The nurse anesthesia educational program at Wayne State University, Detroit, is one of four allied health programs that offers a master’s degree from the College of Pharmacy and Allied Health Professions. The program itself is housed in a teaching hospital, where CRNAs control and deliver the coursework. Advantages and limitations of this arrangement are analyzed and discussed.

The Wayne State nurse anesthesia program has a 25-year affiliation with a major state university. The educational program established in the School of Medicine was subsequently affiliated with the College of Pharmacy and Allied Health Professions in 1974.

The pharmacy discipline of the College of Pharmacy and Allied Health is the largest of the programs. Allied health professions encompass six departments:
1. Medical Technology
2. Mortuary Science
3. Nurse Anesthesia
4. Occupational and Environmental Health
5. Occupational Therapy
6. Radiation Therapy Technology

Four of these programs offer a graduate curriculum.

Program structure
The anesthesia program is of moderate size, with a student body of 18 to 20 students admitted annually. There are 14 full-time CRNAs on staff, including two with doctoral degrees, one in pharmacology and one in physiology. All other staff hold master’s degrees in anesthesia. All 14 staff, including the program director, are employed by the hospital.

The program is housed in a 300-bed level one trauma facility. Classroom courses are conducted within the hospital, primarily by CRNA faculty. The university provides financial support for one full-time secretary in addition to faculty positions. Six staff members, including the program director, are classified as fractional faculty. University status and a stipend associated with it provide some incentive for the fractional staff to become active participants in the conduct of the program.

Anesthesia curriculum in an allied health setting
A 25-year history in a relatively small, but receptive environment has made it possible to provide students with the academic expertise mandated by our constituents. The program functions within guidelines of the conducting institution; however, significant autonomy exists in managing the program. Students are admitted to the graduate school on the basis of university criteria for admission. The nurse anesthesia program, however, independently selects applicants according to its own admissions criteria.

Given the aggressive, assertive characteristics of nurse anesthetists, independence and demonstration of their expertise are essential. The allied health discipline has served this aspect of the program very well. The college has made allowances for faculty members to exercise their specific skills as they relate to the conduct of the program. Communication and access to the university...
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faculty are instrumental in maintaining a congruent relationship between the university and the program.

Anesthetists as teachers
A major asset of the program is its ability to use the expertise of CRNAs to assume responsibility for the academic coursework, including clinical anesthesia education. Upon graduation, students consistently refer to the strength of the curriculum, which is in part a result of classes taught by clinicians who have the ability to relate their clinical experiences to the lecture content of pharmacology and physiology.

Current perspectives
The burden of the cost for the program is realized principally by the base hospital, compounded by the large student stipend that is absorbed by the base hospital and several other supporting hospitals that serve as clinical affiliating sites.

The proposed consolidation of universities and hospitals in the area has signaled the need to remain viable and function as cost-effective managers. There is no question that hospitals with large indigent populations are examining the cost-benefit ratio of their educational programs. There is also some concern among hospital finance departments for reimbursement of a teaching program when it is not the primary facility responsible for conducting the program.

Hospital employment for CRNA faculty provides several advantages over university employment:
1. The disparity in salaries between the university and the hospital serves as a disincentive to full university employment.
2. The allocation of one full-time faculty position is inadequate to conduct the program, but allows flexibility of shared responsibilities among qualified staff members.
3. A team approach to teaching has worked well. The technique provides opportunity to encourage interested staff to become involved in the program and move into fractional faculty positions as those positions become vacant.
4. The use of fractional positions, as opposed to part-time teaching status, offers greater security for the financial support by the university. A fractional position is not represented by the university bargaining unit; however, fractional faculty are eligible for merit increases.
5. The university also supports assistant professor titles for two of the fractional faculty and one part-time faculty, all of whom hold a PhD.

The concerns, as they relate to this program, continue to revolve around several factors:
1. Ineligibility of the current faculty for tenure-track status.
2. Support for additional funding for part-time staff who perform classroom teaching may or may not be consistently available.
3. Graduate tuition provides revenue to the university. Additional faculty positions seem not to enjoy the same degree of urgency by the university.

The future framework
Creation of a unified framework in which to base anesthesia education should be the ultimate goal of the leaders of this profession. However, the approach to achieving this framework should be cautiously and methodically determined prior to its implementation. Presently, the preferred discipline should be academic discussion, in which the principal stakeholders should be involved.

If consideration is given to a nursing framework for anesthesia education, much must be done to broaden its acceptance beyond current geographic areas. With that in mind, mechanisms to facilitate mutual agreement must be established.

The influx of nurses to anesthesia and other professions for what appears to be professional imaging and appropriate compensation undoubtedly will impact on the acceptance of the role of nurse anesthetists. The reverse is also true of nurse anesthetists who fail to recognize the relationship of nursing to anesthesia. The misinterpretation of roles, disparity of salaries, differences of opinion on lecture content and eligibility to teach in a nursing framework are not hidden areas of dissatisfaction.

Some bias exists in this evaluation of the nurse anesthesia curricula in the College of Pharmacy and Allied Health Professions. The ability to nurture teacher characteristics among CRNAs is a strength. Recognition of a generic degree appropriate to managing a graduate program has served this program and others in similar frameworks well. The dissimilarity in allied health programs creates an incentive to learn more about all the programs and how they relate to health care. Accreditation of an individual program by its own accrediting body may not be as cost-effective as a college-wide accreditation for all programs.

The size of the allied health programs, the number of graduate curricula and the reporting mechanisms are important considerations in determining the appropriateness of such a setting for an anesthesia curriculum. These aspects have strengthened the Wayne State program over the years. Certainly, financial support and adequacy of faculty positions remain areas of concern.

The future prospects for anesthesia are complex. A multitude of factors must be considered in planning any change. Much thought must be given to the roles played by the managers of existing programs. Acceptance of the profession and flexibility among the stakeholders with regard to program organization and management are essential to the decision-making process that must precede future changes.