Education of the Clinical Preceptor: 
The Importance of Teaching How to Teach

Educating the next generation of entry-level providers in any field is an important role. What does it take to become an educator? What differentiates effective teaching from failing to pass along the knowledge students need to succeed? What requirements do educators have to fulfill in order to become the conduit of learning? Does learning really depend on who is doing the teaching and what abilities they have? Or does success in education really depend more upon the student’s determination to learn despite any obstacle in their path? If the goal of education is to provide the best environment in which to learn the most information as efficiently as possible, the educator needs to be equipped to handle the challenge.

The educator’s attitude is an important aspect in the role of education. According to Alsharif and Yongyue, educators’ demeanors and attitudes play critical roles in the learning process. The learning process is a continuous journey that is made easier if it is embarked upon with the proper tools. These tools include traditional items such as a pencil and paper as well as the addition of newer technology. Although technology may assist in the learning process, the educator with the proper skills and attitude plays the crucial role of unlocking students’ potential. Human beings are not born with these skills, and therefore... educators must be taught how to teach.

Minimum Educational Requirements for CRNA Clinical Preceptors/Instructors

According to the National Council of State Boards of Nursing (NCBSN) it is recommended that clinical preceptors be educated to or above the level at which the student is preparing. However, CRNA clinical preceptors have a wide range of educational preparation. This column’s purpose is to describe the knowledge, skills, and attributes that are desirable for a clinical preceptor to be successful from a student’s perspective.

Since I live this reality every day in my own clinical education, this topic interested me. I chose to use this topic in my translational research course and did a literature review on it. My literature search found only a few articles that specifically addressed how to educate clinical preceptors in nurse anesthesia. Elisha reported that an eight-hour educational course was effective in altering the paradigm of the educational environment. This shift in the educational environment could positively alter the perceptions of the student registered nurse anesthetist (SRNA) and the CRNA clinical preceptor in the short term as well as providing effects that lasted into the months following the training. The longer lasting effects were noted on a two-month, post-instruction follow up.

The clinical education of SRNAs is an important and lengthy part of the program of study in all nurse anesthesia programs. Just as with the didactic content, clinical education represents a significant challenge to the SRNA. Unfortunately, unlike the evaluation of didactic performance, the evaluation of clinical performance can be subjective. All nurse anesthesia educational programs face the difficult situation of removing failing students from clinical rotations. When a student fails to successfully complete a clinical rotation, it may be that the education and experience of the clinical preceptor, or lack thereof, plays an important role. The properly educated preceptor with a broad range of teaching skills and techniques, may be able to reduce the number of failing students within a program. Programs are always looking for ways to increase the chances of success for their students and cannot ignore a potential reduction in the number of students who fail.

PICO Description

PICO (population/problem, intervention, comparison, and outcome) is an acronym described by Biddle as a functional method to use when trying to determine questions to ask in order to develop evidence-based answers. The original PICO question focused on how clinical preceptor development and education improved educational experiences and outcomes in the clinical setting for SRNAs. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) includes a standard that requires graduates to be able to “teach others,” but leaves it up to individual programs to determine how to achieve this outcome. Without being taught how to teach, there is an expectation that CRNA clinical preceptors should be capable teachers merely by having already achieved the education level that the SRNA is looking to achieve. Since the educational curriculum of the SRNA does not standardize teaching techniques, a gap in skill sets exists. This gap in the ability to teach leads to the creation of a more stress-filled learning environment for both the SRNA and the CRNA clinical preceptor.

The format of my research question may be formulated in this way:

For SRNAs and CRNA clinical preceptors (P), how does standardized baseline education in teaching techniques (I), compared to nonstandardized educational background in teaching techniques (C), reduce overall stress levels of both the SRNAs and the CRNA clinical preceptors as well as a reduction in the number of SRNAs that fail to meet the standards of success thus necessitating remediation or removal from their program (O).
• The population for this PICO question is the SRNA in the clinical portion of their education as well as the CRNA clinical preceptors teaching them. As stated in Smith et al., when clinical preceptors project support by acting friendly and trustful towards students, the instructor and the student experience reduced anxiety, a better learning environment, and improved overall learning.

• The intervention will be providing baseline education for CRNA clinical preceptors. An eight-hour educational class was used in a study written by Smith et al., which was designed to teach CRNA clinical preceptors methods of establishing positive teacher-learner principles.

• The comparison will be between the stress and anxiety levels reported from SRNAs and CRNA clinical preceptors who have not received any baseline education.

• The intended outcome will be a reduction in the stress levels of both the SRNAs and the CRNA clinical preceptors through training on how to be better educators. A five-point Likert scale can be used to measure stress levels of SRNAs paired with CRNA clinical preceptors who have not received any training as well SRNAs paired with CRNA clinical preceptors who have received training. These can be used in comparison to determine the differences between trained CRNA clinical preceptors and untrained preceptors. The measured outcomes are believed to show a reduction in stress levels that will facilitate a more positive learning environment. A positive learning environment creates a more conducive environment for learning and sets the SRNA and CRNA up for success.

Discussion
Since few studies are specific to the education of SRNAs in the clinical setting, more research is needed—preferably studies with large sample sizes, covering broad geographic regions. This should focus on educating clinical preceptors and bringing them better teaching tools. SRNAs may benefit from receiving education during their initial training on the tenets of adult learning and communication styles. Educating SRNAs and the CRNA clinical preceptors in effective communication techniques and learning styles may create a more positive learning environment that may reduce the number of unsuccessful SRNAs in the clinical setting. Although fewer SRNAs failing in the clinical setting may be a byproduct of better communication and learning, the true benefit is bringing better prepared entry-level practitioners into the CRNA field. SRNAs and CRNA clinical preceptors face unique and stressful challenges daily. There is shared responsibility, for both the SRNA and the CRNA, to show up to the clinical environment with a positive attitude and strong communication skills. Communication is a mutual venture in any environment and even more integral to successful learning in stressful environments such as the operating room. CRNA clinical preceptors with enthusiasm, attitude, and the ability to promote a positive learning environment may have more success in teaching. The realization that teaching is a skill set that must be learned in order to achieve greater success is fundamental to the research that needs to be conducted.

A literature review reveals that teaching is not a fundamental innate ability, but a skill that must be learned, practiced, and honed to become an efficient and proficient educator. The literature supports the need for an educational program to be instituted for CRNA clinical preceptors to bridge the gap in knowledge of adult education techniques. One possible solution is to build this education into the SRNA curriculum in order to ensure a broad dissemination of teaching techniques throughout the field of nurse anesthesia.

References


