Establishing suitable and proper program admission criteria that protect both the rights of disabled applicants and professional needs to educate competent practitioners concern every nurse anesthesia educational program. Disabled Americans must be legally protected while ensuring that future nurse anesthetists meet expectations for professional competency. To balance these demands, academic programs must establish criteria that define qualifying standards for practice. Such criteria serve the important function of providing notice to prospective applicants, as well as to established practitioners, about minimum professional competencies and behaviors.

This paper, based on a presentation, “Special Needs Students—an Attorney’s Perspective,” to program faculty of the American Association of Nurse Anesthetists in Ft Lauderdale, Fla, in February 2005, posits specific language to aid in defining admission criteria that are both inclusive and exclusionary. It seeks to stimulate debate about developing some professional consensus on a matter of continuing importance.

Key words: Admission standards, competencies, disabilities, professional standards.

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NURSE ANESTHESIA STUDENTS WITH DISABILITIES: A LEGAL AND ACADEMIC REVIEW OF POTENTIAL PROFESSIONAL STANDARDS

Statement of the problem
Two statutes provide the framework of rights and duties that protect disabled Americans against discrimination. Section 504 of the Rehabilitation Act of 1973 applies to programs or activities receiving federal financial assistance, provisions that cover most colleges and universities as well as healthcare providers reimbursed through Medicare. The Americans with Disabilities Act (1990) greatly expanded the scope of protections afforded to Americans with disabilities but did not fundamentally alter the definitions, rights and duties afforded to those with disabilities.

Since 1973, courts have been asked to resolve many disputes about interpretation of these statutes. The case law provides cumulative precedent that helps us understand how to comply with the spirit and the substance of these laws. This article focuses on 1 issue faced by practitioners and educators who work with those with disabilities: the need for clearly articulated standards of professional behavior and competencies. It proposes a set of behaviors and competencies that might serve as a set of professional standards applicable to students seeking admission to nurse anesthesia programs. Additionally, it proposes standards applicable to all nurse anesthetists encountering disabling conditions at some time in their career. The standards proposed in this article are designed as a starting point for stimulating debate about the need for and content of standards for programs that educate nurse anesthetists.

Background
Why are standards for the behaviors and competencies expected of prospective nurse anesthetists needed? Is such an exercise appropriate?

The answer lies in the record of judicial decisions. The case law provides growing evidence of deference by courts to program and faculty judgments about curricular requirements and student performance, especially when those decisions are based on sound pedagogical reasoning. Judicial decisions address issues of mitigating conditions, the meaning of the terms otherwise qualified, reasonable accommodation, and professional competencies or standards.

Mitigating conditions
Several judicial cases limit the definition of disability. In a series of controversial decisions, the Supreme Court narrowed significantly those disabilities requiring protection. Specifically, the court determined that physical or mental conditions potentially mitigated by medications or other interventions are not qualifying disabilities. For example, students with high blood pressure, diabetes or epilepsy may not be considered disabled when mitigating measures are available. Courts place responsibility for mitigating the impact of disease squarely on the shoulders of the individual with the condition. These decisions significantly restrict the list of physical and mental impairments that may entitle a student to accommodation.
Otherwise qualified
Second, students defined as disabled must be “otherwise qualified” to participate in a program. That is, they must be qualified “in spite of” rather than “except for” their disabilities. Students who receive accommodations are to be judged by the same standards of clinical and academic performance as others in order to retain their status as otherwise qualified. For example, a student with a minor seizure disorder on controlling medications must perform as other students and cannot be late or ascribe tardiness or somnolence to their condition. Once accommodated, a student must meet performance expectations. Standards based on behaviors and competencies offer a baseline for measurement keyed to performance rather than qualifications. They also provide for consistency in evaluating students unrelated to disability status.

Reasonable accommodation
Third, the statutes require reasonable accommodations for qualified individuals with disabilities. The reasonableness of a requested accommodation can be weighed against 2 criterion: whether it places an undue burden on the institution or program or whether it fundamentally alters essential program content. Again, standards create the baseline for determining whether a proposed accommodation for a student creates an undue burden or alters essential program content. As an example, a student in the early stages of macular degeneration may be accommodated in an institution with existing operating room monitors that provide larger visual formats. That same student may be denied elective assignments to other rotations at hospitals without operating room monitors on which easy changes in screen resolution are possible. Those hospitals do not have to purchase new monitors to accommodate that student. Standards also serve as educational benchmarks against which pedagogical content and practice may be measured. Courts appear unwilling to disturb well-reasoned and documented faculty judgments about curricular and course requirements, especially in clinical settings, or testing formats.

Professional competencies
Finally, standards offer notice to all students about professional expectations and competencies. Since programs may not inquire about a student’s disability status during the admissions process, clearly articulated standards prominently placed in program materials warn students ahead of time about the behaviors and competencies expected of them. In postsecondary settings the burden is on the student, not the program, to request accommodations and provide appropriate documentation before accommodations are required. Notice is an essential element in this allocation of responsibilities. A student who conceals a medically documented learning disability cannot announce the existence of that problem upon subsequent failure.

General standards
A sampling of the websites of nursing programs generally, and nurse anesthesia specifically, illustrates the many forms that standards for behavior and competency presently take. Institutions acknowledge the importance of articulated standards and most demonstrate common themes. However, the range and specificity of behaviors and competencies vary greatly. The result may leave the impression of limited professional consensus or coordination as to behaviors and competencies, matters central to professional identity.

Several themes are common to most healthcare professions. These are grouped below:

1. Abilities to observe and communicate
2. Physical capabilities and motor skills
3. Cognitive skills and intellectual capacities
4. Decision-making skills
5. Behavioral and social attributes

What do these 5 general categories mean in practice? How may they be defined in terms of the behaviors and competencies expected of nurse anesthetists? Finally, what specific form should these standards take?

This article next dissects each of these 5 themes and proposes draft language for each appropriate to programs educating nurse anesthetists and, perhaps, the profession at large. These standards are designed as a starting point to stimulate discussion for consensus-building about professional standards.

Common to all are questions of balancing: what limitations have an impact on performance, and when?

With each standard, the authors attempt to observe the basic principles of good criteria drafting—simplicity and clarity—with language sufficiently comprehensive to avoid the pitfall specificity. That is, where what is overlooked or left out is, by implication, excluded. Whether we achieve these objectives is a matter for debate across the profession.

1. Abilities to observe and communicate. What are the essential expectations for nurse anesthetists in terms of sight, hearing and
speech—the physical functions that support the capacity to observe and communicate? When do limiting conditions impede performance or endanger patients?  

- **Sight.** Few would argue that a blind student could be otherwise qualified to be a nurse anesthetist. The issue is one of degree. For example, at what point would a condition, such as macular degeneration, involving progressive deterioration limit performance? The courts will support reasonable line drawing tied to performance.  

- **Hearing.** Similarly, the Supreme Court found a deaf student not otherwise qualified to be a nurse in *Southeastern Community College v Davis.* Again, the question is at what point do limitations on hearing impede the capacity to perform the requirements of the job? That determination depends on the objective conditions of administering anesthesia.  

- **Speech/communications.** There are few reported cases available for guidance, but the same analysis applies. What is important is the nurse anesthetist’s capacity to communicate accurately and be understood clearly and immediately, especially in emergency situations. Implicated are conditions such as stuttering, Tourette’s syndrome, slurring, or limitations associated with cerebral palsy.  

Next we propose draft language for a statement on the abilities to observe and communicate that focus on performance expectations or outcomes of practice.  

Nurse anesthetists must be able to observe, hear, and understand evidence about a patient’s status quickly and accurately as well as communicate rapidly and clearly with patients, members of the healthcare team, and others.  

2. **Physical capabilities and motor skills.** What tasks involving physical capabilities and motor skills of nurse anesthetists are essential to daily practice? The following list provides a starting point. All deal with a common issue: when do limitations reach the level of impediment to performance by the individual with the effect of placing an undue burden on other members of the healthcare team. Answers require development of some degree of professional consensus.  

- **Lifting, strength and gross motor skills.** Nurse anesthetists transfer patients and move equipment in performing their roles. This requires some degree of strength, the capacity to lift weight, and gross motor skills sufficient to accomplish multiple tasks. Questions about these capacities also arise in situations where those once fully capable endure deteriorating physical conditions, such as back pain, arthritis, sclerosis, or other degenerative diseases.  

- **Mobility.** Some degree of speed and dexterity are needed both to administer anesthesia and to care for patients under anesthesia. Can a wheelchair-bound nurse maneuver quickly enough to perform the essential functions of an anesthetist? Again, performance standards help in determining needs to accommodate those suffering from diseases, such as multiple sclerosis, that progressively limit mobility?  

- **Hand-eye coordination.** Good hand-eye coordination is required to calibrate and operate the complex equipment used in delivering anesthesia. The question is one of establishing limitations and is often posed in situations with degenerative conditions, such as Parkinson disease.  

- **Tactile capacity.** Tactile capacity is required in many areas of practice from physical examinations (palpitations) to therapeutic interventions (intravenous placement and other invasive catheters). Here, questions may not always be evident until a student encounters clinical practice.  

- **Stamina.** Surgical interventions may involve long hours with demands on both the physical and mental endurance of team members. Nurse anesthetists often stand for long periods and endure the physical and mental stress associated with emergency conditions. To what standard should a nurse anesthetist be held in terms of situations that arise with relative frequency?  

- **Professional image.** A word of warning! The nursing profession has occasionally raised questions about obesity as a physical characteristic precluding entry into practice. This derives from the idea that nurses should be models for healthy living practices. Judicial decisions suggest problems with exclusionary criteria related to weight.  

The following suggests draft language for a standard to cover the physical capabilities and motor skills expectations for nurse anesthetists.  

Nurse anesthetists are required to move, transfer, and position patients and to locate and arrange equipment as needed; to be sufficiently mobile to provide care to several patients at a time and to have sufficient dexterity, hand-eye coordination and stamina to operate complicated instruments and perform procedures for prolonged periods as medically necessary.  

3. **Cognitive skills and intellectual capacities.** What cognitive skills and intellectual capacities are needed to perform the roles assigned nurse anesthetists? Although the list is long, most may be grouped into the 4 categories set forth below. The first 3 raise issues associated with various types of learning disabilities and attention deficit disorders. The last implicates intellectual capacity and judgment more generally.  

- **Capacity to understand and interpret complex information.** Nurse anesthetists work in environments where they are called upon to iden-
tify, assimilate and react to multiple forms of information quickly and accurately with little margin for error. The degree to which various learning disabilities or attention deficit disorders have an impact on performance requires educators to assess their impact in academic and clinical settings and to decide that, if severe enough, the individual is not otherwise qualified. Several cases, especially those dealing with clinical aspects of medical education, suggest the willingness of courts to find limits on accommodations when delivering care.13

• **Capacity to learn and apply new information.** The practice of anesthesia undergoes continual revision requiring practitioners to seek out, learn, and apply new information. Although only indirectly related to the many forms of learning disabilities and attention deficit disorders, this standard also provides a framework for dealing with problems associated with aging, Alzheimer’s disease, or other conditions affecting learning and adapting to a dynamic practice environment.

• **Capacity to translate and document complex information accurately.** This component emphasizes a basic need in practice and provides notice, especially to those with dyslexia, about performance expectations often under stressful conditions.

• **Capacity to recognize and differentiate standard from nonstandard patterns of patient responses.** A key requirement for nurse anesthetists in administering anesthesia is the capacity to recognize and distinguish between standard and nonstandard patterns of patient behaviors and responses. Although not implicating a disability, this standard goes to the core of clinical judgment and is a benchmark of professional performance.

What language might create a standard encompassing these capacities?

Nurse anesthetists are able to understand, synthesize and interpret complex medical information related to patient needs and care; to transcribe and communicate that information quickly and accurately; and to distinguish standard from nonstandard patterns of patient behaviors and responses.

4. **Decision-making skills.** Making good decisions is a minimal expectation for practitioners. The failure to make good decisions over time is often a first indicator of underlying problems, regardless of cause. Again, not all aspects of decision-making necessarily implicate disability but evidence of impaired judgment may be first apparent in a breakdown of decision-making skills that affect judgment and compromise patient care. These are often first observed by colleagues and may give rise to the ethical dilemmas associated with enforcing standards of practice. Since decision-making involves numerous components, how might these be broken down into benchmarks that help us assess competency?

• **Capacity to identify cause-effect relationships in clinical situations that are reflected in clinical judgments about patient care.** This competence addresses the essence of clinical judgment, a core expectation for nurse anesthetists. A practitioner acquires knowledge about treatments and technologies for delivering anesthesia to patients and, through experience, a foundation for applying that knowledge on behalf of individual patients. Any lack of capacity in this area, regardless of cause, implicates this competency.

How might these competencies be formulated into a standard?

Nurse anesthetists are expected to demonstrate the capacity to gather, organize, assess, prioritize, make decisions, and then act on information appropriately so as to facilitate the prompt and timely delivery of patient care.

5. **Behavioral and social attributes.** This standard comprehends the behavioral and social expectations for nurse anesthetists individually and in their interactions with patients, families, and the public as well as with professional colleagues and members of the healthcare delivery team. Again, most of these are self-evident.

• **Capacity to interact professionally and appropriately.** Nurse anesthetists work with many groups, patients, their families, and multiple members of the healthcare delivery team. The ability to maintain good working relationships with all on a consistent basis is important to professional practice and to the integrity of the profession.

• **Capacity to develop rapport and work cooperatively.** Rapport goes 1
step further and includes gaining respect and trust necessary to open communication. It is a building block for establishing working relationships with patients and other members of the healthcare team.

- **Capacity to manage information and preserve confidentiality.** Communication of information about patients is implicit in good care. Nurse anesthetists have access to patient records and other important information. Nurse anesthetists should preserve confidentiality and manage information discretely and in a timely manner.

- **Capacity to give and receive advice.** Nurse anesthetists both give and receive advice on a regular basis. In both capacities they must demonstrate skills necessary to preserving collegiality as well as the capacity to accommodate advice and criticism appropriate to the larger goal of improving the delivery of care and professional practice.

- **Commitment to acquiring new knowledge, ensuring quality, and enhancing the practice of nursing anesthesia.** Nurse anesthetists practice in an environment informed by medical research and changing technologies. Professional practice requires ongoing commitment to improving quality, to upgrading knowledge, and to adopting new technologies as appropriate.

These competencies might be combined in the following language. Nurse anesthetists should exhibit professionally appropriate behaviors at all times with patients, members of the healthcare delivery team, and the public. These behaviors include capacities: to establish rapport and trust including respect for team roles and norms; to preserve confidentiality; to communicate clearly with patients, other healthcare providers and the public; to complete work in a timely manner; and to demonstrate commitment to ensuring the quality of and upgrading the practice of nurse anesthesia.

**Now what?**

This article proposes a set of potential criteria, in the form of minimal standards of competence for prospective (and perhaps even practicing) nurse anesthetists. These proposed standards are designed to provoke discussion among those responsible for preparing future practitioners. We began with questions posed to the profession generally, and educators specifically, by the laws protecting individuals with disabilities from discrimination. We argue that there is a need and a use for standards. However, the standards presented here go well beyond issues raised by the laws on disability. They are broad in scope and implicat professional practice generally. Now, the involvement of the broad spectrum of nurse anesthetists is necessary to developing some consensus about standards of practice.

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