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Clinical Simulation in Preparing SRNAs for Complex Surgery

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BACKGROUND

Complex specialty surgeries
• Highly involved
• Many anesthetic considerations and risks
• Required experiences for Student Registered Nurse Anesthetists (SRNAs)

Traditional teaching methods (lecture, videos, case studies) alone are not sufficient to prepare SRNAs for complex surgery in real-life clinicals.

Consequences include:
• Clinical error
• Risks to the patient
• Poor clinical learning experience
• Low SRNA confidence, Increased anxiety

PURPOSE

Evaluate the use of clinical simulation in SRNA education and preparation for complex surgery, specifically craniotomy, in nurse anesthesia education.

METHODS

• Nine (9) SRNA participants from Murray State University
• Pretest self-assessment for baseline comprehension and self-perception
• Comprehensive simulation with educational handout
• Comparative data analysis with post-simulation test results

SRNA FEEDBACK

“I am now excited to have a future opportunity to care for patients undergoing a craniotomy.”

“It has changed how I will approach induction, maintenance, and emergence.”

“A start-to-finish clinical simulation of complex surgical cases helps eliminate stressors.”

“It will be nice to have more simulations.”

“I’d like a clinical simulation in the future because this helps prepare students for complex cases and it decreases anxiety.”

“I feel much more prepared!!”

CONCLUSION

• Simulation considered very helpful
• SRNAs felt more prepared, confident, Less stress/anxiety
• Increased knowledge of anesthetic considerations and expectations
• SRNAs recommend simulation to aid in real-life clinical preparation

RECOMMENDATIONS

SRNAs recommend use of clinical simulation for clinical preparation of neuroanesthesia for craniotomy.

Future recommendations include the use of clinical simulation to for SRNA education & preparation in craniotomy, as well as other complex surgeries such as open heart surgery, trauma, and surgery involving the parturient or neonate.