
Education News

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Should nurse anesthesia programs be directed by a CRNA?

Key words: Anesthesia program director, nurse anesthesia program.

The complexion of the leadership of nurse anesthesia programs has changed considerably over the last few decades. In the early 1970s, as nurse anesthesia educational programs began to proliferate, it was common for anesthesiology groups or hospitals to be the financial underwriters for the schools. This financial structure led to governance that promoted anesthesiologists as sole administrators of nurse anesthesia programs. As directors, anesthesiologists controlled all aspects of the educational process. Physicians thus served as role models for a nursing specialty.

Recognizing the need to empower Certified Registered Nurse Anesthetists (CRNAs) to serve as mentors, role models, and advocates for nurse anesthesia students, the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs set mechanisms in place to ensure CRNA involvement in the educational process. In 1980, the *Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs* required that the faculty of a nurse anesthesia program should include a CRNA director who, by position and authority, was actively involved in the organization

and administration of the total program.¹ To comply with this standard, a CRNA director was expected to develop admission criteria; select, counsel, and evaluate students and faculty; develop curriculum; prepare program budget; maintain records; and teach didactic and practicum.

These same standards also addressed faculty qualifications: (1) the director of a certificate program was required to hold a baccalaureate degree in nursing or a related field by December 1980, (2) the director of a baccalaureate program was required to hold or be actively pursuing a master's degree, and (3) the CRNA director of a master's program was required to hold a master's degree or be within 1 year of graduation from a nationally accredited university. All CRNA directors were required to hold an appropriate master's degree (nursing, basic sciences, education, or administration) by December 1985.¹

In keeping with trends in nursing education, the 1990 *Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs* required students to possess a baccalaureate degree in nursing or an appropriate field of study.² In addition, by January 1, 1998, all nurse anesthesia programs were required to develop courses of study that would grant a master's degree or higher.²

The specific language for the director required the individual to hold a minimum of an earned graduate degree from a recognized institution of higher education. Further, this individual was expected to demonstrate leadership skills, decision-making authority, and have expertise in guiding the curriculum, students, and faculty.²

The requirement for academically and professionally prepared CRNA directors has not been challenged until recently when more universities assumed their employment. It was then that the value of the CRNA program director was questioned as deans needed to justify the cost of employing CRNA faculty. To respond to repeated queries about this requirement, the COA surveyed program directors for their opinion and also surveyed other educational entities to determine if the requirement for a specialty-specific program director in nurse anesthesia was consistent with other educational standards.

Survey of program and assistant directors regarding the value of CRNAs in CRNA director and assistant director positions

Eighty-three directors of accredited nurse anesthesia educational programs were issued a survey to determine if CRNA program and assistant directors supported the COA requirement for CRNAs to hold positions as primary administrators of nurse anesthesia programs. Using a 4-point Likert scale, ranging from essential to not important, directors were queried about the value they placed on CRNAs administering nurse anesthesia educational programs. Of the 60 responses (70% response rate), 55 (91%) respondees indicated that they believed the requirement for program director was essential.

CRNAs defended their positions as program directors for the following reasons:

- First and foremost, CRNAs serve as role models and mentors for students.
- There is a vested interest in the specialty, which prompts faculty to remain cognizant of trends in anesthesia practice.
- More meaningful evaluation of students and faculty occurs.
- Credentials facilitate successful networking for academic and clinical sites.
- Development of independent practitioners is promoted.

Approximately 1 year later, surveys were issued to 15 additional directors who were new to the position and had not been previously surveyed. Of the 6 responses (40% response rate),

Table 1. Accreditation standards for educational programs in other specialties reviewed

Residency education in anesthesiology
Dietetics education
Histotechnician and histotechnologist
Baccalaureate and graduate nursing education programs
Rehabilitation counselor
Optometric technician
Clinical laboratory scientist/medical technologist
Journalism and mass communication
Nurse practitioner
Clinical assistant
Postsecondary baccalaureate and higher degree in nursing
Audiology and speech-language pathology
Pathologists' assistant
Osteopathic medicine
Computer science

the majority chose the same reasons listed previously to validate their positions. Of interest, from both surveys, 2 directors questioned the need for a CRNA in the assistant director position, suggesting that this position would be best filled by a non-CRNA with curriculum development background.

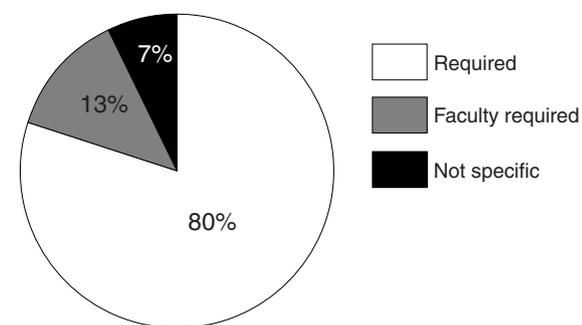
Other educational programs

The COA also was interested in determining if the standard requiring a specialty-specific individual to oversee the entire educational process was consistent with other educational programs. The accreditation standards for 15 educational programs in other specialties were gathered (Table 1). These standards were reviewed to determine if requirements mandated specialty-specific credentialed individuals to direct the educational process. Twelve specialties require the director to be academically and professionally qualified in the discipline to organize and administer the program. Of the 3 specialties where no specific criteria were defined, the faculty is required to be educated in the specialty (Figure).

Validity and reliability statistical tests

In addition to the survey, the COA examined the results of regularly conducted validity and reliability statistical tests on the educational standards. Each standard and corresponding criteria are rated by a community of interest, such as

Figure. Percentage of educational program standards that require specialty-specific credentials for program director*



* See Table 1 for list of other specialties reviewed.

onsite reviewers, directors, students, practitioners, and administrators, identifying the degree of importance it holds in developing entry-level nurse anesthetists. Criteria D2 and D3 of the 1994 *Standards for Accreditation of Nurse Anesthesia Educational Programs*³ specifically address the requirement for a CRNA as director and assistant director (Table 2). The items receiving the highest rankings were the least desirable. The requirement for the director of the program to be a qualified CRNA received an overall ranking of 4 indicating that it is a desirable requirement for preparing competent entry-level nurse anesthetists as viewed by the comparison groups. The overall rank of 11 for the requirement for assistant director indicates that it is of modest value in relation to preparing entry-level nurse anesthetists.

Conclusion

The practice of nurse anesthesia is a specialty within nursing that requires comprehensive didactic and clinical preparation. A CRNA appears to be the most appropriately qualified individual to serve as program director in the highly specialized educational process of the student nurse anesthetist. CRNAs are valuable role models, mentors, and student advocates, and they are critical to the socialization of the student into the profession.

Requiring an academically and professionally prepared individual, a CRNA, to administer a nurse anesthesia educational program is consistent with standards of other accrediting agencies. In addition, results of the COA validity and reliability statistical tests strengthen the argument that

Table 2. Rankings for criteria D2 and D3 of the 1994 *Standards for Accreditation of Nurse Anesthesia Educational Programs*³

D2: An accredited program is required to employ a CRNA who holds an earned graduate degree from an accredited institution of higher education to assume the role of program director. This individual, by position and function, will have authority over the organization and administration of the program.

Overall rank	4
Directors	2
Reviewers	3
Students	3.5
Practitioners	6.5
Administrators	10

D3: An accredited program is required to appoint a CRNA who is qualified by graduate degree, education, and experience to assist the CRNA program director as needed and to assume the director's responsibilities if required.

Overall rank	11
Reviewers	5
Directors	9
Students	11
Practitioners	12
Administrators	13

Note: The items receiving the highest rankings were the least desirable.

CRNA directors are essential in preparing entry-level nurse anesthetists.

While the value of CRNAs as administrators of programs is supported by CRNAs, it would be of interest to survey the deans of the academic institutions that house nurse anesthesia educational programs to see if their responses would be similar.

REFERENCES

- (1) *Standards for Accreditation of Nurse Anesthesia Educational Programs*. Park Ridge, Ill: Council on Accreditation of Nurse Anesthesia Educational Programs; 1980:31.
- (2) *Standards for Accreditation of Nurse Anesthesia Educational Programs*. Park Ridge, Ill: Council on Accreditation of Nurse Anesthesia Educational Programs; 1990:11, 21.
- (3) *Standards for Accreditation of Nurse Anesthesia Educational Programs*. Park Ridge, Ill: Council on Accreditation of Nurse Anesthesia Educational Programs; 1994:9.

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