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Identifying Facilitators and Barriers for a Successful Student Registered Nurse Anesthetist's Clinical Experience

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Executive Summary

Title

Identifying Facilitators and Barriers for a Successful Student Registered Nurse Anesthetist's Clinical Experience

Authors

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Introduction of the Problem

There are 121 nurse anesthesia educational programs (NAEPs) throughout the United States and Puerto Rico tasked with providing masters or doctoral level education for student registered nurse anesthetists (SRNAs) (American Association of Nurse Anesthetists [AANA], 2019). The Council on Accreditation (COA) sets standards for the clinical education of SRNAs. For NAEPs to meet the minimum COA requirements, students often relocate and train in a variety of facilities with many clinical preceptors (Algiragri, 2014). Student registered nurse anesthetists are highly trained registered nurses who have provided expert care in the intensive care setting prior to beginning a new educational journey specializing in anesthesia. These highly trained nurses often have trouble returning to the role of a preceptee to seek and accept constructive feedback on performance during clinical education (Algiraigri, 2014; Mukhalalati & Taylor, 2019). Certified registered nurse anesthetists (CRNAs) are the primary clinical preceptors for SRNAs in the clinical arena. Although CRNAs are expert practitioners many lack training related to effective teaching strategies and skills for providing feedback to adult learners (Scott-Herring & Singh, 2017b; Smith et al., 2011).

Due to a lack of standardized formal preceptor training, a successful SRNA education relies on the student's ability to elicit feedback from preceptors to advance their performance during the clinical experience (Easton et al., 2017). The identification of facilitators and barriers to an SRNA educational experience may allow NAEPs to tailor pre-clinical interventions which reinforce seeking and utilizing feedback. Providing pre-clinical interventions may assist SRNAs in assuming the role of preceptee to maximize their educational experience.

Literature Review

Published literature specifically for the SRNA clinical experience is limited. The literature search was expanded to include other medical specialties with a clinical educational component. Elisha & Rutledge (2011) report SRNAs' dissatisfaction with clinical educators (CE) is related to inconsistent feedback, poor teaching skills, unprofessional communication, and incidences of harassment. Conversely, students ranked calmness, clear communication, non-threatening communication, and independent decision making as optimal characteristics for education (Elisha & Rutledge, 2011). Clinical education is reliant upon the preceptor-preceptee relationship. Due to the need for a strong relationship, students may prioritize being "likable" over seeking quality experiences or feedback (McClintic et al, 2018). This self-preservation behavior may prevent students from acting in a manner to facilitate education (King et al., 2019).

The inappropriate processing of feedback may hinder a student's education. Learners with low feedback orientation, social awareness, and self-efficacy are less receptive to constructive criticism for continued clinical development (Nolan, 2016). The trainees' perceived credibility of their mentor and respect for their mentor may also affect feedback receptiveness. A mentor associated with credibility as a clinician and partner in learning is correlated to a

heightened feedback receptivity in students. Conversely, a provider with low credibility garnered lower feedback engagement from preceptees (Telio et al., 2016).

The variety of skills and case requirements required by the COA often forces SRNAs to rotate through a variety of clinical sites. Each clinical site typically has a unique culture and social environment which may produce barriers to effective SRNA education (Nolan, 2016). These barriers include both verbal and physical abuse. A study conducted by Elisha and Rutledge (2011) reported 70% (n=696) of SRNAs had been verbally abused and 14% (n=696) of SRNAs had been physically abused during clinical instruction. Student registered nurse anesthetists' education relies on creating a safe environment for both patients and students to optimize the clinical experience.

Project Methods

This project aimed to identify perceived facilitators and barriers to clinical education amongst SRNAs nationwide, including Southern Illinois University – Edwardsville's (SIUE) NAEP. A survey assessing facilitators and barriers to SRNAs' clinical education was created and guided by an extensive literature review. The evidence based electronic Qualtrics survey was disseminated via email to NAEP directors at various schools throughout the country. The NAEP directors distributed the survey voluntarily to their SRNAs. The survey was also dispersed to SIUE SRNA participants. Tables and descriptive statistics were utilized to interpret survey results. The knowledge gained from this survey may be utilized by SIUE or other NAEPs to create a learning module for SRNAs entering clinical education with a focus on professional communication and eliciting feedback from clinical preceptors. The project was approved and deemed exempt by The Institutional Review Board at SIUE as participation was voluntary and it did not directly involve human subjects. Kevin Stein, DNAP, CRNA and program director of the

SIUE NAEP served as the primary stakeholder for this project. Rebecca Collier, DNAP, CRNA and faculty of SIUE NAEP served as the primary reader. Leah Baecht, DNAP, CRNA and assistant program director of SIUE NAEP served as the project leader and mentor.

Evaluation

This project was implemented by creating and distributing an evidence-based survey to SIUE SRNAs and NAEP program directors throughout the country. The NAEP program directors voluntarily distributed the survey to SRNAs attending their respective programs. The survey was created utilizing Qualtrics and contained 29 questions consisting of four demographic questions, 15 Likert scale questions, and three open-ended questions. The information assessed during the survey was regarding the educational level, work experience, and barriers and facilitators to effective clinical education.

The same survey was disseminated to SRNAs nationwide and SRNAs attending the SIUE NAEP. One hundred and forty-three SRNAs completed the survey sent to other NAEPs and an additional 17 SRNAs from SIUE completed the survey. Of note, 77% (n=143) of nationwide SRNAs attend four to 10 clinical sites during their education. Eighty-two percent of SIUE SRNAs (n=17) reported attending 10 or greater clinical sites. Sixty-five percent of nationwide SRNAs and 81% of SIUE respondents felt they would benefit from an adult learning theory-based educational module prior to entering the clinical arena. This data supports the need for pre-clinical training regarding effective communication and techniques for extracting feedback from preceptors. Student registered nurse anesthetists participating in this survey were questioned regarding their experiences with various forms of verbal or physical abuse. Fifty-four percent of nationwide SRNAs and 31% of SIUE SRNAs participating in this survey reported experiencing verbal abuse during clinical education. Six percent of nationwide SRNAs and zero percent of

SIUE SRNAs reported physical abuse. Sexual harassment was reported at a rate of nine percent among nationwide SRNAs and 13% of SIUE SRNAs. Seventy percent of nationwide SRNAs and 58% of SIUE SRNAs have experienced belittlement or humiliation during their clinical experience.

This electronic survey allowed the researchers to extract data from SRNAs across the country as well within the SIUE NAEP. The data assisted in identifying barriers and facilitators to effective SRNAs' clinical education. There were limitations to consider when assessing the data collected during the survey. The respondents were not asked to identify their programs. By identifying the respective programs of the respondents, it would be possible to identify themes regarding barriers and facilitators present within each individual NAEP. This would allow NAEPs to develop specialized pre-clinical educational modules to overcome the barriers specific to their SRNAs' clinical experience.

Impact on Practice

Responses from the survey indicate that SRNAs experience a variety of factors that positively and negatively affect their clinical education. Although some factors may be organizational or logistical, numerous elements were identified that could be avoided, improved upon, or promoted with communication and emotional intelligence training for the SRNA. Research has indicated a pre-clinical workshop focused on communication skills and emotional intelligence education may mitigate stressful clinical scenarios that give rise to negatively perceived experiences. Simultaneously, pre-clinical workshops have demonstrated utility for teaching skills to promote receptiveness of real-time constructive criticism and eliciting feedback, both behaviors associated with positive clinical learning (McGinness et al., 2020;

Milan et al., 2016). By utilizing the barriers and facilitators identified within this survey, NAEPs can develop pre-clinical learning modules to maximize SRNAs' clinical education.

Conclusion

Existing literature and SRNA survey data support the usefulness of pre-clinical interventions focused on feedback and communication to improve an SRNA's clinical education. Nurse Anesthesia Education Programs, including SIUE, could benefit from reviewing the current literature regarding the implementation of evidence-based pre-clinical workshops. By implementing a pre-clinical learning experience, NAEPs could provide SRNAs with interventions to overcome barriers and facilitate effective clinical education as highlighted by the data yielded during this project.

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