



EDUCATION NEWS

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IS DOCTORAL EDUCATION IN OUR FUTURE?

Setting education standards has been a priority for nurse anesthetists since 1931 when all programs were located in hospitals. By 1998, accreditation standards required that all nurse anesthesia programs be university based or university affiliated and offer master's degrees. Although the feasibility of doctoral education has been discussed in the past, there is renewed interest in this issue stemming from an initiative of the American Association of Colleges of Nursing to promote the doctorate of nursing practice (DNP) degree for education of advanced practice nurses. The Task Force for

the Doctoral Preparation of Nurse Anesthetists, appointed by the American Association of Nurse Anesthetists (AANA) Board of Directors, has been charged with developing recommendations to be considered by the Board about courses of action the AANA should take relative to doctoral education. This column presents historical upgrades in educational requirements for nurse anesthetists and the objectives of the Task Force.

Key words: Advanced practice nursing, doctorate of nursing practice, education standards, graduate degree education.

Setting education standards has been a priority of the American Association of Nurse Anesthetists (AANA) since its inception in 1931 (then known as the National Association of Nurse Anesthetists).¹ Our early leaders acted quickly to achieve this goal by publishing admission and curriculum standards for certificate programs only a few years later. Their action was followed by periodic upgrades to education standards throughout the 20th century resulting in the demise of certificate programs and a mandate for master's degree programs (Table 1).

The move to graduate degree education was completed in 1998 when all accredited nurse anesthesia programs were required to be at the master's level.⁷ Today, more than one-half of our graduate programs are housed in colleges of nursing, awarding degrees in nursing, while other programs offer degrees in a variety of majors including anesthesia, biology, and allied health.

Factors influencing changes in education

Many of the changes in standards came from the nurse anesthesia community's desire for high quality education; however, external factors influenced major changes as well. Among these influences were legislation governing activities of accrediting agencies; National League for Nursing's initiative for the bachelor of science in nursing as entry into professional nursing practice; the positions of the American Nurses Association, National League for Nursing, and American Association of Colleges of Nursing (AACN) on specialty nursing preparation at the master's level; changes in anesthesia practice; and transformation of healthcare delivery and education through legislation and regulation.^{2,6} We can be proud of the fact that our profession has consistently evaluated the potential impact of these and other external factors on nurse anesthesia and made deci-

sions in the best interest of our education and practice.

Today, the issue capturing the attention of nursing organizations and their members is AACN's promotion of the doctorate of nursing practice (DNP) degree for the education of advanced practice nurses (APN), including nurse anesthetists, by 2015. AACN has moved forward aggressively with this initiative by developing a Position Statement on the Practice Doctorate in Nursing¹² and the Essentials for the Doctoral Education of Advanced Nursing Practice.¹³ These actions have resulted in mixed reactions from nursing organizations and individual nurses. Some support the proposal for doctoral education while others feel that there has been insufficient time to determine their constituents' views on the issue prior to developing their own positions of support or nonsupport for the DNP movement.

AANA Summit on Doctoral Preparation of Nurse Anesthetists

One reason given by AACN for moving to the DNP is parity with other professions such as pharmacists and physical therapists. In recognition of the number of healthcare specialties moving to doctoral education and AACN's promotion of the DNP, the AANA Summit on Doctoral Preparation for Nurse Anesthetists (Summit) was convened on June 9-10, 2005.¹¹

Participants at the Summit included educators, practitioners, representatives from the military, representatives from credentialing bodies, a state regulator, a consumer representative, and members of AANA leadership. They discussed and identified the potential impact and implications of moving to doctoral education for nurse anesthetists.

In fact, the Summit continued AANA's many years of discussion on future preparation of nurse anesthetists in addition to discussing AACN's proposal on DNP education for APNs. Among the topics discussed were the future practice environment and strategies for meeting demands, CRNA manpower and the uniformed services, AANA membership, credentialing and regulation, faculty shortage, practicing CRNAs, use of the term "doctor" by nurses, and education of nurse anesthetists with adequate science background and clinical experiences.

Summit participants affirmed that today's CRNAs are competent anesthesia providers and that the profession's rigorous educational programs graduate nurse anesthetists of the highest quality. Participants also acknowledged that future nurse anesthetists may require additional knowledge and skills based on future practice changes and that

Table 1. Upgrades of educational standards: Selected factors

1931:	Development of education standards set as the primary objective of the nurse anesthesia professional organization. ¹
1936:	Essential criteria for admission of students to certificate schools of nurse anesthesia adopted by the National Association of Nurse Anesthetists. ¹
1974:	Faculty requirements upgraded in educational standards. ²
1979:	Vote to support the concept of baccalaureate education for the professional nurse by the Assembly of School Faculty. ³
1982:	Adoption of a position statement by the American Association of Nurse Anesthetists (AANA) Board of Directors that professional nursing practice requires the minimum of a baccalaureate degree with a major in nursing. Consistent with this concept, the Board supports the education of nurse anesthetists at the post-baccalaureate level by 1986. ¹
1982:	Announcement from Council on Accreditation of Nurse Anesthesia Educational Programs that all applicants to nurse anesthesia programs must hold baccalaureate degrees in nursing or bachelor's degrees in science in addition to their academic preparation as a registered nurse by 1987. ⁴
1985:	Recommendation by the AANA Long Range Planning Committee that nurse anesthesia educational programs be moved to a master's degree framework by 1995. ⁵
1985:	Recommendation by the AANA Board of Directors that nurse anesthesia programs be moved to a master's degree framework by 1995. ⁵
1986:	Development of a Long Range Strategic Plan for Nurse Anesthesia Education by the AANA Education Committee including goals to: establish the baccalaureate degree as entry level for nurse anesthesia programs by 1995; enable students entering nurse anesthesia program in 1995 to graduate with master's degrees; and to promote doctoral preparation for program directors. ⁶
1989:	Adoption of an accreditation requirement by COA for programs to have master's degree curricula no later than 1998. ⁷
1994:	Recommendation from the National Commission on Nurse Anesthesia Education to foster the doctoral preparation of CRNAs by promoting the value of doctoral education and the need for such preparation. ⁸
1997:	Study completed on the feasibility of doctoral education for nurse anesthetists by AANA Doctoral Task Force showing little support for concept as entry into practice. ⁹
1998:	All nurse anesthesia programs offer master's degrees to graduates for the first time on October 1, 1998. ⁷
2004:	New education standards for doctoral degree programs adopted by COA in addition to standards for master's degree programs. Doctoral degrees are preferred for CRNA program administrators. ¹⁰
2005:	Assessment of the American Association of Colleges of Nursing's initiative to transition education of advanced practice nurses to the doctorate of nursing practice (DNP) degree at the AANA Summit on the Doctoral Preparation of Nurse Anesthetists. ¹¹
2005:	Appointment of the Task Force on Doctoral Preparation of Nurse Anesthetists by the AANA Board of Directors for the purpose of recommending actions relative to doctoral preparation of nurse anesthetists.

some educational programs are now addressing the future by considering practice doctorates.

Summit participants recommended that the AANA develop a

plan for the future of nurse anesthesia education that would consider the practice environment of the future, manpower supply, accreditation and certification issues, and the

Table 2. Objectives of the Doctoral Task Force

1. To develop options to move nurse anesthesia education to the doctoral level. The options will include a range of actions (options) by the professional organization related to doctoral degrees for nurse anesthetists, ie, ranging from no action to promoting a clinical doctorate for entry into the profession.
2. To develop plans to implement each option including resources and timelines.
3. To develop the elements of a comprehensive communication plan to share the American Association of Nurse Anesthetists' (AANA) vision for the future of nurse anesthesia education and to address members' concerns regardless of which option is chosen.
4. To provide the AANA leadership with periodic reports including a final report.
5. To review and provide input regarding external projects as requested, such as the AANA Foundation's Faculty Manpower Study.

impact of doctoral preparation on nurse anesthesia practitioners, educators, students, and employers.

Task Force on Doctoral Preparation of Nurse Anesthetists

Following the Summit, in the fall of 2005, AANA President Brian D. Thorson, CRNA, MA, and the AANA Board of Directors, appointed a Task Force on Doctoral Preparation of Nurse Anesthetists (Doctoral Task Force) to examine the feasibility of doctoral education for nurse anesthetists including the recommendation from AACN that the practice doctorate should be required for entry into advanced nursing practice. The primary charge to the Doctoral Task Force is to develop recommendations to be considered by the AANA Board of Directors about the courses of action the AANA should take relative to doctoral education (Table 2).

Members of the Doctoral Task Force include the following individuals: Sandra Maree Ouellette, CRNA, MEd, FAAN, and Denise Martin-Sheridan, CRNA, PhD, co-chairs; Michael P. Dosch, CRNA, MS; Michael D. Fallacaro, CRNA, DNS; Katherine L. Farrell, CRNA, BS; Michael J. Kremer, CRNA, DNSc, FAAN; Maura S. McAuliffe,

CRNA, PhD, FAAN; Edward S. Thompson, CRNA, PhD, ARNP, FAAN; John G. Weisbord, CRNA, MAE; and Betty J. Horton, CRNA, DNSc, project manager. Council representatives invited to participate were Rebecca Gombkoto, CRNA, MS, Council on Accreditation of Nurse Anesthesia Educational Programs; David Norman, CRNA, ND, Council on Certification of Nurse Anesthetists; Richard G. Ouellette, CRNA, MEd, Council on Recertification of Nurse Anesthetists; and Mark E. Schmitz, CRNA, BSN, Council on Public Interest in Anesthesia.

Doctoral Task Force members and Council representatives met in the AANA Learning Center on December 16-18, 2005. Also attending were Jeffery Beutler, CRNA, MS, AANA executive director; Francis Gerbasi, CRNA, PhD, director of Accreditation and Education; Barbara Farkas, MAdEd, accreditation and education specialist; and Karen Sutkus, administrative assistant. The first day was a plenary session during which the purpose, guidelines and expectations from the AANA Board of Directors were reviewed; background information about the position of various nursing groups was

discussed; reports from the AANA Summit and the AANA Foundation Faculty Manpower Study were presented; and the perceived impact the requirement for doctoral education would have on the Councils was reviewed.

Day 2 and 3 included plenary sessions and small work group breakouts to brainstorm the risks, benefits and obstacles to doctoral education for nurse anesthetists; the information required to complete the work of the Task Force; models, curricular content and faculty issues; and strategies for a plan developed to meet the specific needs and predispositions of our profession.

Two additional meetings are scheduled for this fiscal year to continue the work of the Doctoral Task Force. One will be held in conjunction with the February 2006 Assembly of School Faculty in Newport Beach, Calif. The other is scheduled prior to the August 2006 AANA Annual Meeting in Cleveland, Ohio.

Call for input and critique

In order to develop the most comprehensive plan possible for our future, it is critical the Doctoral Task Force has information, input and critique from AANA members and that information about the work of the Task Force is communicated in a timely manner. To accomplish this, these strategies were identified: (1) a survey to gather data, (2) plans for the co-chairs and/or project manager to attend the AANA Assemblies to provide a report and solicit input, (3) posting of updates on the AANA website, and (4) publishing updates in the *AANA NewsBulletin*. Finally, your questions or comments about doctoral education can be emailed to doctorate@aana.com. Please take advantage of the opportunity to voice your views on this impor-

tant issue for the future of our profession.

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