

ANESTHESIA NEWS

SRNA PROGRAMS ~

DO THEY MAKE SENSE FOR YOUR PRACTICE?

Are you presently participating in a Student Registered Nurse Anesthetist (SRNA) educational program? If not, have you ever considered it? Some see participation as a solution to the present shortage of anesthesia providers being experienced both locally and nationally.

Currently in Connecticut there are three SRNA schools in operation: New Britain School of Nurse Anesthesia, Hospital of Saint Raphael School of Nurse Anesthesia, and Bridgeport Hospital Nurse Anesthesia Program. These schools are affiliated with three Connecticut universities and seven hospitals throughout the state. In order to become an affiliated clinical site for a nurse anesthesia program the site must provide all clinical opportunities to meet the standards as set by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

The common goal of the above programs is to turn out highly competent nurse anesthesia practitioners. The programs take pride in providing their students with a broad clinical and academic experience, while keeping the standards and guidelines set by the COA. In conjunction with the high standards set by the anesthesia physician groups in Connecticut, these programs promote continuous improvement in patient care and a stimulating educational environment.

Does Connecticut need more anesthesia groups to participate? If practices want to have a higher CRNA to MD ratio, then *Yes*, becoming affiliated with an existing program would benefit your practice. If you want more MD's, then *No*. Increasing your residency slots—if an option—might better fill your needs. Of course, this is easier said than done as these slots are often capped. However, many anesthesia practices adopt the concept of 3 to 1 supervision and embrace the availability of well trained CRNAs to accommodate this model.

Considering some of the rationale and opinions from a physician standpoint, some don't feel the investment of time and resources will necessarily translate to future CRNA personnel for their own practice. They point to the obvious fact that these newly trained students are free to seek employment elsewhere upon graduation. It is true that depending on the geographic reach of the program, some may indeed return to their home state upon graduation, and still others may take jobs with "the local competition".

Others take a more philanthropic outlook and focus on the fact that regardless of where these student nurses choose to work, the participating practice is still contributing to the overall number of trained CRNA professionals being released into the job force. This is a positive thing for the anesthesia specialty in today's market and especially good news to those groups that adopt an anesthesia care team model in their practice.

However, what can be done to encourage those students residing locally to seek employment at the facility where they trained? It's true that salary plays a big factor in a competitive market, but a flexible and professionally fulfilling work environment plays a major role in employment decisions. Well trained nurse anesthetists appreciate being considered fellow professionals on their cases and being trusted to make clinical judgments. They seek to perform a wide array of anesthesia services and achieve professional fulfillment. While in most cases the SRNA works very closely with the CRNA on cases, many physician providers take an active role in machine side teaching. Yes this takes time and the program takes management, but it is an investment many are willing to make. Some providers appreciate the opportunity to sharpen their own skills in the course of answering questions and training others, as well as benefit by the fresh and current clinical practices a newly taught student brings to the table.

The clinical sites participating with SRNA education programs often go to great lengths to make a new student feel comfortable, providing orientations, introductions, tours, etc. These efforts all lend to a sense of comfort and "family" as these students progress through their clinical rotations. Often graduates wishing to retain the confidence gained during a rotation, combined with appreciation

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for individual treatment and training, opt to stay within the practice when employment offers are extended.

Another concern to some is the fact that Medicare assigns a special ratio cap to medical direction of SRNAs with accompanying revenue ramifications. In actuality though, first year, and much of second year, rotations are spent in one-to-one training with another CRNA while under the physician medical direction model. Therefore, from a billing perspective, the undesirable ratio could not come into play until the student was independent on a medically directed case, making this argument much less compelling.

A contentious issue to some is the fact that physicians involved in residency programs, as well as the residents themselves, fear that SRNAs may vie for exposure to the types of cases required for satisfying their rotation requirements. This is generally not a problem at a larger facility where the number of daily cases well supports the number of students, both residents and nurses. It could be more problematic at relatively small facilities that host both types of teaching programs.

In summary, if you're not opposed to dedicating the resources needed to manage the program, it can pay off in many benefits, both short and long term. Among them include increasing both the quality and quantity of your CRNA pool, gaining the recognition among your peers associated with being involved in a program that gives back to the medical community and keeping your own skills sharp and current. With CRNAs providing up to 55% of anesthesia in this country, and anesthesia providers diminishing in numbers, this educational venture is a magnanimous contribution.

The decision to participate in an SRNA education program is a personal one, based on specific group needs and perspectives. With so many variables, there can be no "right or wrong". To be sure, those that embrace their roles in the education of anesthesia professionals possess the satisfaction of having contributed not only to their communities but to the anesthesia industry as a whole. Those who do not, can be equally as content having arrived at a decision that makes sense for their own practice. The future of trained anesthesia professionals in this country will be watched with great interest by all those affected. Meanwhile . . . what decision will YOU make?

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