Substance use disorder (SUD) is a common problem in anesthesia. Although there are SUD policies in place for practicing anesthetists, there were no known studies before this inquiry discussing reentry policies specific to the student registered nurse anesthetist (SRNA). The purpose of this research was to describe key stakeholders’ knowledge and perspectives surrounding policies for reentry into academic programs in Illinois for SRNAs with SUD and to create a comprehensive structured policy template for SRNAs with SUD. The theoretical framework for this research was based on the Biopsychosocial Theory. Between November 2017 and January 2018, qualitative interviews, using a semistructured interview guide, were conducted with anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs) from throughout Illinois (n = 4). The interviews were audiorecorded, transcribed, and analyzed using thematic analysis. All participants stated that they did not have a policy in place to address SRNAs with SUD, yet 50% (2/4) reported knowing a student who had experienced SUD. Institutions that educate and use SRNA services should have a comprehensive reentry policy in place, which includes an option for SRNAs recovering from SUD to reenter their educational program. A policy template is provided for use by academic anesthesia programs.

Keywords: Reentry, student registered nurse anesthetists, substance use disorder, SUD policies, thematic analysis.
CRNAs and clinical CRNAs, anesthesiologists, anesthesia residency programs, and nurse anesthesia programs in Illinois whose departments have policies in place designed to assist employees with SUD. In total, 22 individuals were contacted via their institutional email address. Four individuals chose to participate. Two individuals were from the same institution, and the remaining 2 were from other institutions. One individual who chose not to participate stated that his or her institution did not have a policy in place. Participants included a male anesthesiologist, a male chief CRNA, a female staff CRNA, and a male staff CRNA. All interviews were face to face and lasted an average of 16 minutes.

• **Interview Guide and Methods.** Open-ended questions regarding SUD policies were developed to identify common and effective themes among professional and academic anesthetists. Sample questions are listed in Table 1. To ensure rigorous study methods, the interviewer presented the topic of SUD to the described sample and explained the rationale for the SUD research. Once common ground and trustworthiness were established, the interviewer asked open-ended questions based on previous SUD research. Open-ended questioning encouraged meaningful, robust answers from the study participants by providing them with subject matter to speak about as broadly or specifically as they saw fit.

• **Data Analysis.** The interviews were recorded and transcribed using qualitative data analysis software (NVivo, QSR International) to identify themes among answers. On completion, each interview was reviewed with the respective interviewee for accuracy, then transcribed. Each audiotape and transcription were then reviewed with the research committee for accuracy of transcription before conducting the next interview. After identifying themes among interviewees and their policies on SUD, the most common and useful aspects of those policies were identified.

Individuals interviewed were not the target population. However, their experience and knowledge of their respective professional SUD policies were integral in identifying useful policy components for the professional anesthesia population that has SUD.

### Results

Four individuals from 3 different institutions chose to participate in the study and be interviewed. Nine common themes were identified from their comments:

- Existence or nonexistence of SUD policies
- Inconsistent methods to policy access
- Variable policy components
- Difficulty in determining SUD among SRNAs
- Difficulty in confronting an individual
- Effective or ineffective policy components
- Knowing a person with SUD is not uncommon
- Variable amount of time needed for SUD treatment
- Variable amount of time needed for SUD treatment
- Different opinions for reasons and need for a student-specific SUD policy

Half of the participants interviewed (2/4) stated that their institution had an SUD policy in place, and the other half were unsure. All participants were aware of whom they could contact if they suspected a colleague of having SUD or if they personally needed help. The SUD policies in place were not specific to SRNAs; nor did they appear to be of use to any anesthesia provider who was not an employee. One participant mentioned that SRNAs found to have SUD would be referred to their home institution and would have to deal with the leadership at their school. All participants stated that they did not have a policy in place to address SRNAs with SUD. Although none of the SUD policies discussed were available to students, half of the participants knew a student who had experienced SUD.

Each participant identified familiar components of their departmental SUD policies that were effective. These components included confrontation of the suspected individual, inpatient and/or outpatient rehabilitation, and reintroduction into practice.

### Discussion

The AANA lists 12 criteria that CRNAs must meet before considering reentry into practice. Intensive inpatient treatment and follow-up care increases the possibility of recovery for anesthesia professionals with SUD. The American Nurses Association (ANA), in agreement with the NCSBN, supports monitoring the recovery of nurses with a history of SUD using a well-informed reentry plan because comprehensive support services ensure the safe rehabilitation and return of nurses to their professional community. Effectiveness is measured in the ability of an SUD policy to rehabilitate the nurse and protect the public.

According to Higgins Roche, when anesthesia departments, practice groups, and educational programs are confronted with a chemically impaired individual, they may be unable to intervene effectively because of a lack of knowledge and inadequate SUD policies and procedures. Substance use disorder is not limited to any economic,
social, or professional group, and it does occur in anesthesia providers. Certified Registered Nurse Anesthetists have abused a variety of anesthetic drugs, including ketamine, midazolam, propofol, and inhalation agents; fentanyl is the most commonly abused drug by anesthesia providers. Higgins Roche reported that 1 of every 2 fentanyl abusers will become chemically dependent.

The prevalence of anesthesia providers with SUD is approximately 10%. Seventy-five percent of anesthesiology and nurse anesthesia training programs have identified at least 1 suspected episode of abuse, and 20% of nurse anesthesia programs have had at least 1 incident of a chemically impaired SRNA. Higgins Roche recommends that posttreatment reentry requirements for an SRNA with SUD should parallel those of any professional anesthesia provider. A supportive environment is mandatory for a

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**Table 2. Identified Themes**

<table>
<thead>
<tr>
<th>Identified theme</th>
<th>AANA recommendations</th>
<th>ANA recommendations</th>
<th>Higgins Roche policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence and nonexistence of SUD policies; inconsistent methods on how to access a policy</td>
<td>Lists 12 criteria that CRNAs must meet before considering reentry into practice</td>
<td>Requires a well-informed reentry plan for the recovery of nurses with SUD</td>
<td>Recommends SUD policy in place at any location that employs anesthesia providers. Policy should include mandatory education on substance abuse and CD for anesthesiologists and CRNAs.</td>
</tr>
<tr>
<td>Variability in the components of SUD policies</td>
<td>Lists 12 criteria that CRNAs must meet before considering reentry into practice</td>
<td>Lists 9 criteria that nurses must meet before considering reentry into practice</td>
<td>Policy composed of 15 recommendations</td>
</tr>
<tr>
<td>Difficulty in determining SUD among SRNAs; difficulty in confronting an individual</td>
<td>Details signs and behaviors associated with SUD and drug diversion in CRNAs</td>
<td>Lists behavioral changes associated with nurses diverting substances or experiencing SUD</td>
<td>Department should have procedure for the identification, intervention, referral for assessment and treatment, and monitored reentry of an individual with substance abuse or CD.</td>
</tr>
<tr>
<td>Effective and ineffective components of a policy</td>
<td>Research on effectiveness of 12 recommendations is lacking. Most practitioners indicate that a 12-Step program is the most helpful recommendation.</td>
<td>Effectiveness is measured in ability of SUD policy to rehabilitate nurse and protect the public</td>
<td></td>
</tr>
<tr>
<td>Knowing a person with SUD is not uncommon</td>
<td>SUD is the number 1 occupational hazard. Of practicing CRNAs, 10%-15% will struggle with SUD at some point during their career.</td>
<td>An estimated 6%-8% of nurses use alcohol or drugs to an extent that it impairs their professional performance</td>
<td></td>
</tr>
<tr>
<td>Variable amount of time needed for SUD treatment</td>
<td>Monitoring will take place for 5 years, and the potential exists for monitoring for the duration of clinical practice</td>
<td>No recommended timeframe needed for treatment, but nurse must have willingness to commit to monitoring as recommended by a monitoring program</td>
<td></td>
</tr>
<tr>
<td>Differing opinions for the need for a student-specific SUD policy or reasons for need</td>
<td>Intensive inpatient treatment and follow-up care increases possibility of recovery for anesthesia professionals with SUD</td>
<td>Comprehensive support services ensure the safe rehabilitation and return of nurses to their professional community</td>
<td>Educational programs are unable to intervene effectively because of a lack of knowledge and inadequate SUD policies and procedures</td>
</tr>
</tbody>
</table>
student’s successful reentry to the educational program.

- **Substance Use Disorder in Student Registered Nurse Anesthetists.** In the current research project, all 4 participants stated that they did not have a policy in place to address SRNAs with SUD. However, 50% (2) of the participants knew a student who had experienced SUD. Therefore, it is suggested that an SUD reentry policy specific to SRNAs be created and implemented in institutions teaching and/or utilizing SRNAs.

Components of the participants’ departmental SUD policies that they considered effective included confrontation of the suspected individual, rehabilitation, and reintroduction into practice. Each of these components is integral to a comprehensive SRNA reentry policy. Participants also noted that the cost of rehabilitation for anesthesiologists and CRNAs is typically covered by their insurance plans. Remaining costs are typically covered by the anesthesia provider’s group or hospital. Because the financial burden is much greater in SRNAs than the professional anesthesia population, it is recommended that financial assistance be available to SRNAs as part of a specific SUD reentry policy.

All participants agreed that confronting an anesthesia provider with suspected SUD is difficult yet necessary. If an anesthesia provider—either an anesthesia professional or a student—is suspected of having SUD, the situation must be addressed for the safety and well-being of both the provider and patients. Approaching an individual with suspected SUD should not be done alone. The individual who is suspicious of the SRNA should be joined by a close family member or friend and a person who can assist the student in beginning treatment. Developing an intervention team to appropriately confront an SRNA suspected of having SUD is another integral part of an SUD reentry policy specific to SRNAs.

In addition to confronting an individual suspected of SUD and the initiation of treatment, a reentry policy specific to SRNAs should detail aftercare. Once an SRNA is reintegrated into his or her academic program, aftercare is essential in preventing SUD relapse, which is essential for completing the academic program. Transition into a professional practice should also be a goal of a student-specific SUD policy. Longer periods of treatment and mentoring were preferred by the colleagues of those who were attempting to reenter anesthesia practice. Therefore, treatment and mentoring should be available for SRNAs with SUD throughout their enrollment and up to graduation.

Although our sample size was small, themes identified from the interviews aligned with suggestions made by the AANA, the ANA, and the model substance abuse policy for anesthesia developed by Higgins Roche (Table 2).

- **Policy Template.** The recommendations of the AANA, ANA, and Higgins Roche have been combined with the suggestions made by each interview participant to develop a template for a comprehensive reentry policy for SRNAs with SUD. The following suggested policy is adapted with permission from Higgins Roche from her model substance abuse policy for anesthesia.9

1. (Name of school/institution that SRNA is part of) will provide mandatory education on SUD in SRNAs. Education should include information on how to access the SUD policy for SRNAs.
2. If an SRNA is suspected of or exhibiting signs of SUD, (name of school/institution that SRNA is part of) has a procedure for the intervention, referral for assessment and treatment, and monitored reentry of an SRNA with SUD.
3. (Name of school/institution that SRNA is part of) is responsible for identifying SRNAs with deteriorating clinical performance, behavioral changes, and excessive absenteeism and for referring the student for appropriate assessment but is not responsible for diagnosing the nature of the problem.
4. On identification of SUD in an SRNA, (name of school/institution that SRNA is part of) must develop an intervention team to confront the SRNA. The intervention team should include the person who initially identified the SRNA in question, a faculty member of (name of school/institution that SRNA is part of), a close family member or friend of the SRNA, and a professional who can assist the SRNA in beginning treatment.
5. Self-referral will be encouraged, and an SRNA in position in (name of school/institution that SRNA is part of) will not be jeopardized by a voluntary request for assistance with SUD. (Name of school/institution that SRNA is part of) must be notified if the individual enters treatment.
6. A leave of absence will be granted for assessment and/or treatment.
7. The cost of assessment, treatment, and recovery programs is the responsibility of the SRNA. However, if the SRNA is unable to finance the treatment, (name of school/institution that SRNA is part of) will aid with identification of possible sources of financial support.
8. Before reentry of an SRNA to (name of school/institution that SRNA is part of), a reentry plan will be developed. The reentry plan will detail when the SRNA will reenter (name of school/institution that SRNA is part of), when the SRNA will start or resume clinical rotations, who will act as a faculty mentor, what resources are available at (name of school/institution that SRNA is part of), measures that will be taken to bridge the SRNA into professional practice, any additional educational requirement, and expected date of graduation from the nurse anesthesia program.
9. Mentoring for the SRNA with SUD should be re-
quired by (name of school/institution that SRNA is part of) throughout the SRNA’s enrollment as a student and up to graduation.

10. Confidentiality is essential. No information regarding an SRNA’s participation in drug testing, intervention, assessment, or treatment will be documented in the SRNA’s academic file. A separate, confidential file will be maintained by the (director of the school or institution/designee) and will be available for review by the individual SRNA at any time.

11. The written consent of the SRNA will be required for disclosure of any information related to the SRNA’s assessment, intervention, or treatment of SUD.

12. Violations of this policy constitute professional misconduct and are subject to disciplinary action including suspension or dismissal from (name of school/institution that SRNA is part of), or conditional reentry following treatment.

13. SRNAs have the right to due process and may appeal any decision that adversely affects their student/practice status to the (grievance/problem resolution committee).

Conclusion

Three of four interview participants knew of at least 1 SRNA in whom SUD developed. However, half of the participants were unsure if their departments had an SUD policy. Student life has been described as more stressful than life after graduation. All participants agreed that SRNAs are exposed to a substantial amount of stress. That stress may result in an abuse of substances and SUD ultimately creating a burden that is inescapable.

Future research should focus on appropriate components of a successful SUD reentry policy for SRNAs. This study lays the groundwork for educational program reentry for SRNAs with SUD. The identified themes of this study and the developed reentry policy can be used by any anesthesia providers investigating SUD and reentry in SRNAs. This policy can be implemented as the basis for a plan of action aimed at assisting an SRNA with SUD who desires to reenter his or her academic program and successfully transition into a professional role. Additionally, the presented comprehensive reentry policy may be used by any academic anesthesia program that is lacking an SUD reentry policy specific to SRNAs or has no SUD reentry policy in place.

Ultimately, all institutions that educate and utilize SRNAs should have a comprehensive reentry policy in place for SRNAs with SUD, which includes SRNAs’ reentry to their educational program.

REFERENCES


AUTHORS

Thomas M. Nigro Jr, DNP, CRNA, is a Certified Registered Nurse Anesthetist at Advanced Anesthesia Services in Seattle, Washington and Portland, Oregon. Email: TNigroJr@gmail.com.

Pamela S. Schwartz, DNP, APRN, CRNA, is the administrative director of NorthShore University HealthSystem School of Nurse Anesthesia. Bernadette T. Roche, EdD, APRN, CRNA, is retired faculty and a former administrative director of NorthShore University HealthSystem School of Nurse Anesthesia.

Joseph D. Tariman, PhD, RN, ANP-BC, FAAN, is associate director of DePaul University’s DNP program.

DISCLOSURES

The authors have declared no financial relationships with any commercial entity related to the content of this article. The authors did not discuss off-label use within the article.