



EDUCATION NEWS

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Development of a Position Statement: The Nurse Anesthesia Program Administrator

The demand for CRNA educators and program administrators is high. The role of the CRNA program administrator is challenging and arguably different from that of other advanced practice nursing specialty track directors. A significant increase in the number of nurse anesthesia programs, clinical sites, and graduates has been accompanied by a 10% to 20% annual turnover rate in nurse anesthesia program administrators. To ensure the long-term viability of nurse anesthesia programs in their diverse academic units, the AANA (American Association of Nurse Anesthetists) Educa-

tion Committee, with the support of the AANA Board of Directors, has included faculty recruitment and retention strategies in its strategic plan since 2003. As part of those strategies, a statement on the unique responsibilities of nurse anesthesia program directors has been developed. The Education Committee invites further feedback on this topic.

Key words: Job responsibilities, position description, program administrator.

During the 1980s, a significant decline in the number of nurse anesthesia educational programs and subsequent numbers of nurse anesthesia graduates prompted the Board of Directors of the American Association of Nurse Anesthetists (AANA) to establish a Commission to advise the Board on addressing this situation. On the heels of the 1990 National Commission for Nurse Anesthesia Education,¹ a strategic plan was implemented to address projected workforce needs for the new millennium. Since then, nurse anesthesia education has undergone significant expansion, moving from 95 programs in 1997 to 106 accredited programs in 2007. Clinical sites have expanded from 497 in 1994 to more than 1,500 in 2006, with more than 2,000 graduates nationally in 2006. Additionally, the Accreditation Programs area of the AANA website receives more than 80,000 page views per month. (F. Gerbasi, AANA Director of

Accreditation and Education, oral communication, November 2007.)

While nurse anesthesia educational programs are expanding, few nurse anesthetists choose to serve primarily as nurse anesthesia educators, and those current educators are growing closer to retirement. According to AANA member survey data, 1.3% of respondents are educators and 1.2% are doctorally prepared.² This supply-demand imbalance is compounded by a nurse anesthesia program administrator turnover rate that fluctuates between 10% and 20% annually. (Francis Gerbasi, CRNA, PhD, AANA Director of Accreditation and Education, oral communication, October 20, 2007.) Much of this turnover is attributed to the many unique challenges facing nurse anesthesia program administrators working in these graduate degree programs today (Figure).³

In 2003, the AANA Education Committee conducted a survey to

examine the role dynamics of the nurse anesthesia program administrator. Respondents (n = 120) included 72 program administrators, 23 assistant programs administrators, and 25 nurse anesthesia faculty members. One-third of the respondents had greater than 10 years of experience in their roles, while another one-third of those responding had less than 5 years of experience as nurse anesthesia educators or program administrators. Most of the respondents had shared responsibilities in the areas of didactic and clinical instruction and program administration. One program administrator was purely administrative and had no didactic or clinical teaching responsibilities.⁴

Almost half (n = 56) of the respondents were university-based faculty members; 14 were from free-standing, university-affiliated programs; 29 were employed by hospital-based, university-affiliated programs, and 21 were from military programs.⁴

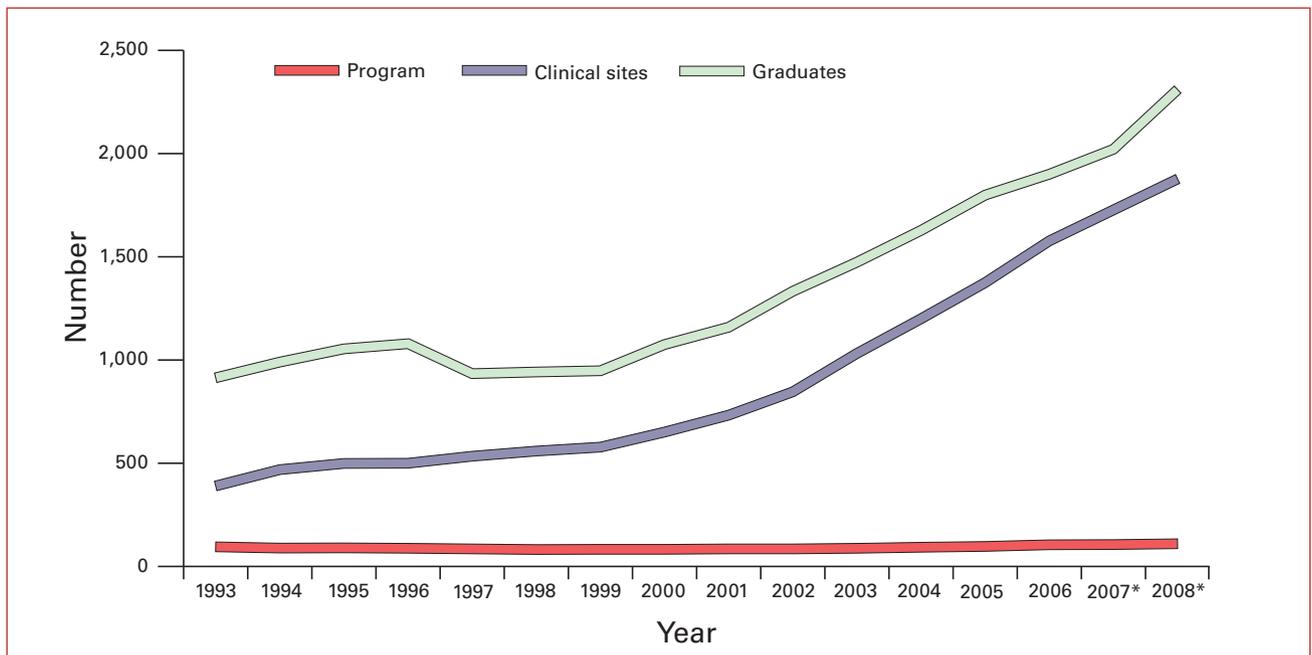


Figure. Nurse Anesthesia Programs, Graduates, and Clinical Sites, 1993-2008³

*Projected

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There was significant variation in the reported reimbursement mechanisms for program administrators and faculty. While 47% of respondents were university based, 74% of those responding did not receive salaries from their respective universities. Thirteen percent of the CRNA educators who responded received their entire salaries from universities, 5% were paid by an anesthesia group, and 12% were compensated by hospitals.⁴

When asked if their pay was commensurate with their academic appointment, one-third of the respondents said yes. Twenty-three percent of those responding said that their academic unit offered additional compensation to nurse anesthesia faculty. However, 74% of survey respondents noted there was no additional compensation provided to them for their program administration activities.⁴

While 43% of CRNA faculty reported that there were restrictions on their ability to work outside their faculty roles, 36% of respondents stated that they supplemented their income with locum tenens clinical

practice. Fourteen percent of respondents reported that a percentage of their salaries were contingent upon direct provision of clinical services unrelated to the education of their students.⁴

Following this survey, a work group of program administrators was convened in January 2005, at the request of the AANA Board of Directors. This work group addressed nurse anesthesia faculty recruitment and retention issues, given the ongoing increases in nurse anesthesia student enrollment nationally. The work group identified key strategies to address faculty recruitment and retention. Participants in this work group also submitted their job descriptions for examinations. One recommendation from the work group was to develop a position statement that would accurately reflect the unique role of program administrators and administrative responsibilities of nurse anesthesia faculty. In 2005, the AANA Education Committee was tasked with examining this phenomenon including the various nurse anesthesia educator position descrip-

tions and developing a Program Administrator Position Statement to be best employed for enlightenment of university and industry leaders regarding the multifaceted role of the nurse anesthesia program administrator.

Review of Program Administrator Position Descriptions

Members of the fiscal year 2005 Education Committee examined and summarized numerous nurse anesthesia program administrator position descriptions. These position descriptions came from schools of nursing, allied health, and hospital-based programs. Notable characteristics included a rigorous time commitment for program administrators, significant administrative responsibilities, scholarship demands, and, in some cases, clinical practice mandates. Direct quotations from some examples in each of these areas follow.

In one case, time commitments were described as “time evaluation for the program director is on a continuum with hours approximating 70 per week with administrative require-

ing 40%, clinical instruction 40%, teaching/didactic 15%, and university committee work 5%.” In terms of administrative responsibilities, another position description states that the administrator:

...counsels, supervises, directs and evaluates the didactic and clinical instruction provided by university and adjunct faculty; participates in didactic teaching; participates in the instruction and supervision of students in the administration of anesthesia; monitors and counsels students concerning didactic and clinical progress; makes frequent evaluation of the program and institutes changes as needed to meet the requirements of the COA...Exceptional emotional stability is needed in order to function during periods of emotional or physical stress. Ability to attend to a variety of demands at one time; solve problems quickly; transfer didactic theory to clinical practice; accept orders and constructive criticism; work harmoniously with many people; assume a continuing self-education program to maintain professional excellence in the specialty.

Another program administrator job description requires the program director to participate in a minimum of 200 hours per year of faculty practice; assign all nurse anesthesia program faculty teaching loads for each term; seek external funding and other collaborative/consultative activities; and contribute service as a committee member or chair to the university and professional organizations. To include all of the following:

- Fulfill all requirements of assigned academic rank.
- Maintain certification/recertification as a CRNA.
- Serve as a resource for students and faculty.
- Design and implement an evaluation plan to assess and direct ongoing program development.
- Communicate essential information to academic and clinical faculty, department chairs, and deans.
- Assume overall authority and responsibility for all nurse anesthesia program activities.
- Delegate administrative elements to the assistant director and other faculty as indicated.

- Recruit high quality students with the ability to succeed within the curriculum.
- Design clinical rotation schedules to maximize student experience and growth.
- Acquire clinical sites as needed to provide essential clinical experiences.
- Maintain accuracy and confidentiality of student records and evaluations.
- Develop a mechanism to accurately track clinical experiences and generate student transcripts.
- Prepare accurate and representative informational materials with respect to the program for dissemination to applicants, students, faculty, and the public.
- Assist in the preparation of and provide input to a budget for the program that supports academic quality.
- Develop process guidelines to address student grievances.
- Ensure that policies and procedures with the program and university are administered in a fair and equitable manner.
- Maintain all elements of the program such that national accreditation is maintained.
- Provide references and clinical privilege information for current and past students as requested.
- Develop goals and strategies to continuously improve the quality of the program.
- Interact appropriately and in a timely manner with accreditation and certification bodies within AANA.

Review of Faculty Workforce

The AANA Education Committee examined timely research related to the nurse anesthesia faculty workforce. A 2007 comprehensive study revealed that there was no difference in the expected years to retirement for faculty vs nonfaculty CRNAs: 36% of both groups plan to retire by 2014; 64% expect to retire after 2014^{5,6}; however, 50% of nurse anesthesia educators holding terminal

doctoral degrees are predicted to retire within the next 10 years.⁶

For faculty members in schools or colleges of nursing, the American Association of Colleges of Nursing notes that “faculty age continues to climb, narrowing the number of productive years nurse educators can teach...a wave of faculty retirements is expected across the United States over the next decade.”⁷ The average age of nurse faculty at retirement is 62.5 years. With the average age of doctorally prepared faculty currently 53.5 years, numerous retirements are expected in the next 10 years.⁷⁻⁹

There is a significant expected increase in demand for nurse anesthesia faculty in the future. The combination of considerable growth in the number of nurse anesthesia programs in concert with projected faculty retirements fuels this supply-demand imbalance.

The salary differential between clinical and academic settings was the most significant barrier to recruitment of academic faculty. Other identified variables in the Merwin et al⁶ study were: academic credential, benefits, workload, and loss of clinical time. Program administrators earn a median \$10,000 more than other CRNAs, but work an average of 10 hours per week more than their clinical counterparts. For those CRNA educators without a doctorate, or not currently pursuing doctoral studies, 20% indicated that they would stop teaching if a doctorate was required to continue teaching. Age and being a clinical faculty member were the only predictors of an individual's plan to stop teaching if doctoral degrees were required for faculty members. Major hurdles perceived by CRNA faculty respondents to obtaining a doctoral degree included time, finances, availability of programs, value, their age, desire, and workloads. Doctoral education is an ongoing concern, given an increasing emphasis on the desirability of earned doctoral degrees in the aca-

Problems	Causes	Strategies	Action plan
Lack of understanding by academic administrators of faculty time requirement to meet COA standards.	System does not give enough credit to the program director for the need to fulfill his/her administrator responsibilities.	Develop position statement on program director responsibilities with emphasis on administration.	Education committee develops position statement on program administrative time commitment.
Lack of job descriptions; perception is that program directors do everything.	Job description of university does not match traditional program director position or expectations. Hospital-based programs did not interface with universities until about 15 years ago; university systems are distinct from those of hospitals.	Share with deans short- and long-term goals of CRNA educators. Provide results from Faculty Recruitment and Retention Survey.	
Inability to meet traditional university requirements, eg, publish, while working in hospital to meet salary needs.	No uniformity of role expectations among universities.	Study and define reasonable workloads for academic and clinical faculty in nurse anesthesia educational programs, permitting reasonable on-duty time for classroom preparation, grading tests, and evaluating students.	Provide time management speaker at Assembly of School Faculty.
Administrative position is/should be primary – cannot be all things to all people, eg, research, publish, etc.	Program director expected to wear too many hats, eg, research, teach, administrative.	Work with deans.	
Divergence of university system from clinical system. Solving issues quickly vs longer time frame in academe.	Unrealistic expectations formed.	Improve faculty training.	Enhance the faculty fellowship program to assist faculty obtaining doctoral degrees.
Academic administrators do not respect/understand anesthesia issues.	Lack of understanding of new CRNA faculty regarding expectations of university system and what is realistic/attainable.		

Table. Action Plan for CRNA Faculty Recruitment and Retention
COA indicates Council on Accreditation of Nurse Anesthesia Educational Programs.

demographic community. Finally, the faculty workforce study found that 66% of programs had no CRNA faculty vacancies. The mean vacancy rate per program was 0.5 full-time equivalent. There were 52 reported CRNA faculty vacancies nationally at the time these data were collected.⁶

Following a review of pertinent workforce data and position description requirements, the 2005 AANA Education Committee and the AANA professional staff compiled the following action plan and position statement related to faculty recruitment and retention (Table).

Discussion

Individuals with the motivation, knowledge, skills, abilities, and experience who are willing to serve as program administrators are rare. A combination of entrepreneurial, leadership, scholarship, and clinical skills are necessary. The program administrator role entails long hours and frequently provides less compensation than clinical practice.

Program administrators leave their positions for a variety of reasons: the desire for more time with family, higher incomes, predictable hours, and less ambiguity related to fulfillment of role expectations.

The following statement is offered regarding the multifaceted role of nurse anesthesia program administrators, recognizing that some CRNA program administrators opt for non-tenure tracks since their time and the demands of the position inhibit their ability to seek external funding, conduct original research, publish, and fulfill other academic role expectations.

Statement

The role of the nurse anesthesia program administrator is multifaceted, requiring a combination of entrepreneurial, leadership, scholarship and clinical skills. Nurse anesthesia program

administrators are required by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) to be Certified Registered Nurse Anesthetists. They assume primary responsibility for keeping their respective programs in compliance with COA specialty accreditation standards. Traditional tenure-track roles in institutions of higher education typically require evidence of faculty excellence in teaching, service and scholarship. Many nurse anesthesia program directors, either by choice or requirement, practice clinically to stay current and/or to help offset significant salary differentials between practice and academia. A traditional tenure-track model may not be realistic or advisable for the nurse anesthesia program administrator to enter into without first having appropriate support mechanisms in place. A non-tenure track model, however, can put the nurse anesthesia program administrator at a competitive disadvantage for promotion or seniority with other faculty administrators on tenure tracks.

Given the array of specialty accreditation responsibilities unique to the administration of a clinically and academically intensive nurse anesthesia program, often coupled with a clinical practice role, it is incumbent on senior academic administrators and nurse anesthesia program administrators to carefully consider and mutually agree on a realistic balance of responsibilities for the nurse anesthesia program administrator. Development of support mechanisms for nurse anesthesia program administrators is essential to

assure and sustain a high quality nurse anesthesia educational offering.

The AANA Education Committee members welcome additional thoughts about this proposed statement. Recognizing that this statement might not be relevant to all academic units or nurse anesthesia programs, it is hoped that this statement may help to stimulate and facilitate dialogue between nurse anesthesia program administrators and their senior academic administrators. It is essential to ensure that program administrators have the resources necessary to operate quality programs while fulfilling reasonable role expectations if we hope to sustain and grow nurse anesthesia educational programs.

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