An Issue of Supervision

To the Editor—A recent article summarizes records from 11 major intraoperative accidents since 1976. These records were made available by the malpractice insurance carrier covering nine anesthesia departments affiliated with Harvard Medical School. Five involved residents; three involved C.R.N.A.s; and three involved anesthesiologists working alone. In the three cases in which C.R.N.A.s were involved, the author concludes, without justification, that there is an issue of the adequacy of supervision of the C.R.N.A.s. We all share in the goal of making anesthesia safer for our patients. Certainly we all believe that while we may not always be able to prevent a complication, early detection of problems can lead in most instances to more favorable outcomes. However, Dr. Eichorn's analysis of these eleven individual cases appears to be somewhat less than objective.

Although Dr. Eichorn states that an associated issue with the cases in which a resident or C.R.N.A. administered the anesthesia was inadequate supervision, he makes no comment as to whether "supervision" might have been beneficial in the cases attributed to anesthesiologists. In fact, he concludes that "although an attractive speculation, whether closer supervision of those administering anesthesia at the time of the initial mishap (independent of patient monitoring) would have prevented the accidents cannot be known." What is known is that anesthesiologists as well as C.R.N.A.s and residents were not immune to anesthesia accidents.

No one will deny that anesthesia residents and nurse anesthesia students need both instruction and supervision during their clinical learning experiences. But until studies can be accomplished that demonstrate that "supervision" of C.R.N.A.s does indeed make a difference, Dr. Eichorn's analysis must be considered as part of a long standing turf game.

To be certain, on occasion, all anesthesia providers may need some assistance. This may range from merely a second pair of hands to a more extensive independent assessment and second opinion. Supervision, in the sense most often applied by anesthesiologists, is not the answer to the majority of anesthesia mishaps. Consultation and collaboration may be the far superior modis operandi. In fact, what is truly needed are vigilant, competent anesthesia providers, both C.R.N.A.s and anesthesiologists, who, while confident in their knowledge and capabilities, do not consider themselves infallible and consequently seek help from whoever is available to provide it, when help is indicated.

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REFERENCE


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