Socialization into the profession of nurse anesthesia includes political advocacy and is an important role of nurse anesthesia faculty. The Maynard Model of Political Influence can be used to guide faculty as they assist students in developing political astuteness. Maynard’s first dimension, information, focuses on providing background information to the learner. The second dimension, commitment, emphasizes for the student to take active ownership. The third dimension, initiative, occurs when the student has information, is committed to advocacy, and takes action via an experiential learning activity. The final dimension, involvement, may occur following graduation and certification, whereby the graduate continues substantial involvement in professional and political advocacy.

Curricular content should include the role of evidence-based health services research; the impact of historical legal, regulatory, and legislative battles; relevance to nurse anesthesia practice and standards; and political knowledge, skills, and abilities. Nurse anesthesia faculty should partner with state and federal leaders to supply mentoring and educational opportunities. With the integration of healthcare policy and advocacy, we are positioning nurse anesthesia graduates to assume future roles as advocates and leaders.

Keywords: Education, healthcare policy, nurse anesthesia, political advocacy.
multidimensional. The goal of providing this education is to develop politically astute students. Political astuteness can be defined as “awareness of policy issues, understanding the legislative process, political knowledge and skills, involvement in the political process, and knowing who the policy makers are and how to influence them.”

- Information. The starting point in providing information is to create a foundation for policy and advocacy through presentation, discussion, and scholarly writing. It is beneficial to start with a primer on the political process, including the relationships between Congress, the Executive Branch, and regulatory agencies. Include a discussion of the role of congressional committees and positions of power in both the state and federal systems. To appeal to a variety of styles and to actively engage learners, the educator should use a variety of modalities, including videos and audience response technology. Students may be apprehensive to reveal their lack of knowledge of the processes as well as their preconceptions about political engagement (Table). Audience response technology can be useful as an anonymous method to obtain student perceptions of the political process and the role of the clinical practitioner.

During the educational presentations, build on prior nursing experience, then tie the information back to the relevance for nurse anesthetists. Embed open-ended questions that frame the students’ prior experiences as registered nurses into an issue that has policy implications. For example, what are some of the challenges you experienced in your nursing practice that could be affected by changes in legislation and regulation? As part of the socialization to professional advanced practice nursing, link the American Association of Nurse Anesthetists (AANA) Code of Ethics and Scope of Nurse Anesthesia Practice to political advocacy. Both these documents include language describing the responsibilities of a professional Certified Registered Nurse Anesthetist (CRNA) to contribute to the “ongoing development of the profession” and “practice professional excellence through continuous engagement in quality improvement and professional development.” An inclusion of a discussion of the American Association of Colleges of Nursing Doctor of Nursing Practice (DNP) Essential 5 may be useful, with a focus on the language that describes the requirement that the DNP graduate integrates practice “with the ability to analyze the policy process and the ability to engage in politically competent action.”

Use the history of nurse anesthesia as a teaching opportunity to demonstrate that nurse anesthetists have been fighting for professional and political rights since the turn of the 20th century. Describe the legal, statutory, and regulatory battles that were proposed to describe anesthesia as exclusively the practice of medicine, to deny reimbursement based on nursing credential, and to control nurse anesthesia scope of practice. Then, compare these political themes with the current state of affairs at the national and state levels. As noted more than 20 years ago by John Garde, MS, CRNA, FAAN, former president and executive director of the AANA: “Clinical skills will not be enough for the future. Knowledge about the direction of health care, political action at state and federal levels, and involvement at local community and institutional levels are essential for CRNAs to survive and thrive”.

Teach the evidence. Every SRNA should be well versed on the evidence-based research that affects CRNA practice. Following an overall discussion of the merits and conclusion of the articles or books in the classroom, have students...
in-person meetings, the student may find a serendipitous link that provides a personal connection.

State and national CRNA leaders can be helpful by providing their real-world expertise and a perspective on preparing for successful advocacy efforts. Their engagement will also offer a mechanism for future mentoring efforts. Technology can assist in bringing national leaders and AANA staff into the classroom via Skype, FaceTime, or other online meeting platforms. The energy that is created when a committed group of professionals comes together can be inspiring for students who are considering a commitment to policy engagement. Faculty should focus on proving relevance to the students and ensuring that the preparation for policy work is meaningful and focused on their future roles as CRNAs. For example, as students learn about Medicare teaching rules,11 educators can make this personal by discussing the potential impact on access to clinical sites and experiences.

The combination of developing a dossier on their legislator, understanding the legislative process, and comprehending the impact of healthcare policy will provide the underpinnings for students to practice becoming influential policy advocates. In preparation for actual lobbying at both the state and federal level, it is beneficial to start practicing how they would answer questions in meeting with legislators. Be certain to include role-playing of how to deal with a hostile legislative aide or unresponsive congressman or congresswoman by providing pointers on how to redirect the conversation, to maintain passion without becoming overemotional, to not take anything personally, and how to end the visit on a respectful note. It is important that committed students not become disillusioned when meeting with their legislator or aide. Storytelling can be a useful method to describe personal lobbying experiences—both positive and negative. It is okay for students to not have all the answers, but faculty should provide the students with a plan on how to deal with this possibility, such as, “I do not have that information with me, but I will provide it for you this afternoon.” Empower SRNAs by reminding them that they know more about CRNA education and practice than the aide they are meeting with, encouraging them to use the voice of the nation’s consistently most trusted profession to their advantage, and stressing that nurses’ voices can and do make a difference.

- **Initiative.** Merriam-Webster’s Dictionary defines initiative as “an introductory step” or “energy or aptitude displayed in initiation of action.” Maynard describes this initiative phase as “influencing legislators, other nurses, and the public.”5 This phase is the “doing”. Students will attend in person meetings with legislators in the district, at their state offices, and in their federal offices. To overcome the initial fears in advocating for nurse anesthesia practice, faculty can engage with nurse anesthesia state leaders to provide a state-level lobbying experience before federal engagement at the AANA Mid-Year Assembly in Washington, DC. Students can use this state experience as a primer, allowing them to apply principles of advocacy in a smaller and, often more personal, environment. It is important to debrief each experience for feedback on the structure of the experience, impressions of preparedness, and overall thoughts. This debrief is best performed in person, but feedback can also be obtained via electronic methods. From personal experience, students will report that they felt better prepared for federal advocacy after practicing first at the state level and that they were surprised at how easily they were able to have a conversation with state and federal legislators about the nurse anesthesia profession.

Primomo and Bjorling6(104) found that “levels of political astuteness among Legislative Day participants both before and after Legislative Day were higher than levels for BSN and graduate students before and after policy learning activities”.

As faculty guide the students through these hands-on experiences, it is helpful to link their prior experiences to the current political activity. For example, at the state level, some students may already have relationships with state senators or representatives through their own experiences or through family connections. These relationships can be helpful in obtaining access
to the member or in creating a less intimidating environment. If the opportunity is available, draw on the academic or lobbying experiences of students who may have degrees in political science or served as pages during their undergraduate education. Just as in the didactic and simulated environment, peer-to-peer coaching provides benefits for the student with prior experience and for the student who is learning new skills. Additional avenues for active engagement at this level include writing letters to students’ legislators, responding to requests for action from their professional organizations, and supporting state and federal political action committees.

• **Involvement.** Not all students will reach a substantial level of involvement, but it is important for faculty to recognize those students who will remain committed following graduation. Following exposure to structured didactic content, experiential learning activities, and self-reflection, it is hoped that SRNAs would be empowered and prepared to be fully involved in the political process. Maynard5 reports that following a field project activity, students “initial hesitation and reluctance to participate politically is diminished and most students are ready to proceed with greater levels of involvement”. Requiring students to participate in health policy learning activities sends a message to students that policy engagement and political advocacy is a necessary role that all nurses should partake in on entry to the profession. Through education and practice, graduates will develop additional skills to be able to analyze factors in and outside nurse anesthesia that have an impact on advocacy and will propose avenues to remove barriers to practice and increase access to healthcare. They have the potential to be the next generation of health services researchers providing data that drive policy and practice.

**Mentoring**

Most efforts at engaging students in political advocacy will fail if the nurse anesthesia program does not provide for mentoring opportunities. Some authors have said, “The more committed faculty are as role models and the more deliberate faculty are themselves in the pursuit of political competence, the closer the profession comes to realizing nursing’s historical mandate and meeting contemporary needs through activism and political involvement”12(p224). If the program administrator is not immersed in political advocacy, state nurse anesthesia associations can be effective partners in this area. This partnership between the program, state leaders, and clinical CRNAs allows students to establish a relationship with state leaders who can “walk the walk” and often have considerable years of experience. The program and state leaders may benefit from this relationship by the impact on student satisfaction and continued postgraduate relationships with the state and national associations.

Sources of funding for students to attend national legislative advocacy events can be difficult to find. Some possible avenues to approach include contacting the state nurse anesthesia organization, developing an alumnus giving fund to support current students, encouraging student class fundraising activities, or assessing a fee to be distributed across the duration of the program.

**Integration Into Curriculum**

A key message from the Institute of Medicine’s report *The Future of Nursing* was clearly articulated as “nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States”13(p221). However, to assume these roles, nurses must be prepared to enter the policy arena and must see policy “as something they can shape and develop rather than something that happens to them”13(p222). The groundwork begins in nursing educational programs. An in-depth discussion is out of the scope of this article, but here are some general considerations. One challenge may be finding a strategic position in the curriculum. Ideally, health policy content should follow courses in leadership, economics, and implementing change. These areas may have a major impact on the ability of the student to advocate effectively and to understand the information that is often presented in health services research articles.

Strouse and Nickerson3 noted that the right conditions need to exist to bring students into the professional culture, which includes students having specific learning experiences, availability of good mentors and role models, the underlying characteristics of the student, and the appropriate class size. If the program plans on using an experiential activity, such as CRNA Legislative Day on the Hill, faculty may want to consider the timing of the course in relationship to state and/or federal meetings. “By integrating legislative day activities that are sponsored by professional organizations, educators can take advantage of naturally occurring advocacy-training opportunities to assist students in learning their role as policy advocates”, Primomo and Björling6(p104) write. It may be possible to develop an interprofessional course or experiential activity. Faculty and students from other health professions programs and from health administration programs will add to a robust discussion that includes different perspectives and offers sharing of resources.

**Conclusion**

The foundations for professional understanding of healthcare policy and policy making should be laid in formal education and synthesized...
with practice and work environments. Efforts to increase nurse anesthesia providers’ influence in politics, healthcare advocacy, and policy development should include coalitions of educational programs and professional organizations. As nursing educational programs integrate healthcare policy and advocacy content into their curriculum and experiential activities, our graduates will be positioned to assume future roles as policy advocates and healthcare leaders.

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