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.

This report examines the Navy Nurse Corps Nurse Anesthesia Program at George Washington University (GWU) for the advantages and disadvantages of its design.
philosophical contexts that spawned the prototype of regionalized anesthesia education.

In the early 1960s, the Navy medical department found itself facing an acute shortage of nurse anesthetists. In response to this shortage, it opened the Navy Nurse Corps Nurse Anesthesia Program.

The program design was a product of both the intrinsic limitations of the Navy medical department and certain goals of the senior nurse corps leadership. The affiliation with GWU was employed, because the nurse corps wanted to raise the academic credentials of its nurse anesthetists. Awarding university credits for their coursework accomplished this goal.

Utilization of GWU also eliminated the need for the Navy to generate its own faculty. Denied access to the hospital closest to GWU because it had an anesthesia residency, the nurse corps was forced to conduct separate, non-integrated didactic and clinical training. Finally, multiple clinical facilities were utilized to better match the number of students to the clinical resources of each affiliation.

The principal philosophy shaping the academic phase of the program was the common belief that formalized education had universal value. The nurse corps believed that the introduction of formalized education into the nurse anesthesia program, which was achievable through an academic affiliation, would benefit the Navy Nurse Corps, Navy anesthesia and, eventually, the entire specialty of nursing anesthesia.

Unlike the lofty philosophical goals of the academic phase, the clinical training philosophy was steeped in the harsh realities of clinical practice for the Navy nurse anesthetist. These realities demanded that Navy nurse anesthetists be able to function at 21 hospitals without supervision from anesthesiologists. Eleven of these facilities were located in very remote areas of the world and staffed by only one nurse anesthetist.

Given their mission, the resultant clinical training philosophy demands that graduates of this program meet the highest possible standards to ensure their functional independence in clinical practice.

Advantages of this approach to Navy nurse anesthetist training included:

1. Academic courses are taught by professors from various disciplines, e.g., pharmacology, physiology, etc.
2. Students are awarded university credits for coursework and often satisfy degree requirements.
3. The Navy doesn’t have to supply the academic faculty.
4. Non-integration allows students to focus on phase-specific tasks.
5. The Navy’s anesthesia community benefits from the diversity of multi-institutional training cultures and philosophies.
6. The utilization of separate institutions for academic and clinical training allows the selection of these institutions to be made on the basis of quality and cost-containment.

Disadvantages to the approach include:

1. Course content and instructor quality are sometimes difficult to control within a large university.
2. The cost associated with university credits is high.
3. There are no career development tracks for academic teaching positions within the Navy.
4. Students sometimes fail to see the relevance of information presented, because of the lag between its presentation and clinical application.
5. Constant vigilance is required to insure that all clinical affiliations use the same yardsticks for grading, testing and evaluating students.
6. Decentralization of costs can make it difficult to project future costs, resulting in some minor fluctuations in funding at the clinical sites.
7. The geographic separation of affiliations results in a redundancy of committees, communication and accreditation procedures and costs. It also accounts for large travel budgets for staff and students. A student’s costs are offset by matching clinical sites with post-graduation assignments.
8. The lack of face-to-face personal interaction makes some tasks awkward to complete successfully.
9. Non-integration of the program results in a compressed opportunity for students to amass clinical experience, often leading to excessive hours.

This report provides information readers can use to decide for themselves whether this program design has the potential for future application to their own programs of nurse anesthesia education. The fact that this program was in the forefront of regionalized anesthesia education strongly suggests that it may have already made its most significant contribution to the nurse anesthesia educational process.

The opinions or assertions in this report are the private views of the author and are not to be construed as official or as reflecting the views of the U.S. Navy or the Department of Defense.