

The Gap Between Best Practices in Clinical Preceptorship & Actual Preceptor Practice

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INTRODUCTION

- Many anesthesia departments rely on unstructured mentoring.
- CRNA preceptors report unclear expectations; students face inconsistent teaching/anxiety and safety risks.
- Gap evident at a 383-bed tertiary hospital with no formal program.

PROJECT PURPOSE

- Implement a structured Preceptor Training Program (PTP).
- Evaluate changes in role clarity, teaching competencies, and perceived support over 3 months.

RESEARCH OBJECTIVES

- Measure baseline competence with the validated 40-item PSAT.
- Deliver a simulation-enhanced, evidence-based PTP.
- Reassess post-implementation and examine feasibility for scale-up.

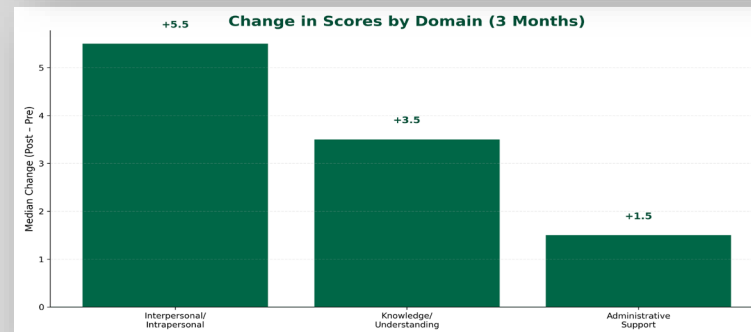
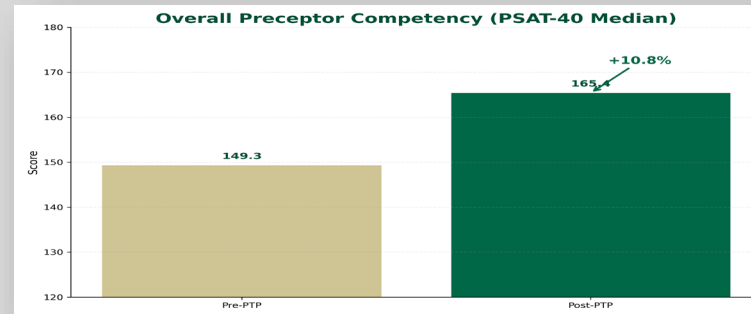
LEARNING OUTCOMES

- Recognize how structured preceptorship supports learner confidence and safety.
- Identify PTP elements (trigger films, reflection, role-play) mapped to PSAT domains.
- Plan to adopt ≥ 2 feedback/communication strategies in practice.

PICO-T QUESTION

In CRNA preceptors (P), does a structured PTP (I), compared with baseline practice without formal training (C), improve PSAT-based role clarity/competency (O) over a three-month period (T)?

RESULTS



- Interpersonal/Intrapersonal: 104 → 109.5
- Knowledge/Understanding: 35 → 38.5
- Administrative Support: 15 → 16.5
- Self-efficacy trended upward; none reached statistical significance ($p > 0.05$) likely due to small N and hurricane-related attrition.
- Consistent upward trajectory suggests enhanced perceived competence and role clarity, aligning with literature on formal preceptor training.

METHODS

- Frameworks: FADE quality-improvement model and Lewin's Theory of Planned Change.
- Intervention: High-fidelity trigger-film scenarios, facilitated reflection, and role-play aligned to PSAT domains (interpersonal skills, instructional knowledge, administrative resources).
- Sample/Timeline: 15 CRNA preceptors completed pre-PTP PSAT; repeated PSAT at 3 months; demographics captured.
- Measure: PSAT (40 items; validated for preceptor competence).

SAMPLE PRE AND POST DEMOGRAPHICS

- Participants: 15 CRNA preceptors at a 383-bed tertiary hospital.
- Completion: All completed baseline; post-test attrition related to hurricanes/workload.
- Context: Varied experience; limited prior formal preceptor training.

LIMITATIONS

- Small, single-site sample limits power/generalizability.
- Post-test attrition (hurricanes/restructuring) may bias results.
- Self-reported outcomes; no objective patient-safety measures in this cycle.

IMPLICATIONS FOR PRACTICE

- Embed PTP into orientation with protected time and leadership support.
- Expand to multi-site cohorts; extend follow-up.
- Add objective metrics (student performance, handoff-error and safety indicators) to verify impact.

Preceptor training improved survey scores in preceptor role clarity across three domains: intra and interpersonal skills, knowledge and understanding, and resources and administrative support

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References

