The Student Leadership Track (SLT) program is a dynamic project that will provide nurse anesthesia students nearing graduation with an indepth knowledge and individual mentored experience within their chosen role of anesthesia leadership. Leadership role experiences are divided into 4 different tracks: educator, researcher, administrator, or political leader. The focus of this discussion relates to utilization of the education track to help improve the nurse anesthesia faculty shortage.

Ingenuity and continuity
Graduate nurse anesthesia programs are facing a significant faculty shortage caused by many confounding factors. The increasing age and lack of younger members contribute to the nursing faculty shortage and cause particular concern as the majority of faculty approach retirement. It is estimated that approximately one third of nurse anesthesia faculty will retire within the next 7 years. Earlier recruitment of faculty would extend the duration of time in the educator role.

Project scope
The education track will be 1 of 4 student leadership tracks that a student elects to follow in the last 2 terms of nurse anesthesia school and may be substituted for time traditionally spent in clinical practice. Students should have an adequate base knowledge of advanced practice nursing role requirements, such as completion of an advanced practice nursing roles course, before taking part in the leadership tracks in order to maximize the number of prospective nurse anesthesia educators. Mentoring students for faculty positions following graduation increases the number of CRNAs immediately available to join the faculty workforce and may improve retention of new faculty because it provides mentoring experiences with an accomplished faculty member, as well as a clearer understanding of educator role requirements.

Key words: Faculty shortage, leadership tracks, mentorship, nurse anesthesia education, student leadership.
The practice component of the leadership track experience would consist of 1 day per week of shadowing, learning, and collaborating with a chosen CRNA leader. Collaborative mentoring is the foundation from which SLTs are based. Guidelines for mentors and mentees described by Horton may be used to stimulate effective use of mentoring time as well as provide a sense of direction for both the leader and the student. Greater learning, increased scholarly activity, and improved job satisfaction have been associated with use of collaborative mentoring in an educational environment. CRNA leaders in education, research, administration, and politics will devote time to not only demonstrate and teach students about their roles and responsibilities as a CRNA leader but also will guide the students in scholarly work that contributes to solving a challenge faced by the nurse leader.

The final component of the SLT experience includes the mentee producing a scholarly work that contributes toward or helps solve a leadership or practice problem faced by the mentor. Examples of activities that a student in the education track may take part in include writing examination questions, becoming a student member on university committees, and assisting with curriculum revision and class instruction. Scholarship of application contributes toward not only achieving the essentials of doctoral education but also requires the mentee and mentor to work together on shared objectives, thereby building a collaborative relationship and further increasing the likelihood of satisfaction with the leadership role as well as overall success for the SLT experience. Student Leadership Tracks, if initiated in all nurse anesthesia programs, could have a potential impact on every nurse anesthesia student. Programs that initiate the SLT program will provide each of their graduates with a self-guided leadership experience. Approximately 25% of these nurse anesthesia students would have the opportunity to be mentored by an experienced faculty member, learn about faculty role requirements, and take part in scholarly work related to education.

Longevity
This program may be included in an existing nursing anesthesia education program. Student time spent mentoring for the purpose of leadership may be substituted for clinical time or be in addition to existing clinical hours depending on the needs of each program.

Utilization of SLTs could assist graduate nurse anesthesia programs toward achieving the American Association of Colleges of Nursing (AACN) Essentials of Doctoral Education for Advanced Practice Nursing. SLTs teach and promote a wide variety of scholarly clinical activities and may be used by programs in the future to demonstrate adherence to AACN’s essential number 3 focused on clinical scholarship.

Objectives for the mentorship experience are based on comprehension and fulfillment of appropriate scholarly activities, as discussed by Stull and Lantz. For example, the researcher track is based on elements of discovery, the administrator track is based on elements of application, the political leader is based on elements of integration, and the focus of the educator track is based on the elements of teaching. The SLT program will provide a bridge for existing nurse anesthesia education programs toward fulfilling doctoral education requirements.

Outcome
Involvement of CRNA leaders—in particular, educators’ involvement—with collaborative mentoring increase scholarly activities and faculty satisfaction that improve faculty retention. The time taken to mentor the student is rewarded with a reduction in workload based on what is completed by the student, involvement in scholarly activities as well as the satisfaction, both personal and professional, of acting as a mentor. Risk for faculty burnout also is reduced by the feelings of increased worth associated with mentoring activities.

New faculty members that have taken part in the SLT program will likely have improved retention. Mentored relationships with junior faculty has been associated with feelings of belonging within the organization and faculty groups, as well as satisfaction with assessment, planning, and implementation of achieving new faculty learning needs. Unclear faculty role expectations have been blamed in part for the high turnover rate among new CRNA faculty members. The SLT would provide the potential faculty member with a clear understanding of role responsibilities through formal and informal mentoring before becoming a faculty member. Improved satisfaction and feeling of belonging to the organization, as well as a clear understanding of role expectations for mentored students, will be associated with improved faculty retention.

Plans for implementation
The extent of application of the SLT program within nurse anesthesia programs is flexible and depends on the extent of resources available, as well as the individual needs of the program. It is assumed for the purpose of explanation that
the SLTs would be implemented into a nurse anesthesia program with minimal resources; allowing for expansion of the SLTs as increasing resources are allocated for their growth.

Logistically obtaining and coordinating CRNA leaders will likely be the most resource-consuming activity. However, for a program lacking any additional resources, students may be required to research, find, and produce their own mentor during a previous course in preparation for the SLT experience. Initial recruitment of leaders may be done at state meetings and events, local and affiliate clinical sites, area universities, research facilities, government agencies, and even within other nursing anesthesia programs.

Conclusion
The SLT program provides a potential solution to address many of the confounding issues contributing to the significant CRNA faculty shortage. Mentored students in the education track will have an improved understanding of faculty role requirements associated with improved retention. It also might prepare students for future faculty roles sooner after graduation, thereby providing an immediate increase in educators. The flexibility and resourceful nature of the SLT program allow for ease of implementation into existing nurse anesthesia programs and require minimal additional resources. Adding SLTs to nurse anesthesia programs may represent a significant action that could be taken to improve the nurse anesthesia faculty shortage.

REFERENCES

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