



# EDUCATION NEWS

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## UPGRADING NURSE ANESTHESIA EDUCATIONAL REQUIREMENTS (1933-2006) – PART 1: SETTING STANDARDS

*Upgrades in requirements for nurse anesthesia programs are reviewed over time. Topics include an early commitment to seeking university affiliation, starting a voluntary approval process for programs, implementing an accreditation process, and the evolution of education standards. Credit is given to past and present nurse anesthesia leaders in elevating the expectations for higher levels of education for CRNAs. This is the first part of a 2-part column that provides his-*

*torical background considered by the 2005-2007 AANA Task Force on Doctoral Preparation of Nurse Anesthetists in making recommendations to the AANA Board of Directors. Part 2, to be published in the August 2007 AANA Journal, will report on upgrades in curriculum requirements and the credentials of anesthesia faculty and students.*

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

A primary objective of the 1933 bylaws for the National Association of Nurse Anesthetists (NANA) was to develop nurse anesthesia education standards.<sup>1</sup> This set the course for continuous increases in the educational level of nurse anesthetists throughout their history. The commitment of leaders to attain this objective took the education of nurse anesthetists from apprenticeships (created to serve the needs of local hospitals) to the award of graduate degrees from accredited universities. The movement of schools of anesthesia from hospitals to universities was finally accomplished in 1998<sup>2</sup> taking a little more than half a century to fulfill the visions of early nurse anesthesia leaders.

### **Movement of nurse anesthesia programs into universities**

Nurse anesthesia leaders have promoted university education almost from the beginning of the professional organization. Reports by nurse anesthetist Helen Lamb, beginning in 1934 to 1935, for the National Association of Nurse

Anesthetists (NANA, later renamed the American Association of Nurse Anesthetists or AANA) Committee on Education proposed a detailed curriculum<sup>3-6</sup> based on those from the “better schools” to serve as a standard to be met by all schools of anesthesia. Among the recommendations was the following short paragraph on “university affiliations”:

When so located physically as to make it possible, the School of Anesthesia should strive to secure the benefits which Universities have extended to other professional groups. Such University recognition and affiliation should eventually result in broadened facilities, both practical and cultural.<sup>3(p57)</sup>

University affiliation was able to be accomplished within the 20th century through a series of events that laid the groundwork for its attainment: (1) setting education standards, (2) approving curricula, (3) inspecting schools, and (4) developing an accreditation process. These events resulted from deliberate actions by nurse anesthetists to assume responsibility for the quality of their own education. First, NANA developed standards for education, a task

undertaken by the first Committee on Education.<sup>1,3,5</sup> By 1938, NANA's Education Committee was creating a list of the schools of anesthesia in the nation as a prelude to approval for those with curricula that met NANA's standards.<sup>1,6</sup> Concurrently, NANA leaders began to establish a means to inspect schools of anesthesia that voluntarily sought approval by the Association.<sup>7</sup>

In order to begin inspecting schools, a determination had to be made about how many schools existed and where they were located geographically. A national survey of 106 hospitals and teaching institutions was conducted in 1938 with the discovery of 39 training courses graduating about 263 anesthetists each year.<sup>8</sup> The survey also revealed great variations in the characteristics of the programs and hospitals in which they were located. A plan was made to have a representative of NANA inspect all active schools to assess the feasibility of “...coordinating training methods and of promoting within the schools progressive developments of constructive character.”<sup>8(p267)</sup> It was not the intent of these first inspections to

approve schools but to gather information necessary to set up an accreditation process.<sup>9</sup> By 1942, 22 schools of anesthesia had been inspected. This was the first known attempt by the professional organization to make personal contact with the schools.

An urgent need to move forward with the plan to standardize the education of nurse anesthetists through accreditation was soon recognized in 1943 during World War II.<sup>10</sup> Concern was expressed that the wartime shortage of trained anesthesia personnel had resulted in the establishment of new schools throughout the country, many that were "ill advised and unjustified."<sup>11</sup> This prompted AANA's Committee on Education to prepare a bulletin, *Essentials of an Acceptable School of Anesthesiology for Graduate Registered Nurses*<sup>12,13</sup> to provide information to those inquiring about the proper training of nurse anesthetists. AANA went on record saying that high education standards must be maintained even in times of personnel shortages due to war. According to Lamb who spoke for the Committee on Education:

The long-range future and well being of our specialized field is intertwined with the maintenance of an uncompromisingly high level of education for entrants to it. We must unremittingly defend those standards.<sup>10(p259)</sup>

The 1945 *Essentials of an Acceptable School of Anesthesiology for Graduate Registered Nurses* (Essentials) continued to urge university affiliation for conducting institutions. In describing the type of conducting institution, the Essentials said:

Schools of Anesthesiology should be established only in hospitals...That may become affiliated with a college or university; and by such affiliation the course in Anesthesiology can merit university credit. It is of distinct advantage to the school if affiliation is possible; and the university can furnish some of the teaching and library facilities which the anesthesia service in the hospital cannot furnish.<sup>12(p1)</sup>

In a memo to nurse anesthetist Helen Blanchard, chairman of the American Association of Nurse Anesthetists (AANA) Board of Trustees, Lamb emphasized that the Essentials were a minimum of what should be included in any nurse anesthesia school. In her memo she clarified:

...that the purpose of the above entitled Bulletin [Essentials] was not to set up a curriculum for schools. It was to outline what might be called a *minimum* of what should be embodied within any course that proposed to train candidates for this field. It has at no time been discussed as setting forth a *maximum standard*, but instead a *minimum* that could be considered acceptable as a starting basis for new "emergency created" courses.<sup>13(p1)</sup>

A questionnaire to 116 hospitals during the same time period resulted in information on 32 schools of anesthesia with great differences in the amount and type of didactic instruction. Surprisingly, the AANA Curriculum Committee reported to have found that some schools had established university affiliations by 1944 with courses receiving university credits.<sup>14</sup>

### Starting a voluntary approval process

In preparation for evaluating and approving schools, several committees were formed after the war. As described by Lamb, 1949 chairman of the Committee Advisory to the Approval Committee:<sup>15</sup>

I am sure that all who have been privileged to work on the Association's educational project during the past few years feel a sense of gratification at the progress that is being made with the schools of anesthesia evaluation program that was so prophetically initiated by our great leader and first president, Miss Agatha Hodgins, some fifteen years ago. While originally the various educational projects of the Association were carried forward by one committee, the Committee on Education, the work was later very properly divided among additional committees, such as the Curriculum Committee, Examination Committee, Approval Committee, and Advisory to the Approval Committee.<sup>15(p6)</sup>

One of the first projects in

preparing for a school approval process was to decide on what type of data schools needed to submit.<sup>16</sup> A questionnaire for data collection was finalized in 1948 with assistance from a consultant at the School of Education at Western Reserve University.<sup>17</sup> Earlier assistance in developing the approval process was obtained from a professor at Northwestern University<sup>15</sup> and representatives from the American Hospital Association.<sup>7</sup> Input also was sought from the American Medical Association and the American College of Surgeons.<sup>18</sup>

By 1949 there was documented evidence that the AANA Curriculum Committee had reviewed 14 curriculums with one half of them meeting the minimum Essentials and the other half being deferred or rejected.<sup>15</sup> Evaluating whether schools could meet minimum Essentials was an important step in beginning to standardize the education offered to nurse anesthetists until a formal accreditation process was established.

### Implementation of an accreditation process

A headline on the front page of the October 1950 *A.A.N.A. News Bulletin* proclaimed "Accreditation of Schools Approved Unanimously."<sup>18</sup> By unanimous vote on a motion made by Lamb for the Advisory to the Approval Committee, the plan for accreditation was adopted at the AANA Annual Meeting in Atlantic City, NJ, in September 1950. In arguing for the resolution, Lamb urged support from the membership for accreditation so that schools involved in training nurse anesthetists would be inspected by qualified consultants before AANA's public endorsement that they met educational standards. As Lamb explained:

Such accreditation would vouch for the fact that graduate nurse anesthetists, who now occupy or who in

**Table. Standards for approval or accreditation of nurse anesthesia programs, adoption and major revisions (1937-2004)\***

Year	Type	Title of document
1937	Guidelines	Recommendations Regarding Schools of Anesthesia for Nurses, <sup>5</sup> later referred to as a pattern of curriculum, recommended curriculum, and essentials <sup>4</sup>
1945	Voluntary approval process	Essentials of an Acceptable School of Anesthesiology for Graduate Registered Nurses <sup>12</sup>
1947	AANA Approval Committee publications	Preparations made for evaluation of schools <sup>16</sup>
1952	Required for accreditation by AANA	Accreditation of Schools of Anesthesia for Nurses <sup>23</sup>
1960	Required for accreditation by AANA	Accreditation of Schools of Anesthesia for Nurses <sup>25</sup>
1970	Required for accreditation by AANA	Accreditation of Schools of Anesthesia for Nurses <sup>26</sup>
1976	Required for accreditation by COA	Educational Standards and Guidelines for Nurse Anesthesia Educational Programs <sup>27</sup>
1980	Required for accreditation by COA	Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs/Schools <sup>28</sup>
1990	Required for accreditation by COA	Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs/Schools <sup>29</sup>
1994	Required for accreditation by COA	Standards for Accreditation of Nurse Anesthesia Educational Programs <sup>30</sup>
1999	Required for accreditation by COA	Standards for Accreditation of Nurse Anesthesia Educational Programs (revised) <sup>31</sup>
2004	Required for accreditation by COA	Standards for Accreditation of Nurse Anesthesia Educational Programs <sup>31</sup>

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

the future enter our field from our standard courses of training, are irreproachably equipped, educationally and clinically, to meet the professional requirements and responsibilities that are inherent in the practice of our specialty. <sup>19(p5)</sup>

The issue of university affiliations was raised again in 1951 with a suggestion from the Advisory Committee to grant university degrees or credits for coursework as an incentive to increase the number of applicants to schools of anesthesia. This suggestion also was promoted as a way to increase the supply of qualified teachers.<sup>20</sup>

The visionary work of early AANA committees was completed in 1952 when the AANA Board of Trustees accepted the criteria for accreditation of schools of anesthesia on January 19, 1952.<sup>21</sup> Under the direction of Association leaders, the minimum Essentials<sup>12,13</sup> for an acceptable school of anes-

thetia had been finalized, and the process of school onsite reviews had been developed based on expert advice and feedback from nurse anesthetists at workshops and conferences. Responsibility for accreditation was officially transferred to the AANA Approval of Schools Committee, chaired by nurse anesthetist Margaret F. Sullivan, on May 31, 1952.<sup>21</sup>

### Essentials or standards of education

The critically important 1937 Recommendations Regarding Schools of Anesthesia for Nurses,<sup>5</sup> and 1945 *Essentials of an Acceptable School of Anesthesiology for Graduate Registered Nurses*<sup>12</sup> (Essentials) described the essential elements for education and paved the way to standardize the education of nurse anesthetists and upgrade the quality of schools of anesthesia. The 3 key elements in

the documents addressed curriculum, faculty, and students that would remain the foci of all future accreditation standards.

The professional Association continued to refine the recommended Essentials for schools of anesthesia until the formal accreditation process was started in 1952.<sup>21</sup> The first published accreditation Standards in 1952, titled the *Accreditation of Schools of Anesthesia for Nurses*,<sup>23</sup> was an outgrowth of the Essentials. These Standards became the measure by which schools of anesthesia were evaluated for accreditation. Periodic revisions have been made to the accreditation Standards since that time with the seventh and latest major revision adopted in 2004<sup>24</sup> (Table). They continue to be considered minimum requirements, a concept strongly promoted by Lamb.

## Summary

Nurse anesthetists have taken responsibility for upgrading their education requirements since the beginning of the professional organization in 1933. Schools of anesthesia have moved from apprenticeships at hospitals to program affiliated with degree granting institutions. This could not have been done without the development of standards and a credible approval process for educational programs. Credit for these advances in education must be given to past and present nurse anesthesia leaders in the professional organization and accrediting council. It is as if each generation of nurse anesthesia leaders has continued the work of the previous generation to govern themselves by continuously elevating the standards for education programs.

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## ACKNOWLEDGMENT

Research for the column was based on original documents obtained from the AANA Archives. I gratefully acknowledge the valuable assistance of Kathy Koch, MLIS, CA, AANA Archivist-Librarian, in providing access to these important documents.