Accreditation is a voluntary process that fosters quality assessment and quality improvement. Standardization of education in the health professions, including programmatic accreditation, began in the early 20th century. Some key developments in health professions accreditation followed. Nurse anesthesia was the first nursing specialty to adopt accreditation of its educational programs, which was implemented in 1952.1 In 1905, the American Association of Medical Colleges (AAMC) adopted a standard curriculum of 4,000 instructional hours, which preceded accreditation of medical schools. The 1910 Flexner Report called for significant changes in medical education, including more rigorous admission standards, following the scientific method in research and practice, and oversight by state licensure boards. Medical school inspections conducted by the AAMC and the American Medical Association began in 1919.2

The Accreditation Council for Pharmacy Education was established in 1932 as the American Council on Pharmaceutical Education.3 Physical therapy education programs have been recognized in some manner since 1928 when the American Physical Therapy Association first published a list of approved programs. In 1977, the Commission on Accreditation Education (CAE – now CAPTE) was recognized as an independent accreditation agency by the US Department of Education and by the Council on Postsecondary Accreditation.4

The National League for Nursing Education (NLNE) published Standard Curriculum for Schools of Nursing in 1917, a guide for schools to establish acceptable training for the nursing profession. The NLNE began accreditation for nursing education programs in 1938.5

The Accreditation Commission for Midwifery Education (ACME) has been recognized by the US Department of Education since 1982 as a nationally recognized accrediting agency for nurse midwifery and midwifery education programs.6 From its inception in 1931, the National Association of Nurse Anesthetists (NANA) sought to improve and standardize the education for nurse anesthetists. This article summarizes a monograph on the history of nurse anesthesia accreditation submitted by the authors to the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).1 The historical events appear in chronological order so that relationships and trends can be seen throughout the time period of 1930-2019. The 375 references for this paper included primary published and unpublished sources in the COA and AANA archives and personal communications from key informants. A picture from the AANA archives (Figure) shows 1933 National Association of Nurse Anesthetists

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**Keywords:** Accreditation, Certified Registered Nurse Anesthetist, CRNA, education, history, requirements.
(NANA) President Gertrude Fife and Trustee Helen Lamb who were instrumental in developing education and approval standards for schools of nurse anesthesia. This is the first of a two part “Imagining in Time” paper on the history of nurse anesthesia accreditation, and addresses the years 1930-1982. A second article will describe events that occurred between 1983 and 2019.

1930-1939

- 1930: Agatha Hodgins made a second attempt to form a national organization for nurse anesthetists based on her persistent desire to improve unregulated anesthesia schools, and to resist legal challenges brought by some physicians opposing nurse anesthesia practice. Her efforts were successful and on June 17, 1931, the National Association of Nurse Anesthetists (NANA) was founded.\(^7\)
- 1933: At the first NANA convention, minimum standards for schools of anesthesia were agreed upon by the trustees: a course length of 4 months, 250 cases and 75 hours of classroom instruction.\(^8\)
- 1934: NANA President Gertrude Fife noted “the NANA was created to elevate the standards of anesthesia and to accomplish standardization of the schools of anesthesia…”\(^9\)
- 1935: NANA promulgated standards for schools of anesthesia.\(^1\)
- 1936: NANA’s Education Committee discussed a goal to approve schools of anesthesia, but the association lacked resources to implement a “thorough investigation of schools.”\(^10\)
- 1937: A survey of hospitals by the Education Committee identified the location of anesthesia schools. The Credentials Committee accepted graduation from 17 schools as qualification for NANA membership.\(^11\)
- 1938: NANA sought and received support from the American Hospital Association (AHA) and the American Board of Surgery to implement its accreditation program.
- 1939: A national survey found striking differences in the lengths and curricula of 39 programs. NANA became the American Association of Nurse Anesthetists (AANA). Helen Lamb, Education Committee Chair, presented a plan for school visits to the Board of Trustees.\(^12\)

1940-1949

- 1940: The plan for school visits was presented to AANA members at the Annual Meeting.\(^13\)
1941: World War II begins, which places AANAs plans for standardizing education and review of schools on hold. 

1943: A school certification program was approved by AANA members and forwarded to the AHA for review. 

1944: Content on the Essentials of an Acceptable School of Anesthesia for Graduate Nurses was published. 

1946: AANA and AHA decided that AANA should accredit schools, but the project was unfunded. The first Schools of Anesthesiology Assembly was held and was a derivative of the Institute of Instructors of Anesthesiology. 

1947: An AANA Approval Committee and an Advisory to the Approval Committee determined the information needed from schools for accreditation. Approval Committee Chair Gertrude File said that procedures for approval of schools were needed. 

1949: Helen Lamb chaired the Advisory Committee to the Approval Committee and noted challenges regarding items to include on a school questionnaire and lack of funding for the approval program. 

1950-1959 

1950: AANA dues were raised to $20 with a portion of the dues earmarked for starting and maintaining the accreditation program. Members voted unanimously to implement an accreditation program. 

1951: Three higher education advisors were appointed by the AANA Board, along with school directors to develop accreditation standards. 

1952: The accreditation program was established, including didactic and clinical requirements and a one year course of instruction. The Approval of Schools Committee was activated and used questionnaires completed by schools and school visit reports to make decisions. 

1953: The first AANA Educational Director, Lucille Lovett, was hired. Accreditation reviews of all extant schools were completed. 

1954: There were 106 schools of anesthesia in the United States of which 82 were fully approved. Clarene Carmichael replaced Ms Lovett as AANA education director. Notes on the Respiratory System, Notes on Chemistry and Physics, Notes on the Circulatory System, and Notes on the Nervous System were the first in a 13-part series of educational publications written by Ms Carmichael. 

1955: AANA was recognized by the US Office of Education (OE) as the accrediting body for nurse anesthesia education. 

1958: The list of approved schools included entrance dates and stipends offered. 

1959: New accreditation criteria were developed. 

1960-1969 

1960: Ms Carmichael resigned as AANA education director. 

1961: A plan to revise information on the list of approved schools twice each year was developed. Betty J. Smith, CRNA, became AANA education director. 

1967: There were 201 accredited schools with 88 school visits completed that involved 16 visitors. Applications for 13 new schools were received. 

1969: Sixteen schools were discontinued, reportedly due to an inability or lack of desire to meet new accreditation requirements. An AANA Accreditation Review Workshop was held in Chicago. The topics discussed included selection of students, transfers, transcripts, junior membership, course content, teaching and other issues. 

1970-1979 

1970: An ASA-AANA Joint Committee Statement said that AANA “welcomed the cooperation of anesthesiologists so long as the standards for the schools are maintained.” The 1970 Criteria for Accreditation specified that the course of study should be at least 18 months long with a minimum of 450 clinical cases and at least 300 hours of classroom instruction. A class outline with required content areas and clinical experiences was included with these Criteria. Accreditation program expenses were supported by AANA member dues. 

1971: Retired Army Colonel Ruth Satterfield, MSNA, CRNA, was appointed as AANA Educational Consultant. She and AANA associate director Josephine Heimler completed numerous schools visits. COL Satterfield stated “AANA does not make surprise visits and always notifies the school directors of the visitor names and time of the visit.” Accreditation surveys were sent to 210 schools. OE developed more stringent requirements for accreditors, including the submission of self-studies. 

1972: A 24 month program of study was mandated. New accreditation procedures included a self-study and continuing self-evaluation by schools. Involvement of the host institution’s CEO in the accreditation process was required. 

1973: An ad hoc committee of the ASA challenged the legitimacy of AANAs accreditation process before OE and the Council on Post-Secondary Accreditation (COPA). ASA also advocated for equal representation of anesthesiologists in the accreditation of nurse anesthesia programs. Testimony from AANA and other nursing organizations opposed the challenge, which was unsuccessful, but COA delayed submitting its application to COPA. Some anesthesiologists proposed an alternative accreditation body for nurse anesthesia programs that they called the Faculty of Nurse Anesthesia Schools (FNAS); the plan was later abandoned. 

1974: OE developed new criteria for accreditation agencies which included public accountability,
consumer protection, non-discriminatory practice, due process, fair and ethical practice, full disclosure, avoidance of conflicts of interest, self-evaluation, validity and reliability studies of accreditation criteria and procedures, and public member involvement in accreditation agencies. An AANA task force addressed incorporation of these criteria into accreditation standards.

- 1975: Ira Gunn, MLN, CRNA, FAAN, ANC, Lt. Col(ret.) was selected to develop AANAs council structure consisting of accreditation, certification, and practice. Analysis of the OE criteria and belief that further challenges would be made to AANAs accreditation authority led the AANA Board of Trustees to support a bylaws change needed to form an Ad Hoc Council on Accreditation (COA). COA was created to be autonomous in decision making and eliminate possible conflicts of interest. COAs responsibilities were to formulate and adopt accreditation policies and procedures; advise in formulation of educational standards and guidelines; administer the accreditation program; and investigate grievances and complaints submitted against programs. Founding COA members included CRNA practitioners and teachers, an anesthesiologist, student, and a public member. Celestine Harrigan, CRNA, MS, was the first COA chair. AANA was notified that COA was granted recognition by OE. COA committee included Visitors, Professional Relations and Budget.


- 1977: COA developed a policy that required programs having on-site visits to pay all out of pocket expenses for those visits. Programs were advised that curricular changes required Council approval. A consultant conducted a validity and reliability study on the Standards.

- 1978: There was discussion about COA potentially seeking incorporation under an individual charter if it was to become totally autonomous. Program length was 24 months for 70% of programs while 30% were 18 months long. Contact hour requirements were provided for six required didactic curriculum areas along with required case numbers, types, and clinical hours. Michael Booth, CRNA, became the COA chair. He and COA Executive Staff Secretary Edward Kaleita, MEd, CRNA, reported interest from the National League for Nursing (NLN) about moving nurse anesthesia programs to schools of nursing.

- 1979: COA identified long-term goals that included securing mechanisms to fund special projects; performing a validity study on COA policies and procedures; and petitioning COPA for recognition.

- 1980: Mr Kaleita resigned as COA Executive Staff Secretary and Ms. Gunn served as Acting Executive Staff Secretary. COA approved a one year trial for the New England programs to use a common advisory committee. Mr Booth noted that COA was developing additional guidelines for baccalaureate and master's degree programs. Mary Cavagnaro, a CRNA retired from the Army Nurse Corps, was named executive staff secretary to the Councils on Certification and Accreditation in September. She was responsible for the day to day operations of both Councils; acted as liaison between the Councils and the AANA as well as external agencies and individuals; provided consultation to nurse anesthesia programs, students, graduates, program directors and faculty.

- 1981: Admissions requirements were revised to reflect completion of a baccalaureate or higher degree, or an associate's degree or diploma with additional academic credits. The number of nurse anesthesia programs decreased from 215 in 1975 to 147 in 1981. Despite closure of 68 programs, the number of first-time takers of the National Certification Examination did not decrease. COA held two workshops for on-site visitors, worked with its appellate body, the Council on Practice, to revise its appeal procedures and partnered with AANA to offer workshops on curriculum, instruction testing and evaluation.

- 1982: The Council set a goal of keeping operating expenses at or below $300,000.

This narrative will resume with events from 1983-2019 in the second part of this series.

Conclusion

The goal of this research was to create a record of events that occurred before, during and after the development of a formal accreditation process for nurse anesthesia programs. It provides a foundation for future research focusing on individual historical figures and specific key events.

One example of an important historical figure is NANA President Gertrude Fife who recognized in 1934 a need to elevate the standards of anesthesia practice and standardize the education of nurse anesthetists. Early members of the association responded to this need by working to locate schools, setting education standards and developing a school approval process, which eventually led to creation of COA in 1975. Examination of historical documents provided actual evidence to affirm that COA has developed into a well-known accrediting agency recognized by both governmental and non-governmental organizations. It is clear that COA has met the goal to elevate the standards of anesthesia education and continues to do so through its commitment to promoting high quality education programs.

*Within one year, the AANA Board of Trustees changed COA’s ad hoc status and made it a permanent part of the organization.*
REFERENCES

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