The pros and cons of relocating collegiate nurse anesthesia programs to colleges of nursing, medicine or allied health are examined from the standpoint of a program that has already made such a move. Educators generally feel that such movement is appropriate, because of the academic enrichment it brings to the nurse anesthesia profession, a factor that far outweighs any confusion over degrees that might result.

The decades of the '70s and '80s saw many nurse anesthesia programs being moved from hospital settings to academic institutions. The energy fueling these moves was the belief of the nurse anesthesia profession that it had to bring academic credibility to its educational attainments and that nurse anesthesia students had the right to earn undergraduate or graduate credits for their efforts to become competent nurse anesthetists.

The major problem facing many program directors as they attempted to effect this change was deciding in which academic institution their program should reside. The major concerns many academic institutions had to wrestle with when they were approached to make room for these programs entailed determining which department or school within the university should house these programs and what type of degree should be awarded.

Three options were usually open in regard to where to house these programs: They could place them in their colleges of nursing, their medical schools or their colleges of allied health. Two options were available in relation to the kind of degree that could be awarded. In the early '70s, most institutions decided was to award a baccalaureate degree but, by the end of the '80s, most nurse anesthesia program graduates were receiving a master's degree upon completion of their college courses.

It has not been clarified which degree should be awarded. Presently, depending on the institution from which they graduate, students may receive a master in health science, a master of science in biology, a master of science in nursing, clinical specialty anesthesiology, a master of science in nurse anesthesia or an unqualified master of science degree.

By and large, this plethora of degrees came about because colleges and universities have incorporated nurse anesthesia programs into many different colleges and departments within their academic infrastructures. Therefore, if a program is housed in a university's college of nursing, the degree awarded will be a master's in science in nursing. If it is housed in its college of allied health, the degree awarded will be a master's in health science, or if it is housed in a college of arts and sciences, the degree awarded might be a master's in arts. The result of this trend is public confusion regarding which degree is most valid in determining entry level nurse anesthesia competency and professional confusion in determining where the theoretical base for nurse anesthesia lies.

Clarification of this confusion is not within the scope of this paper, except to make two observations: (1) the curriculum of a nurse anesthesia program may be embellished or complemented by a variety of courses not directly related to an anesthesia theory base but necessary in order to earn a degree and (2) regardless of the degree granted or the additional courses tacked onto the curriculum, every student graduating from a nurse anesthesia
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program will have completed a core curriculum in anesthesia prescribed by the program’s accrediting agency, to which they will be held accountable when they take the national certifying examination.

With the recognition that, regardless of where a nurse anesthesia program is housed, students are exposed to the same generic curriculum and therefore should be capable of performing the same tasks, the next question is whether there are advantages and/or disadvantages in housing nurse anesthesia programs in colleges of nursing, colleges of allied health science or schools of medicine.

Colleges of nursing
There is a growing consensus among nurse anesthesia educators that the college of nursing is the most suitable academic infrastructure for a collegiate nurse anesthesia program. Gunn has reported that many anesthesia educators see the issue of entry level for nurse anesthesia as being tied to nursing and, since these individuals already possess a baccalaureate degree, Gunn implies that it should be a master’s of science in nursing. The advantages these educators feel this setting brings to their specialty has been summarized by Beutler, who believes that the following are the major reasons nurse anesthesia programs should be housed in colleges of nursing: (1) colleges of nursing already have a graduate program in place with which nurse anesthesia programs could interface; (2) these colleges would afford the nurse anesthesia community of interest the opportunity to develop a collegiate base of support within nursing; (3) the increased visibility of nurse anesthesia programs within nursing may encourage the recruitment of highly qualified professional nurses into the specialty and (4) it would assure a nursing-oriented research component. Another advantage of this alignment with nursing is that nurse anesthesia would be more appropriately allied with the nursing profession rather than being seen as a quasi-nursing specialty that is attempting to encroach on the medical domain. The major disadvantage of housing nurse anesthesia programs in colleges of nursing is the potential for diluting the anesthesia curriculum by incorporating the core curriculum of the college of nursing. Many anesthesia programs already expect students to complete 50 to 60 graduate credits before they graduate. If they were to add the nursing core curriculum, these degree requirements could equal those of a doctoral degree. The alternative would be to eliminate some of the nurse anesthesia core courses, but there are many who fear this would create a curriculum irrelevant to the study of nurse anesthesia.

Colleges of allied health
What are the advantages and disadvantages of housing nurse anesthesia programs in colleges of allied health or colleges of medicine? To answer this question, an informal telephone survey was conducted among program directors who conduct programs in these two settings. Their comments centered around issues of program autonomy, budget allocation, faculty recruitment and advancement and research.

Nurse anesthetists who conduct programs in colleges of allied health replied that the greatest advantage of this setting is the administrative and curriculum autonomy they enjoy. Many of these directors hold the title of department chairman, and some of them hold the academic rank of associate or full professor. These titles are virtually impossible for CRNAs to achieve in either a college of nursing or a school of medicine.

This level of administrative authority and academic rank facilitates their ability to design and implement curriculum, effectively develop a budget, identify space needs, recruit faculty and ancillary personnel and nominate staff for institutional promotion or advancement.

One program director stated that if she had moved her program into her institution’s college of nursing, she probably would have been named director of a program within the division of nursing. She also noted that major differences between the two positions would be readily apparent to everyone, but she was not sure most people would see the subtle difference. In a school of nursing, she would have to pass on to a third party (usually the dean of nursing) the responsibility of negotiating with the chairman of the Department of Anesthesiology for clinical access at either the parent or affiliate institutions. She strongly believed the potential for her success in gaining access to these sites would be far greater than that of the dean of nursing.

She went on to qualify her statement by adding that the degree of her success would not result because she was a better negotiator than the dean of nursing, but because as both a CRNA and chairman of an academic department, she would have the academic clout, the power base and the political savvy to accomplish the mission.

Another program director also observed that his position as chairman of a department of nurse anesthesia in a college of allied health sciences gave him the autonomy to develop a curriculum specific to his students’ needs. He noted that if he were directing a program in any other setting, to a large degree his program’s curriculum would probably be diluted by courses not relevant to his students’ needs.

Both program directors also said that another advantage to being chairmen of departments of nurse anesthesia in a college of allied health is their ability to facilitate the promotion and academic advancement of their faculty. Others noted that they were very pleased that, as part of their recruitment packet, they could offer qualified applicants tenured positions. They stated that this would not be possible in most other academic settings, particularly if they were housed in either colleges of nursing or medicine. In these institutions, most applicants could only be offered adjunct clinical faculty positions. These directors agreed that this situation could be a serious liability to attracting
quality faculty. They also noted that these adjunct faculty positions might be perceived as liabilities to the college of nursing when they participate in NLN accreditation.

As support for these beliefs, another program director who conducts a nurse anesthesia program in a medical school setting said that it is virtually impossible for him to obtain faculty status for his CRNA staff in the medical school, which is a prerequisite for their appointment to the faculty of the graduate school in which his program resides. The reason he cannot get faculty appointments for his staff is because they do not have credentials at either the MD or PhD level. The only way he has been partially successful in changing this is to demonstrate to the appointment and promotions committee of his institution that, at the present time, a master’s degree in nurse anesthesia is the terminal degree for nurse anesthetists. This school director agrees that not being able to offer faculty status to his faculty applicants severely curtails his ability to attract quality teachers.

The program directors were also in general agreement with the disadvantages created by these settings. Most observed that if the institution conducted colleges of nursing and medicine, as well as a college of allied health, their share of the institution’s revenue and human resources would be restricted. They agreed that this would happen because, as Zambricki noted, “allied health... is viewed correctly or incorrectly, as a stepchild of the academic world.” While medical education, because of its prestige and mysticism, and nursing, because of its student population, are viewed as the fair-haired children of the academic world.

Another disadvantage of allied health settings is their inability to provide adequate, basic scientific research, particularly of the “bench type,” for their students, because most of the faculty have backgrounds reflecting clinical involvement in their specialty rather than involvement in basic scientific research. Such settings also do not provide appropriate role models for nurse anesthesia students. Many of their programs are designed for allied health professionals, such as physical and respiratory therapists, dental hygienists and social workers, none of which has a direct relationship to the nursing process. While some might argue that diversified exposure to a variety of health care providers is a healthy attribute of these colleges, most feel that students profit more in an educational environment in which they can observe strong role models and have opportunities to develop collegial relationships with their professional peers.

The final disadvantage to allied health settings is their lack of uniformity in the degree that they grant. To the extent that laymen use these degrees as a way of identifying experts in a discipline, colleges of allied health are sending them confusing signals, especially when some of these institutions confer graduate degrees as diverse as a master of science in biology, master of arts in health science or master of arts in curriculum and instruction in allied health on nurse anesthetists.

Looking at such graduates from the consumer’s viewpoint, the public doesn’t know whether anesthesia is being administered by a biologist, a gym teacher or an educator. It also doesn’t know that concealed in that degree is documentation that the graduate successfully passed a generic curriculum in nurse anesthesia that provided him/her with the minimum competencies to practice nurse anesthesia. At some point in time, these institutions will have to address this identity crisis, but until that time, the public will have to contend with this confusion.

Colleges of medicine

What are the distinct advantages and/or disadvantages inherent in housing a nurse anesthesia program in a college of medicine?

The major advantage appears to be tied to the medical college’s position and power within the university. If the dean of the medical school wields a lot of administrative and political clout, receives adequate funding to conduct the business of the medical school and philosophically supports other educational programs housed in it—such as a program of nurse anesthesia—then such programs will provide a good comfort zone and be able to accomplish their goals and objectives. The dean of the medical school almost always has power and position within the administrative structure of the university. Unfortunately, the philosophical support often is not present. All too often, medical school deans focus their energy toward the needs of medical students, creating a situation similar to Zambricki’s description of the stature of allied health and education in the university, namely, that of treating other learners as stepchildren or poor relatives. When this benign neglect is practiced by deans of medical schools, nurse anesthesia program faculty and students can suffer greatly.

A distinct advantage to a medical school setting is the access it provides nurse anesthesia programs to basic science departments within the university. These programs can utilize these faculty to teach not only their basic science curriculum but, because they are accustomed to teaching medical students, these faculty can be utilized to teach the program’s pathophysiology curriculum. This might not be possible or appropriate if the program were housed in another college within the university. The nurse anesthesia program also can tap into the medical school’s basic science departments in order to support its students’ clinical and basic scientific research.

The final advantage is that both the medical school diploma and degree probably send clearer signals to the public that the recipient has medical theory (albeit not nursing theory) acquired at the master’s degree level. While they do not send as clear a message as a diploma and degree from a college of nursing, they are certainly much
clearer than those conferred on graduates of colleges of allied health.

One major disadvantage to a medical school setting is that the medical school often is housed in a university that operates a clinical facility that conducts a medical residency in anesthesiology. Under these circumstances, the nurse anesthesia program will have to compete with a medical anesthesiology residency for clinical cases. While this does not necessarily mean that such competition will be detrimental to the nurse anesthesia program, much depends on the philosophy of the department chairman toward nurse anesthesia and the commitment of the dean of the medical school in ensuring the success of all his programs. Many nurse anesthesia programs, while not housed in a college of medicine, receive their clinical experience from medical facilities that also conduct a medical residency, and they have no problems competing for cases. Both the nurse anesthesia program directors and the chairmen of these departments see an advantage to the coming together of these two health care learners. They believe that, since most departments of anesthesiology in this country employ both nurse anesthetists and anesthesiologists, it is advantageous to educate both in the same setting.

**Summary**

Since there does not appear to be any major movement in this country to direct collegiate nurse anesthesia programs to one specific type of academic setting, they will continue to move into colleges of nursing, medicine or allied health. While this may cause public confusion about who these nurse anesthetists are and what they are capable of providing, the general consensus of nurse anesthesia educators is that this movement is appropriate, and the unintentional confusion over degrees awarded should be tolerated, because most believe that regardless of the collegiate setting of the program the academic enrichment that these institutions bring to both generic and complementary nurse anesthesia curricula increases the competencies of graduates.

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**Current and future perspectives regarding the framework for nurse anesthesia education: Military education of nurse anesthetists and the case for centralized academic programs with multiple clinical affiliates: U.S. Navy**

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The evolution of the Navy Nurse Corps Nurse Anesthesia Program is examined. Started at George Washington University in 1962, the program consists of two unrelated phases of training—academic and clinical. The pros and cons of such a design are presented so that administrators can decide for themselves whether the Navy's approach has applicability to their own programs.

The program, which opened in September 1962, was unique for its time, because it consisted of two non-integrated phases of training. The first 9-month phase provided the bulk of the student's academic requirements through an academic affiliation with the university. Upon completion of this phase, students were awarded 26 hours of university credits, a first for any program in the country. The second 9-month phase provided the required clinical training by dividing the students into small groups and assigning them to one of three hospitals designated for nurse anesthesia training. To fully appreciate the evolution of this program's design, it is necessary to examine both the historical and