educational programs were starting to award professional doctorates, and interest in this possibility was being expressed by some of the AANA membership. In response, the AANA appointed a Doctoral Task Force in 1996, chaired by Diane Ritter, CRNA, MS, MSN, to study the feasibility of doctoral degrees for nurse anes-

Table. Upgrades in curricular requirements for nurse anesthesia programs*

Year	Source	Requirement
1934-1935	NANA Education Committee	Affiliations with universities encouraged ⁵
1937	NANA Educational Committee	Recommendations made Regarding Schools of Anesthesia for Nurses ¹
1945	AANA Committee on Education	Published the Essentials of an Acceptable School of Anesthesiology for Graduate Registered Nurses for those inquiring about starting new programs ²
1949	AANA Advisory to the Approval Committee	An AANA curriculum supplemented the Essentials of an Acceptable School of Anesthesia ⁶
1951	AANA Advisory to Approval Committee	Proposed university degrees for graduates including minimums of 1 year of basic sciences such as physics, chemistry, pharmacology, physiology, and anatomy and 1 year at a recognized school of anesthesia ⁷
1952	AANA Board of Trustees	Approved revised minimum essentials for schools of anesthesia to be used for accreditation ³
1976	COA	First time that accreditation of degree granting programs are mentioned in the standards, ie, the same standards to be used for degree granting programs as for all other programs ⁸
1980	COA	Statement in the standards that guidelines for baccalaureate and master's programs were being developed ⁹
1982	AANA Board of Directors	Position taken to support the education of nurse anesthetists at the postbaccalaureate level by 1986 ^{10,11}
1985	AANA Long Range Planning Committee	Recommendation that nurse anesthesia educational programs be moved to a master's degree framework by 1995 ¹²
1986	AANA Education Committee	Recommended master's degree programs ¹³
1990	COA	Statement in standards that all programs were to be at the graduate level master's or higher degree by January 21, 1998 ¹⁴
1997	AANA Doctoral Task Force	Feasibility study on doctoral education showed little support for concept as entry into practice ¹⁵
1998	COA	Announcement that for the first time all programs were offering master's degrees to graduates on October 1, 1998 ¹⁶
1999	COA	Standards require that programs must award a master's degree or higher degree to graduates ¹⁷
2004	COA	Standards for doctoral degree programs adopted in addition to master's degree requirements, ie, optional research-oriented and practice-oriented doctoral degrees ¹⁸

* NANA indicates National Association of Nurse Anesthetists; AANA, American Association of Nurse Anesthetists; COA, Council on Accreditation of Nurse Anesthesia Educational Programs.

thetists.¹⁵ Although the task force found little support for the concept of doctoral degrees for entry into practice, the accredited program at Rush University, Chicago, Illinois, had been offering students the option of earning doctoral degrees prior to certification for more than a decade.²² On July 18, 2000, the COA also approved an optional doctoral degree program offering an MS/PhD as entry into practice for the Navy Nurse Corps Anesthesia Program (according to B.

Farkas, MAdEd, oral communication, September 2006). At the time of this study, only Rush University's program had undergone a site visit and successful accreditation review under the new requirements that had been adopted for optional practice-oriented and research-oriented doctoral degrees, as established in the 2004 standards.¹⁸

Upgrading faculty credentials

In 1937, the first recommendations from the National Association of

Nurse Anesthetists (later renamed the American Association of Nurse Anesthetists) on faculty qualifications were for the program director. Qualifications included being a chief nurse anesthetist with 5 years experience, expertise in anesthesia, an interest in teaching, and a sound education background. These requirements for nurse anesthesia program directors were not included in the 1945 Essentials of an Acceptable School of Anesthesiology for Graduate Registered Nurses because

physician anesthesiologists were directing some programs. This conclusion is supported by a reference in the 1945 Essentials that the chief nurse anesthetists should be used as school directors in institutions where nurse anesthetists were employed.² Interestingly, the first accreditation standards in 1952 made no mention of faculty qualifications.³ The second accreditation standards in 1960 did require 1 teacher to be a member of AANA whose membership was limited to nurse anesthetists. The 1960 standards also specified that only CRNAs and anesthesiologists could serve as clinical instructors.⁴

Increasing the academic qualifications of nurse anesthesia faculty over time was necessary if the schools of anesthesia were to affiliate with universities; however, in the 1970s the vast majority of CRNA faculty did not have any type of academic degrees. This was a significant barrier to moving anesthesia programs into universities and placing CRNAs as program administrators within that framework. To begin to overcome this barrier, a notice was published in the 1970 accreditation standards that said:

It is strongly recommended that all Certified Registered Nurse Anesthetists who are active in the training programs in accredited schools shall pursue a course of higher education with the ultimate goal of being prepared to join a university staff when a degree program for nurse anesthetists becomes a reality.²³

During this same time period, the AANA offered a program where CRNA faculty could earn teaching certificates by attending classes and spending time teaching at another nurse anesthesia program.²⁴

Up until the 1976 standards,⁸ a CRNA did not have to be involved in program administration; however, these standards implemented a requirement for a CRNA codirector or educational director to be

part of an accredited program. (It was not until 1990 that a program director was required to be a CRNA with a graduate degree without exception.¹⁴) The 1976 standards⁸ set higher requirements for faculty qualifications in an apparent attempt to increase the number of faculty with academic degrees. As a result, many CRNA program directors and instructors went back to school or attended COA workshops^{8,24} to meet a new requirement for 3 semester hours in instruction, curriculum, testing, and evaluation. Notice also was given by the COA in 1976 that the future minimum requirement for a CRNA program director would be a baccalaureate degree.⁸ Past recommendations about faculty credentials were about to become a reality.

The next revision of the standards in 1980 reflected faculty requirements commensurate with the movement of schools into universities and the diversity of curricula existing at that time.⁹ Educational requirements were set for CRNA program directors in certificate, baccalaureate, and master's degree programs. Directors in certificate programs needed baccalaureate degrees; directors in baccalaureate programs needed baccalaureate degrees with evidence they were working toward master's degrees; and directors in master's programs needed master's degrees or attainment of the degree within 1 year. A deadline was given that all CRNA program directors had to hold master's degrees by December 1, 1985⁹; however, this requirement was not fully implemented until June 1, 1992.²⁵

The movement toward master's degree education also was facilitated by the professional organization. According to 1986 minutes from the chair of the AANA Education Committee, Margaret Tyszka, CRNA, DNSc (who later became Margaret Faut-Callahan, CRNA, PhD, FAAN):

President Ouellette requested that the Committee make recommendations through a long-range strategic plan which addresses the movement of nurse anesthesia education into a Master's framework. The committee was also asked to make recommendations regarding CRNAs obtaining graduate degrees.^{13(p1)}

One of the Education Committee's recommendations that year was that CRNA program directors should be doctorally prepared. This same recommendation was repeated in 1994 by the National Commission on Nurse Anesthesia Education²⁶ and in 1996 by the AANA's Doctoral Task Force.¹⁵ It also was proposed in the Trial Standards for Accreditation of Nurse Anesthesia Educational Programs²⁷ preceding those adopted by the COA in 2004. After extensive debate during several hearings at different Assemblies of School Faculty, the accreditation standards that were finally adopted in 2004 did not require doctoral preparation for directors.¹⁸ Instead, the requirement was continued for directors to hold master's degrees while noting that doctoral degrees were preferred. The 2004 standards also proposed that all CRNA clinical coordinators hold master's degrees by 2014, thereby confirming the profession's interest in continuing to upgrade the education levels of its faculty.

Upgrading the education of students

Early leaders set the basic requirement for applicants to be RNs in 1933.²⁸ This requirement was strengthened 3 years later by stipulating that RN applicants also must have completed 4 years of high school in addition to encouraging the acceptance of applicants who had earned college credits.⁵ Admission requirements did not begin to change until a vote was passed at the 1979 Assembly of School Faculty in support of baccalaureate degrees for professional nurses, thereby signaling that anesthesia

educators were ready to increase applicant qualifications to their programs.²⁹

The movement toward requiring baccalaureate degrees for applicants and graduate education for student nurse anesthetists made significant gains when COA implemented an interim requirement in 1980 that applicants to programs needed baccalaureate degrees or associate degrees that met specific course requirements. The courses were biophysical sciences (5 courses), communication skills (2 courses), and humanities/behavioral sciences (3 courses) for a minimum total of 30 semester hours.⁹

Full support for upgrading educational requirements was evident when the AANA Board of Directors declared that education should be postbaccalaureate,^{10,11} and the COA announced in 1982 that baccalaureate degrees would be required for admission by 1987.³⁰ The 1986 AANA Education Committee also added to the movement by promoting the baccalaureate degree for entry into programs by 1995 as part of its long-range plan to embrace graduate education.¹³ The COA moved quickly to finalize the requirement by mandating a baccalaureate degree in nursing or another appropriate major as a prerequisite to admission for all students in the 1990 accreditation standards.¹⁴

Recently, the American Association of Colleges of Nursing (AACN) took a position that a Doctor of Nursing Practice (DNP) degree should be earned by advanced practice nurses, including nurse anesthetists.³¹ This action has renewed debates among nurse anesthetists, including (1) those that took place in the mid-1980s on whether nurse anesthesia programs should be encouraged to be located within colleges of nursing and (2) on the feasibility of practice doctorates for

nurse anesthetists that took place in the mid-1980s and the late 1990s.^{13,15} In response to renewed debate among its membership about doctoral education and the AACN's initiative on the DNP, the AANA convened a Summit on the Doctoral Preparation for Nurse Anesthetists in 2005.³² An outcome of the summit was appointment of the Task Force on Doctoral Preparation of Nurse Anesthetists, cochaired by Denise Martin-Sheridan, CRNA, PhD, and Sandra Ouellette, CRNA, MEd, FAAN, to recommend actions relative to doctoral preparation of nurse anesthetists.³³

Summary

There has been a high value placed on upgrading education requirements for nurse anesthesia programs, faculty, and students over time. Apprenticeships at hospitals have been replaced with graduate degree programs. Faculty qualifications have changed from being a chief nurse anesthetist or a physician anesthesiologist to being a CRNA with a graduate academic degree. Further, being an RN with a high school diploma is no longer sufficient for admission. Successful applicants must be experienced acute care RNs holding baccalaureate degrees, and they must be awarded a master's or higher degree upon graduation.

The question today is whether the current generation of nurse anesthetists will or will not decide it is in their best interest to promote doctoral education for all nurse anesthetists entering practice in the future. The decision to take an official position on the issue is a serious one that can determine a new terminal degree for the profession.

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