The case for teaching history to student nurse anesthetists

Introduction
In the second year of its existence, the AANA History & Archives Society, a membership organization dedicated to supporting the mission and goals of the AANA Archives-Library, embarked upon 3 projects designed to improve the appreciation of anesthesia history and the historical roles played by CRNAs. We developed history materials for the AANA Web site, we conceived an oral history collection program, and we examined the way history is taught in the nurse anesthesia curriculum. We formed the History Education Committee, undertook the curriculum project, and prepared this article as a portion of our work.

The purpose of this article is to summarize and convey to the membership our thinking on anesthesia history in the teaching curriculum. It is divided into 4 parts. Part I concerns the justifications for teaching history to all student nurse anesthetists. It urges using history to help students assume their new professional identity as CRNAs. In Part II, Wanda Wilson, CRNA, PhD, discusses the current state of anesthesia history education. A survey she conducted of program directors demonstrated that history is taught somewhat haphazardly and needs improvement. In Parts III and IV, Joyce Kelly, CRNA, PhD, and Evan Koch, CRNA, MSN, begin a discussion of how history might be taught. Kelly and Koch mention several important historical ideas and time periods and suggest the specific history lessons they impart. Also mentioned are a few teaching methods that can be successfully employed. It is the Society’s assertion that anesthesia history should be taught uniformly in all programs. Teaching history provides students with the essence of nurse anesthesia; it inculcates in students the core of the special contribution that nurses make to the care of patients under anesthesia.

Part I: What makes history important?
Many reasons can be given for teaching and studying history. Among the most obvious and popular are the admonitions to avoid repeating past battles and to make certain that the historical record is accurate. We would hope, for example, not to fight again Frank v South, the first case to show that nurse anesthetists do not practice medicine. We would also hope not to accept the version of anesthesia history that has been written by anesthesiologists which excludes the contributions of nurse anesthetists. Certainly these are reasons enough to teach history to student nurse anesthetists. Ultimately, however, a better reason for promoting the teaching of history may be that history fosters an understanding of what anesthesia really is all about.

In classrooms today, it is taught that analgesia, amnesia, and muscle relaxation are the three sole components of anesthesia. Certainly this is true to a large extent. Leave any one of them out, and a patient is either at risk or very uncomfortable. However, we believe there is more to anesthesia than just analgesia, amnesia, and muscle relaxation. We believe that CRNAs make a unique contribution to patient care, but this unique contribution gets lost amid the pharmacology, physiology, and anesthesia case management that so dominate the curriculum. The hard science of anesthesia overwhelms and obscures the social science of anesthesia. Furthermore, the little teaching time that is given to the nonscientific aspects of anesthesia is devoted to politics. To better understand and elaborate the special contributions made by today’s nurse anesthetists, we must fix in the minds of students the knowledge pioneered by early nurse anesthetists and the strides that they alone made. In our minds, this is the central reason for teaching history to all student nurse anesthetists.

Part II: How is nurse anesthesia history taught in the curriculum today?
Before the History Education Committee could move forward with plans to design a core curriculum in nurse anesthesia history, we had to know what history nurse anesthesia programs are cur-
A total of 83 surveys were emailed to program directors in August 2000. Twenty-eight surveys were returned by program directors or didactic instructors involved in the presentation of the history curriculum. The Internet determined 8 emails undeliverable. A 34% return was obtained. Of the surveys returned, all 28 programs included some form of nurse anesthesia history in the didactic curriculum, either as a formal course or as part of another course, such as introduction to nurse anesthesia or professional aspects.

Interesting results found from the survey were the number of contact hours and the creativity of presentations on nurse anesthesia history. Contact hours for the 28 returns varied from 30 minutes to 14 hours. The more lengthy curricula tended to be presented as 2-part history plans. A greater history content was presented early in the program curriculum, and the remainder was given to senior students before graduation as part of a professional aspects course. One program required history readings before an applicant entered the program. Another program used a student-driven independent study on history. The mean contact hours were calculated to be 4 hours.

Seventeen of the survey respondents would be interested in an Internet course. Respondents from 3 programs were not interested. Several respondents wanted cost projections and more information on the structure of the Internet course before they would give a definitive answer. One program actually offers a Web-based course designed by its faculty.

Methods of instruction and sources of information for the history content were varied. Textbooks and/or chapters used were:


Lectures and discussions were presented in different formats, such as PowerPoint presentations, structured lectures, clinical conferences, journal club, and guest lecturers. Students were also involved in the history course by doing presentations and writing essays. One program included a tour of a medical museum, which has an extensive anesthesia section.

To move forward as a profession, we must know from whence we came — “our history.” From the survey, the History Education Committee could conclude that history is being taught but not with consistency. The method and content of instruction is diverse. The information obtained will help to guide the History & Archives Society in the development of a curriculum plan of nurse anesthesia history to offer to programs. The knowledge of what has worked for history presentations in our programs allows us to create an adaptable plan for today’s students.

**Part III: How might history be taught?**

Socrates said that knowledge of how to do something leads to success in that activity; he also said that knowledge, whether of money-making or medicine, which can provide something, is not sufficient unless we can use the skill and keep it in the marketplace. Thus, knowledge without use is unfounded.\\(^{7}\)

So, what is the use of the study of history? Remember the old adage, “if you don’t know where you have been it is difficult to know where you are going.” Let us prepare our students for their future by giving them some knowledge of battles fought and battles won by the nurse anesthetists who preceded them.

The history course outline
should conjure in the mind of the learner an image of how the profession got from one point to another. This should include not only the development of drugs and equipment but also CRNAs’ struggles to attain the goals and successes of the profession of nurse anesthesia. Included should be such subjects as legal issues and gender battles. The human sacrifices individually incurred during the decades also should be addressed.

When developing any given course at the graduate level in the university, one hopes to advance the major objective of the program, in our case the production of proficient graduate nurse anesthetists. But wouldn’t it also be good to capture in the process other skills that would give the student/learner advantages in the future career as a nurse anesthetist?

There are 4 areas of importance for developing some insight into the history of our present-day practice of anesthesia care. They are: (1) the alleviation of pain prior to the advent of surgical anesthesia in the United States in the mid-19th century, (2) the increasing use of women in the workforce in factories and hospitals during the mid-19th to the 20th century, (3) changes in educating nurses from the early art of anesthesia care to the present day science of anesthesia care at the master’s level in the university setting, and (4) organization of the profession of nurse anesthesia and development of the legal practice for nurse anesthetists.

The methods of providing this body of information are important to the learning process. Roundtable discussion provides a more relaxed forum than traditional lectures and puts the students at ease. Papers or group discussion are easier to manage than presentations. The podium is great, but it immediately puts a barrier between the speaker and the participants and often becomes a “leaning tree” for an inexperienced presenter.

The instructor in an open forum could outline each of the 4 areas of subject matter listed above. The student/learner would prepare and present papers or posters that address subjects of interest or other specific issues addressed by the instructor regarding development of anesthesia agents, equipment, and/or people of a particular era.

Providing clinical anesthesia care in today’s workplace requires more than knowledge of the art and science of anesthesia. CRNAs must know their legal right to be in the workplace and how to present that knowledge. Thus, it is important for CRNAs to acquire an understanding of how to present facts to ensure their place in the marketplace. Knowledge of the development of a professional place in the present day marketplace becomes even more important.

Not only do our students and our fellow nurses not know about the history that brought us to present-day anesthesia practice, but also other healthcare providers and the public in general do not recognize nurse anesthetists as direct anesthesia care providers.

Since our young student researchers will have spent time searching the history of what legally allows us to stand at the head of the operating table and provide the patient’s total anesthesia care, would it not be appropriate to have the learner prepare papers in a format for public forum presentations? These papers and posters could be presented at university student forums for other nurses and other healthcare providers, or at state, national, or international meetings of nurse anesthetists. This didactic approach brings to the student/learner another skill that will be of great importance as he or she enters the future of healthcare as an anesthesia provider.

Part IV: Some suggested topics and teaching methods

There are several key concepts about our history that we believe every student should learn. In Part III, Dr. Kelly has emphasized the need to place our history within the context of 19th century societal changes in general, and changes affecting women and professional nurses in particular. She also has written of the need to involve students in the learning process. Some other concepts related specifically to anesthesia history are identified below.

It is important that in teaching history we emphasize that, on their own, pioneer nurse anesthetists brought about significant changes in the last years of the 19th century and in the early years of the 20th century. It is well known, for example, that 19th century nurse anesthetists revolutionized anesthesia by developing and spreading the open drop method. Other important strides that we believe should be taught include:

- Recognizing early on that anesthesia practice requires specialized training,
- Establishing the first anesthesia training programs in hospitals, and
- Advancing training programs from hospitals to academic settings.

A second important historical concept concerns outside influences upon nurses in anesthesia. It was not until after World War I, during which nurse anesthetists had effectively demonstrated their capability, that external forces influenced the direction of nurse anesthesia. The 2 greatest forces were the threat to practice posed by organized physicians and the
military utilization of nurse anesthetists. It was, of course, the threat posed by physicians that galvanized nurse anesthetists, led to the formation of our professional associations, and ultimately determined much of our modern history. With respect to the effect of military utilization of nurse anesthetists, 2 points should be emphasized. Although the first nurse to administer anesthesia did so in the Civil War, it was the outstanding performance of nurse anesthetists in World War I and II that led CRNAs to become the essential providers of military anesthesia. Also it should be emphasized that by adopting CRNAs as its essential providers, the military greatly influenced civilian anesthesia. CRNA efforts to improve civilian anesthesia in the areas of quality assurance, accreditation of programs, and examination for entry into practice benefited greatly when the military adopted AANA protocols in the years after World War II.

Students should be made well aware of the legal history of anesthesia, particularly scope of practice regulations, the struggle for autonomous control over CRNA education, civil law as it relates to anesthesia, and issues in healthcare regulation. The struggles we have faced year after year since the 1920s account for the great devotion and unanimity of purpose felt by the vast majority of CRNAs.

We also think that certain strong and recurring themes in anesthesia history favoring CRNAs deserve close attention in the classroom. Instructors should examine the economics of anesthesia. Why, for example:

• Do many surgeons prefer CRNAs?
• Has demand for anesthesia in the United States far outpaced the supply of providers?
• Have CRNAs always been associated with areas of high clinical need, first in frontier hospitals, then battlefield theaters, and finally in urban and rural underserved communities?

Old and new examples of these themes can be readily cited.

We believe that a variety of teaching methods can and should be employed to convey this important knowledge. We are aware that students today learn readily (and perhaps preferentially) from computer and Internet-based materials. So we encourage and hope to develop relevant lectures and other learning tools on electronic media. Virginia Thatcher’s seminal book, History of Anesthesia With Emphasis on the Nurse Specialist, currently out of print, has recently been reissued in portable document format (PDF). It is downloadable free of charge from http://www.aana.com/archives/thatcher.asp, or it can be purchased from the AANA Archives-Library in hard cover or on CD-ROM in PDF format. Thus, every student prior to beginning anesthesia school could read it.

We retain much faith in traditional teaching methods and believe that, after reading Thatcher, students should read Marianne Bankert’s Watchful Care: A History of America’s Nurse Anesthetists. We also think that 6 to 15 classroom hours should be devoted to history education, preferably in the first year of training. The time may be divided between lectures and presentations. A local retired nurse anesthetist could be invited to address the students. Students themselves (juniors or seniors) could be enlisted to provide some of the content. Ideas for student assignments include interviewing retired nurse anesthetists, reporting on outmoded techniques, and researching local pioneer nurse anesthetists or the earliest surgery at the oldest local hospital. Some archival documents from the AANA Archives-Library might be reported on, such as Agatha Hodgins’ correspondence or Helen Lamb’s teaching notes (American Association of Nurse Anesthetists. Historical Files. Record Group 08/13). Use of AANA archival material requires special, advance arrangements with the AANA Archivist. We are in the process of composing a more thorough list of curriculum support materials to be posted at www.aana.com.

It should also be mentioned that, on their own, anesthesia programs can advance our history knowledge base, which today is rudimentary at best. With only 2 books and a handful of articles published, much work remains. Students can be enlisted to research biographies of local pioneer nurse anesthetists or hospitals. Oral histories can be collected. The AANA Archives-Library stands ready to support this type of effort.

We believe that an understanding of history is as important to student nurse anesthetists as pharmacology and physiology. We hope that at the close of their formal training, every student nurse anesthetist has a clear understanding of the bold and lonely path blazed by our predecessors.

Summary
We believe that student nurse anesthetists who are well grounded in the history of anesthesia will be more aware of their professional identity and will be more likely to build a better future for the profession and for the patients we serve. We therefore urge a concerted effort to teach history...
for 6 to 14 hours in all nurse anesthesia training programs. Classroom techniques can include traditional methods such as lectures and reading. Innovative methods that include roundtable discussions with retired CRNAs and Internet-based learning also may be employed. We have suggested several learning goals and some means for attaining them, and we plan to develop pertinent teaching tools.

REFERENCES