

# Co-Existing Residency and CRNA Training Programs

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I have no disclosures or conflicts of interest.





# Learning Objectives

- Describe the potential benefits of having a nurse anesthesia program run alongside an anesthesiology residency program.
- Compare and contrast the attitudes and expectations of anesthesiologists and nurse anesthetists.
- Anticipate the policies and procedures needed to allow peaceful coexistence of an anesthesiology residency program and a nurse anesthesia program.

# Survey of Nurse Anesthesia Program Directors

- **80%** ⇒ coexist with an anesthesiology residency program
- **70%** ⇒ more than half of the student's cases involve medically directed CRNAs
- **29%** ⇒ some non-medically directed CRNAs provide instruction
  - **59%** of these ⇒ report that **< 11%** of clinical site cases have non-medically directed CRNAs
- **80%** ⇒ some SRNA cases are supervised by an anesthesiologist without CRNA involvement.
- **73%** ⇒ having a good relationship with the anesthesiologists is “very important” to the program

# How Important is Collaboration?

Collaborative Behavior	CRNAs (n=60)	Anesthesiologists (n= 39)	t-Test	p
Shared decision making	4.48	3.51	4.56	<.0001
Interdisciplinary education	4.03	3.53	2.27	<.0001
Joint research/ publication	3.31	2.25	3.98	<.0001
Equality in status/ interaction	4.50	3.41	5.32	<.0001
Shared professional knowledge	4.73	3.81	5.23	<.0001
Respect for skill and expertise	4.78	3.94	4.27	<.0001
Mutual trust and respect	4.83	4.43	3.05	<.0036
Open communication	4.90	4.53	3.11	<.0031

# Collaboration and Current Practice

<b>How important are collaborative behaviors in your current practice?</b>	<b>CRNAs (n =60)</b>	<b>Anesthesiologists (n= 39)</b>
Very important	98.3%	43.6%
Somewhat important	1.7%	51.3%
Not important	0.0%	5.1%

<b>To what extent are collaborative practices in your institution?</b>	<b>CRNAs (n =60)</b>	<b>Anesthesiologists (n= 39)</b>
High level	25.0%	12.8%
Moderate level	58.3%	79.5%
Low level	16.7%	7.7%



## Shared educational and collaborative relationships (7)

# Rating Attitudes Toward Collaboration

During their education, medical and nursing students should be involved in teamwork in order to understand their respective team roles.

A nurse should be viewed as a collaborator and colleague with a physician rather than his or her assistant.

There are many overlapping areas of responsibility between physicians and nurses.

## Caring as opposed to curing (3)

Nurses are qualified to assess and respond to psychological aspects of patients' needs.

Nurses have special expertise in patient education and psychological counseling.

## Nurse's autonomy (3)

Nurses should clarify a physician's order when they feel that it might have potential for detrimental effects on the patient.

## Physician's autonomy (2)

Doctors should be the dominant authority in all health care matters.

# Rating Attitudes Toward Collaboration

	Anesthesiologists(n=66)	CRNAs (n=238)	t	p
Total Jefferson Score	43.8 ± 6.4	55.7 ± 3.0	14.6	.000

Source of variation	F <sub>(1,293)</sub>	p
Discipline	329.5	.000
Gender	.57	.449
Discipline-gender interaction	.35	.553

# Benefits of Collaboration

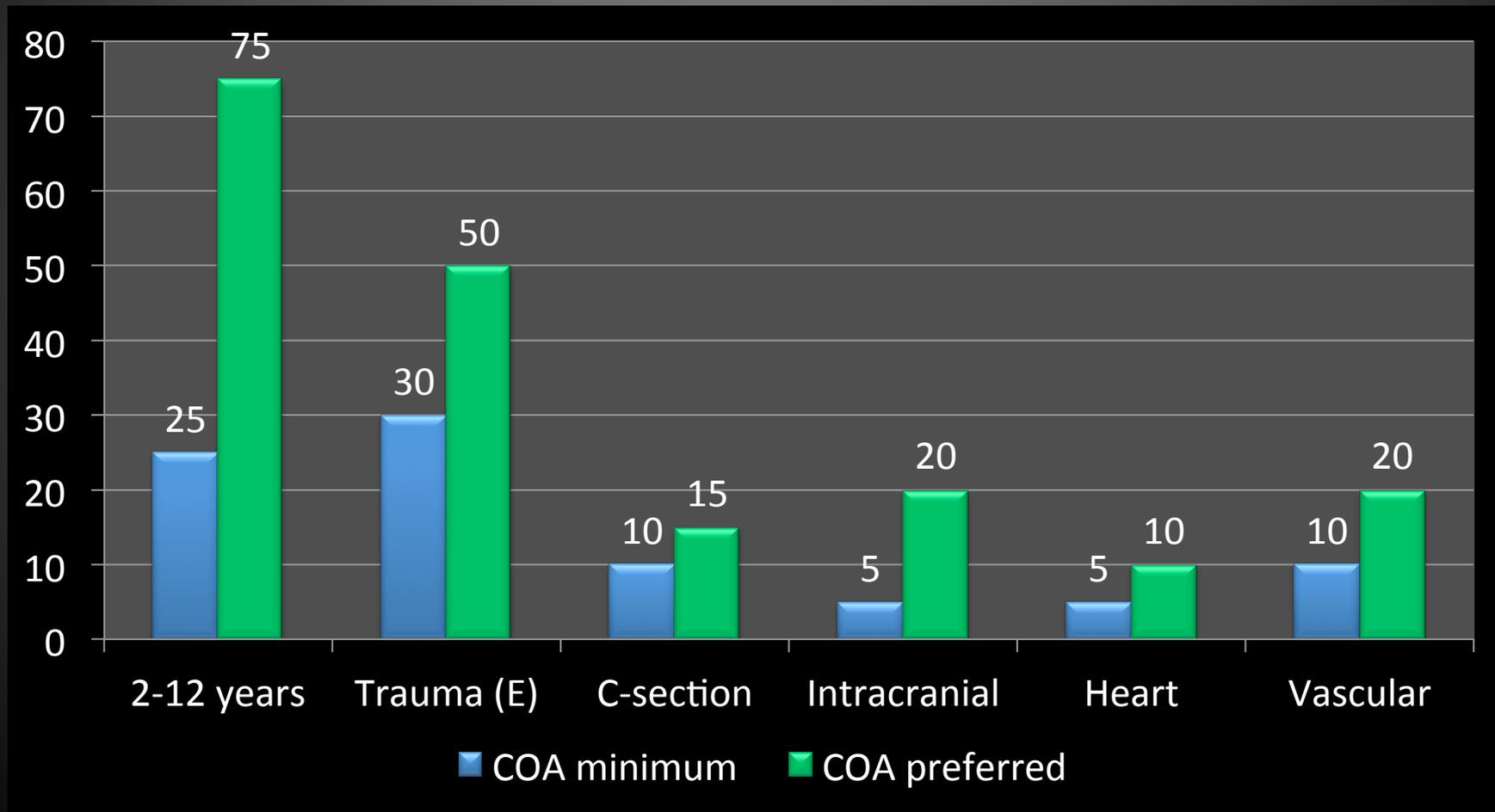
- Increased
  - Patient satisfaction
  - Staff satisfaction
  - Staff retention
- Improved
  - Patient outcomes
  - Patient care delivery
  - Efficiency
- Decreased
  - Cost

# Nuts and Bolts Comparison

	<b>Residency in Anesthesiology</b>	<b>Program in Nurse Anesthesia</b>
Accreditation	ACGME	COA
Max. accreditation length (years)	5	10
# programs in USA	131	111
Degree earned	none	MS, DNP
Length of training (months)	48	24-36
Number of graduates annually (approx.)	1353	> 2000

# Case Requirements

ACGME      100      20      20      20      20      20



# COA Notables

- Regional Anesthesia
  - manage 30
  - administer 25 (spinal + epidural + peripheral)
- Arterial Line
  - place 25
  - monitor 25
- Central Venous Line
  - place 5 (actual + simulated)

# SRNA Perceptions

Personnel / Activities	1	2	3	4	5	Mean (SD)
CRNA preceptors	0.3	1.7	7.5	36.5	<b>54.0</b>	4.4 (0.7)
Unique cases	0.9	3.4	11.4	36.7	<b>47.6</b>	4.3 (0.8)
Reading	1.1	4.7	16.6	41.2	<b>36.4</b>	4.1 (0.9)
Clinical lectures	5.4	11.2	26.4	36.3	20.7	3.6 (1.1)
Senior SRNAs	8.7	15.0	24.9	31.1	20.4	3.4 (1.2)
Simulation	8.7	14.7	30.1	28.3	18.2	3.3 (1.1)
Anesthesiologist preceptors	3.4	11.5	35.3	37.4	12.5	3.4 (0.9)
Clinical conferences	9.6	21.1	41.4	22.2	5.7	2.9 (1.0)
Grand rounds	<b>33.0</b>	20.0	30.2	13.7	3.2	2.3 (1.2)
Surgeons	<b>31.8</b>	37.8	25.5	4.3	0.6	2.0 (0.9)
Anesthesiology residents	<b>60.6</b>	17.1	16.9	4.4	1.1	1.7 (1.0)

# Advantages of Having a Nurse Anesthesia Program

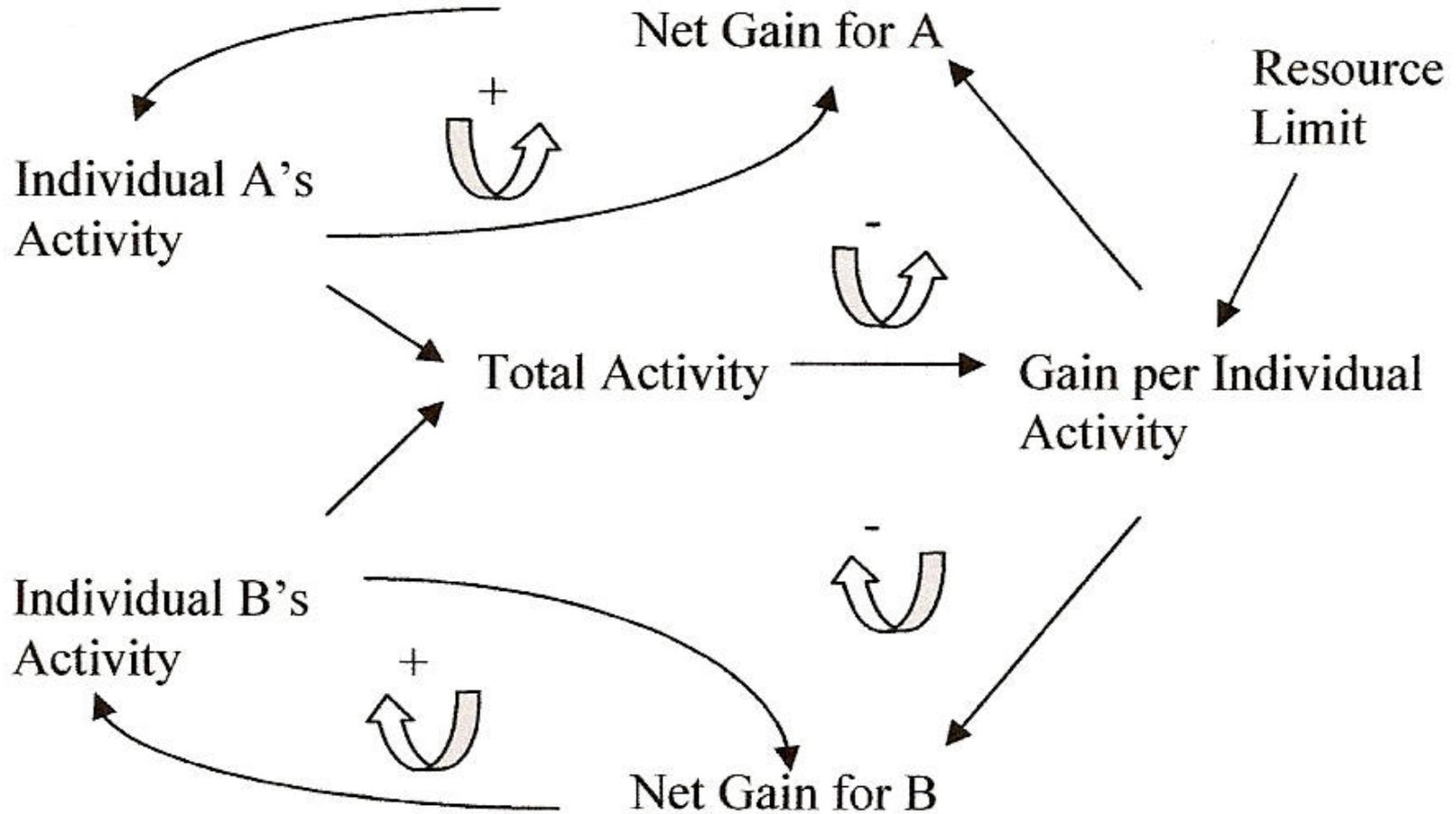
- Early Anesthesia Care Team experience (collaboration)
- Cross coverage
- First hand view of training differences
- CRNA assignments
- Financial

**WHOOOPS ( ~~III III II~~ AND COUNTING )**

# In the beginning... (July 1)

- Supervision/ pairings
- Skill sets
- Scheduling
- Case assignments
- Relief

# The Tragedy of the Commons



Hardin G, Tragedy of the commons, 1968  
Science 162(3859)1243-8



# Public Displays (aka. QA, Mock Orals, Senior Presentations)

- Describe and defend care during QA conference.
- Demonstrate fund of knowledge during case conference.
- Answer questions on academic projects.

**X ≠ X**



**Bolded calibri 44**



**Arial 50**



# Complement Cascade

## ACGME APPROVED POSITIONS

Year 1 Positions: 20

Year 2 Positions: 20

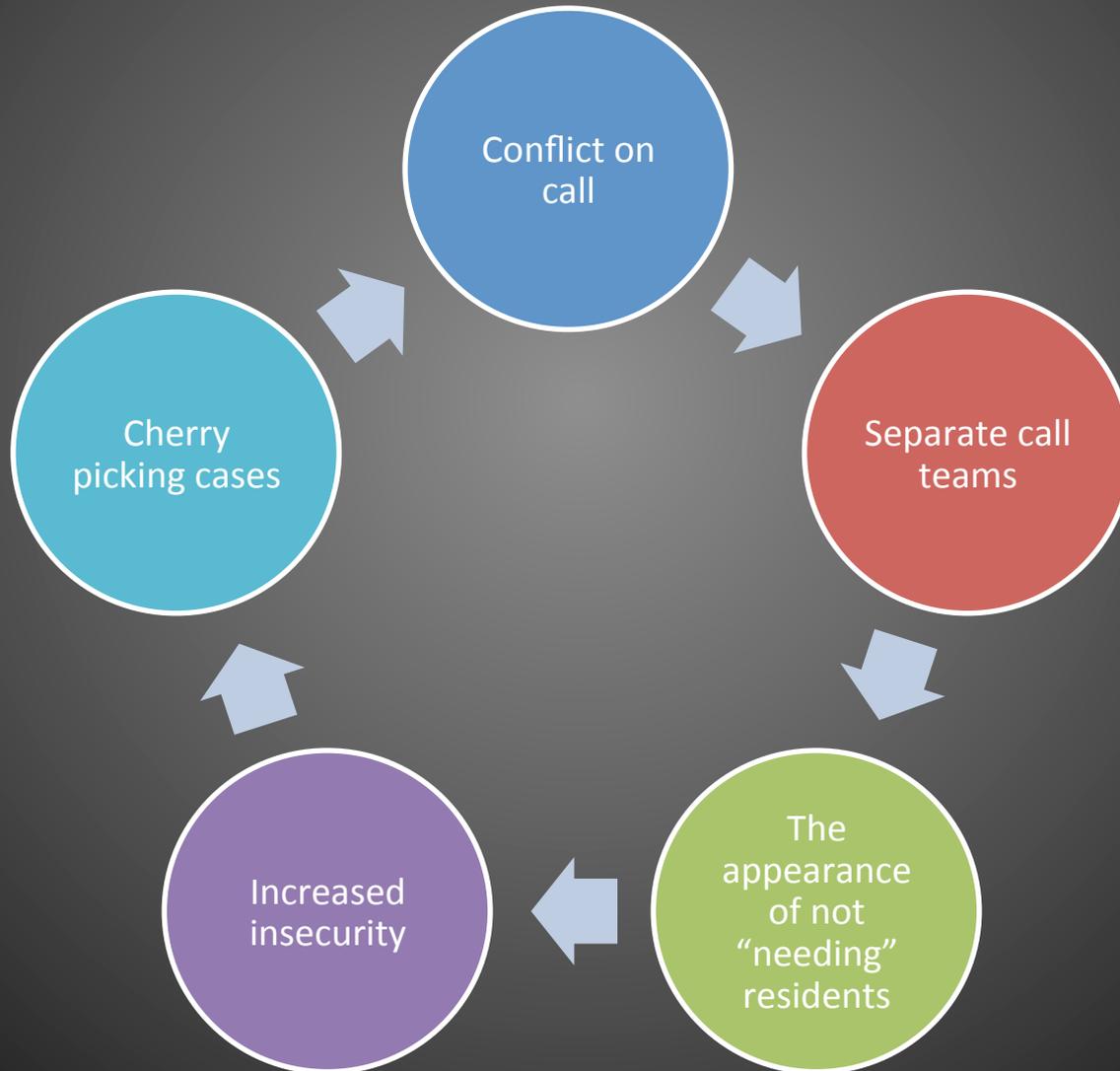
Year 3 Positions: 20

Year 4 Positions: 20

Total ACGME Approved  
Positions: 80

- No requirement to have COA approval for an increase in SRNAs.
- Who approves what?
- Does your opinion count?
- Do 'they' even know you have an opinion?

# “Separate but Equal” is a bad idea AGAIN



# Politics and Religion

**YOU CAN'T**



**WITH PEOPLE WHO  
WANT TO KILL YOU**

# What's in a name? (x2)

## Students

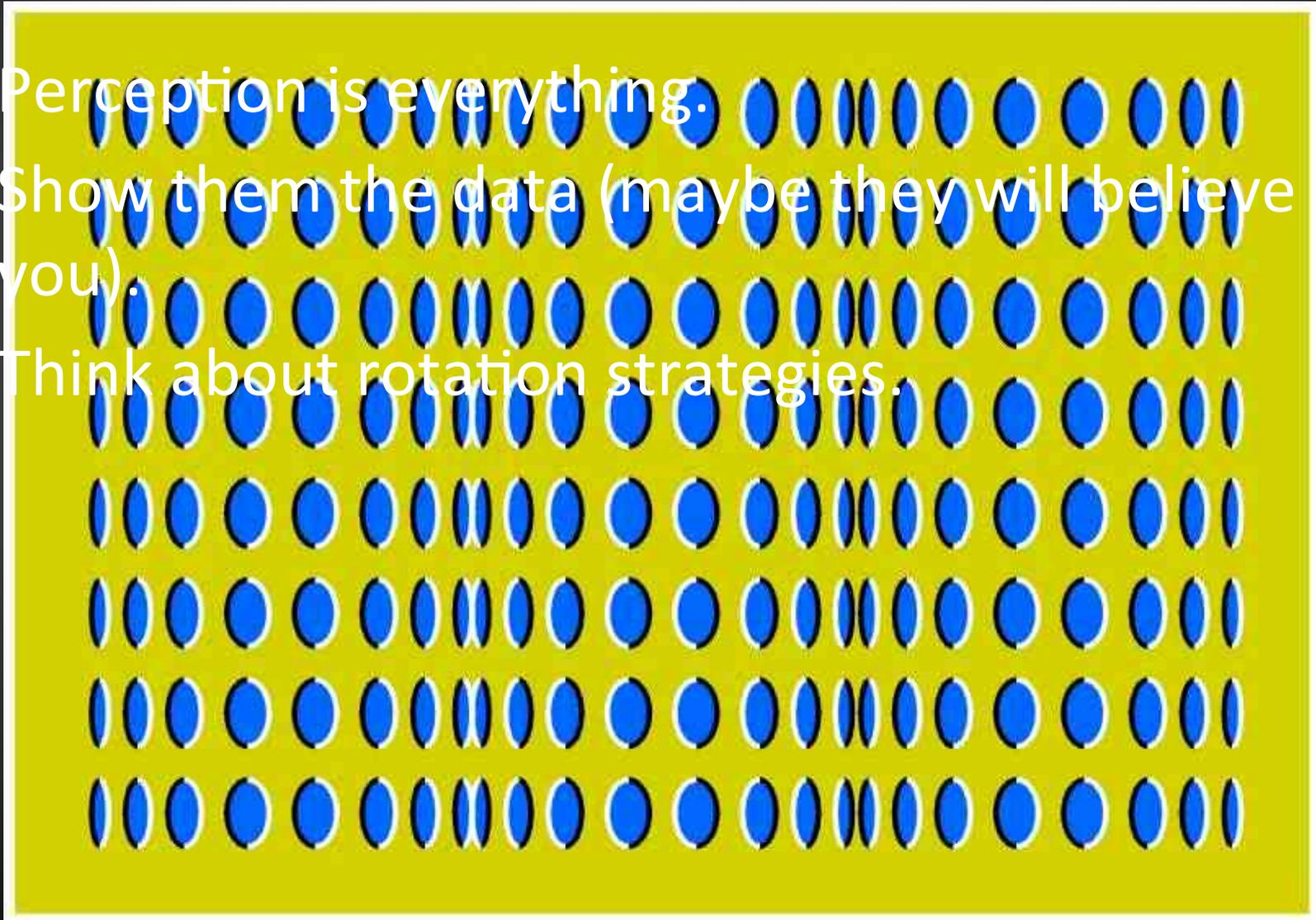
- Benefits
- Responsibilities
- Patient perception

## Academic Titles for CRNAs

- Assistant Professor of ??
  - Nurse Anesthesia
  - Nurse Anesthesiology
  - Anesthesiology and Allied Health

# Impact on Medical Student Recruitment

- Perception is everything.
- Show them the data (maybe they will believe you).
- Think about rotation strategies.



# Ask and You Shall Receive

- ACGME Resident Survey (customer satisfaction)

“How often has your ability to learn been compromised by the presence of trainees who are not part of your program, such as residents from other specialties, subspecialty fellows, PhD students, or nurse practitioners?”

- National Non-Compliance rate = 10.1%

# Take Homes

- Training programs for anesthesiology residents and nurse anesthesia students can coexist, but to the extent that they share resources, there will be increasing conflict.
- Your best efforts to keep peace will not be enough.
- If we don't share a common definition and vision of collaboration, our learners will stay in turmoil.