

Southern Illinois University Edwardsville

**SPARK**

---

Doctor of Nursing Practice Projects

School of Nursing

---

Spring 5-2024

## Educating SRNAs on Barriers and Facilitators of Clinical Learning

Mesud Dedic

Richard Heuermann

Follow this and additional works at: <https://spark.siu.edu/dnpprojects>



Part of the [Nursing Commons](#)

---

### Recommended Citation

Dedic, Mesud and Heuermann, Richard, "Educating SRNAs on Barriers and Facilitators of Clinical Learning" (2024). *Doctor of Nursing Practice Projects*. 304.

<https://spark.siu.edu/dnpprojects/304>

This DNP Project is brought to you for free and open access by the School of Nursing at SPARK. It has been accepted for inclusion in Doctor of Nursing Practice Projects by an authorized administrator of SPARK. For more information, please contact [jkohlbu@siue.edu](mailto:jkohlbu@siue.edu).

## **Executive Summary**

### **Title**

Educating SRNAs on Barriers and Facilitators of Clinical Learning

### **Authors**

Mesud Dedic and Richard Heuermann

### **Introduction of the Problem**

A national survey of 143 Student Registered Nurse Anesthetists (SRNAs) conducted by Clancy and Bruinius (2022) revealed over 50% experienced verbal abuse and 70% experienced humiliation during clinical experiences. Feedback dynamics between students and educators shape subsequent interactions and scenarios (Telio et al., 2016). While preceptorship has proven mursion effective in imparting skills and knowledge to SRNAs, most preceptors lack formal educator training, hampering its efficacy (Easton et al., 2017; Mukhalati & Taylor, 2019). Mesisca and Mainwaring (2021) found that 82% of surveyed SRNAs (n=76) felt preceptors neglect their well-being, and that long-term stress adversely affected clinical education. Moreover, proficient nurses may struggle to solicit feedback as SRNA preceptees (Algiraigri, 2014; Mukhalalati & Taylor, 2019). Clancy and Bruinius (2022) advocate for pre-clinical education to equip SRNAs for preceptor interactions and to address barriers to success. A pre-clinical educational session focusing on communication skills could alleviate stress in complex clinical scenarios and enhance feedback reception (McGinness et al., 2020).

Factors impeding effective SRNA clinical education include unstable preceptorship, hostile environments, limited autonomy, and heavy didactic burdens (Clancy & Bruinius, 2022). Ineffective feedback pursuit, reception, and processing by students also hinder positive clinical

experiences (Algiraigri, 2014). This project aimed to design a learning experience for SRNAs at Southern Illinois University Edwardsville (SIUE) applying evidence-based approaches to enhance practical clinical training and address identified barriers. Project implementation occurred in fall 2023 for second year SIUE SRNAs, incorporating pre-implementation and immediate post-implementation surveys to gauge effectiveness. This project sought to improve the experience of SRNAs with preceptors at their clinical sites to raise the quality of the SRNA clinical training.

## **Literature Review**

Most SRNA learning stems from clinical experiences. Interactions with multiple preceptors, preceptors with different teaching habits and communication skills, student emotional intelligence, facility pace, an unwelcoming environment, a lack of autonomy, and a heavy didactic load create barriers to SRNA clinical success (Clancy & Bruinius, 2022). O'Connell et al. (2019) found that victims of lateral violence experience unsatisfactory clinical performance, and settings with hierarchical structures experienced an increase in lateral violence, such as the SRNA clinical environment. Even in a difficult environment, preceptors must be able to deliver effective feedback to facilitate student learning. Without feedback, students may assess themselves inaccurately (Sultan & Khan, 2017). Sultan & Khan (2017) and Algiraigri (2014) stated that preceptors hesitate to provide negative feedback to maintain a positive relationship with the student, impacting the student's self-assessment. Feedback was ineffective when the student failed to self-assess, modify their approach, plan, evaluate themselves, and avoid defensive responses when corrective feedback was suggested (Mathews et al., 2020). In a cross-sectional, mixed-methods study (n=76), 80% of the SRNAs in clinical believed their

preceptor/clinical faculty disregarded their well-being, indicating the need for interventions to improve the well-being of SRNAs (Mesisca & Mainwaring, 2021).

In a series of Likert Scale questions, Clancy and Bruinius (2022) found 97% (n=143) of nationwide and 94% (n=17) of SIUE SRNAs rated rapport with preceptors as valuable for a positive clinical experience (Clancy & Bruinius, 2022). Building a connection with preceptors improves the feedback process (Algiraigri, 2014). Clancy and Bruinius (2022) found 73% (n=143) and 75% (n=17) of nationwide and SIUE SRNAs, respectively, rated communicating daily goals with preceptors as important for a positive clinical experience (Clancy & Bruinius, 2022). With open-ended questions, Clancy and Bruinius (2022) identified six themes to facilitate the SRNA clinical experience, including beginning of day discussions, strong clinical site orientation, preceptor training, a teachable demeanor, voluntary precepting, and program check-ins. Feedback reinforces strong performance and corrects inferior performance (Sultan & Khan, 2017). Clancy and Bruinius (2022) found 93% (n=143) of nationwide SRNAs and 100% (n=17) of SIUE SRNAs rated preceptor feedback as important or extremely important. Matthews et al. (2020) conducted a feedback workshop for medical students and found a statistically significant increase in students' confidence in feedback reception after the workshop. Adapting feedback to each student's situation facilitates a relationship where the student and preceptor can safely share perspectives and experiences (Roze des Ordons et al., 2015). Collins and Callahan (2014) recommend identifying key concepts to measure strong clinical performance and progression for evaluation to ensure objective, purposeful, and evidence-based feedback for SRNAs.

## **Project Methods**

This project aims to enhance second year SRNAs' clinical success by addressing barriers and employing evidence-based facilitators. It focuses on feedback, self-assessment, rapport with

preceptors, stress management, and handling challenges. The goal is to develop an educational resource for SIUE's clinical or wellness program, with surveys guiding improvements for future cohorts or DNP students who wish to expand upon this project.

The project design includes creating an educational PowerPoint presentation, presenting it to second year SIUE SRNAs, conducting pre-implementation and post-implementation surveys, analyzing the results, and presenting findings at SIUE DNP Poster Presentation Day. This project gained approval of a proposal from the project committee, and following a review from the SIUE IRB, this project was deemed exempt.

### **Evaluation**

The pre-implementation survey included Likert scale, demographic, and a dichotomous question to assess SRNA confidence in key skills for removing barriers and exercising facilitators of clinical success. The post-implementation survey presented items in a similar format, with the addition of open-ended questions, and assessed the presentation's impact. Pre-implementation and post-implementation surveys provide a way to objectively analyze the impact of an educational intervention, and open-ended items help elicit feedback for future improvements. The pre-implementation demographic items were analyzed in charts to identify the population of participants. Means were identified for all the Likert scale questions and compiled in a table to determine efficacy of the presentation and statistical significance. Open-ended responses and their frequencies were consolidated into a table for future considerations.

Based on the Likert scale items, the surveyed SRNAs reported a 6.9% increase in confidence in the ability to seek constructive preceptor feedback and 5.79% increase in ability to apply feedback to improve clinical performance as a result of the presentation. In addition, the SRNAs reported a 6.9% increase in ability to seek constructive feedback. Confidence in

managing stress and anxiety yielded the lowest pre-implementation and post-implementation scores, but there was a 12.5% increase in average scores after the presentation. Average scores for comfort in training with different preceptors and establishing rapport with preceptors increased 13.15% and 14.16%, respectively, after the presentation. The cohort rated the overall effectiveness of the presentation as 4.3/5. The open-ended portion of the survey focused on strengths and opportunities for improvement for the presentation. Of note, four participants recommended providing this educational session earlier in the program. Five students reported that the personal experiences shared were strengths during the session, and three participants wanted more open discussions. The dichotomous portion of the survey revealed that 60% of participants did not have beginning-of-day discussions with preceptors, and 100% of participants recommend this presentation for future cohorts.

Limitations to this study include sampling size and sampling bias. The sample size of 30 may compromise the generalizability of the results. The sampling bias in this study derives from a convenience sample of students in the same nurse anesthesia program as the presenters. The sample was also approximately 6 months into the sample's clinical training. Administering this study at a different point in the training may yield different results.

### **Impact on Practice**

In the near-term, this project may improve the experience of preceptor and SRNA interactions for the second year SIUE SRNAs, in addition to raising the quality of their clinical training after gaining a new awareness of evidence-based barriers and facilitators of clinical success. The presentation, in alignment with the literature review, focused heavily on feedback interactions, and based on survey results, this project should help the SRNAs improve their ability to elicit and receive constructive feedback. In the long-term, SIUE may be able to

incorporate this content into preclinical training for future SRNA cohorts. In addition, a future DNP project group could utilize this content for a more immersive implementation, such as a simulation, to further enhance the education from the content. The open-ended survey items created a pathway to improvement for the project. Notable suggestions included providing the educational session earlier in the program, giving more examples of techniques discussed, and having more open discussion integrated into the presentation.

## **Conclusion**

The results of this project indicate that a preclinical educational intervention on barriers and facilitators of SRNA clinical success may improve SRNAs' comfort and ability to establish rapport with preceptors, have healthy feedback interactions, and manage stress and anxiety. Future implications for this project may include implementation into the curriculum for SIUE SRNAs and continuation of the project in a simulation-based educational intervention. In addition, future efforts with the project may be influenced by suggestions from the cohort in the open-ended section of the post-implementation survey.