



Impact of Structured Clinical Mentorship on Student Registered Nurse Anesthetists

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INTRODUCTION

- Student Registered Nurse Anesthetists (SRNAs) report high levels of stress pivoting to clinical practice, with challenges such as performance anxiety, decreased confidence, and difficulty translating theory into practice
- A local gap analysis found that students wanted earlier guidance on clinical expectations, site logistics, communication, and emotional support.
- Evidence supports structured near-peer mentorship as a practical way to strengthen transition support and professional development.

PICOT

Among second-year SRNAs, does participation in a structured clinical mentorship program with third-year SRNAs, compared to current practice, improve perception of clinical readiness and perceived stress over one quarter (10 weeks)?

AIMS & ANTICIPATED OUTCOMES

	AIM	ANTICIPATED OUTCOME
Aim 1	Assess second-year SRNAs' self-reported perceptions of support and clinical transition-related stress during their first clinical rotation following participation in a structured clinical mentorship program.	Second-year SRNAs will report higher perceived levels of support and reduced transition-related stress during their first clinical rotation.
Aim 2	Assess perceived stress levels among second-year SRNAs before and after their first clinical rotation.	Second-year SRNAs will report reduced perceived stress at the end of the mentorship program.
Aim 3	Assess student mentees' perceptions of the structured clinical mentorship during the first clinical rotation using the table from Lavoie-Tremblay et al.	Second-year SRNAs will report favorable perceptions of the structured clinical mentorship program.
Aim 4	Assess student mentors' perceptions of the structured clinical mentorship and their experiences with student mentees using the table from Lavoie-Tremblay et al.	Student mentors will report favorable perceptions of the structured clinical mentorship program.

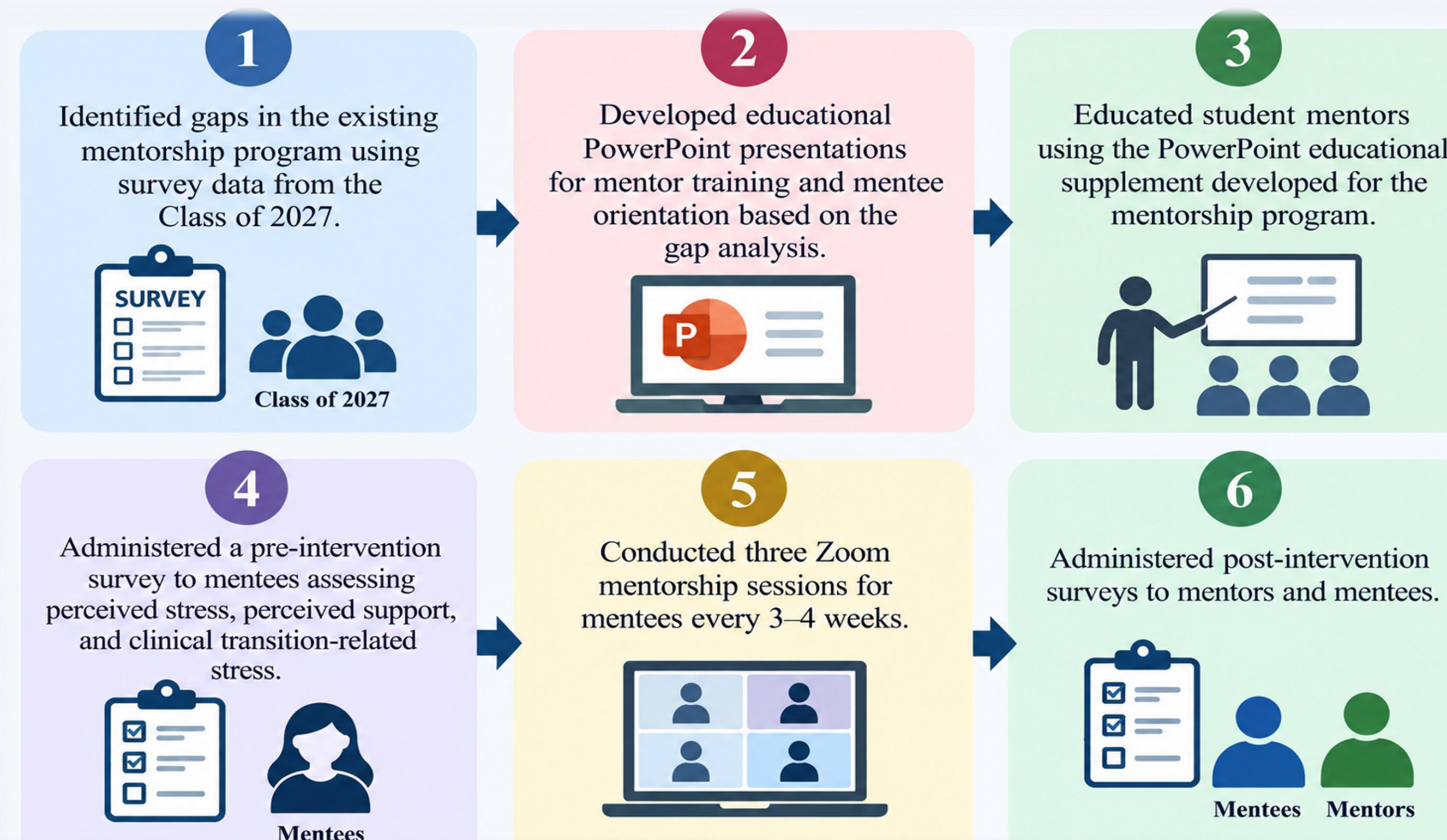
THEORETICAL FRAMEWORK:

- Vygotsky's Zone of Proximal Development guided the use of more experienced peers to support learning that students could not yet complete independently.
- The Johns Hopkins Evidence-Based Practice model guided the practice question, evidence appraisal, implementation, and evaluation

METHODS

- Design and Sample**
 - Quality-improvement project with repeated anonymous surveys. The cohort included 17 second-year SRNA mentees and 5 volunteer third-year SRNA mentors.
- Measures and Analysis**
 - Data were reported as mean $\pm$ SD for continuous variables and n (%) for categorical variables.
 - Item-by-item descriptive analysis assessed perceived stress, perceived support, clinical transition-related stress, and mentee and mentor perceptions of the mentorship program.
 - Inferential statistics were not performed because individual pre- and post-program responses could not be matched.

INTERVENTION PROCESS



RESULTS

Aim 1: Assess second-year SRNA' self-reported perceptions of support and clinical transition-related stress during their first clinical rotation following participation in a structured clinical mentorship program

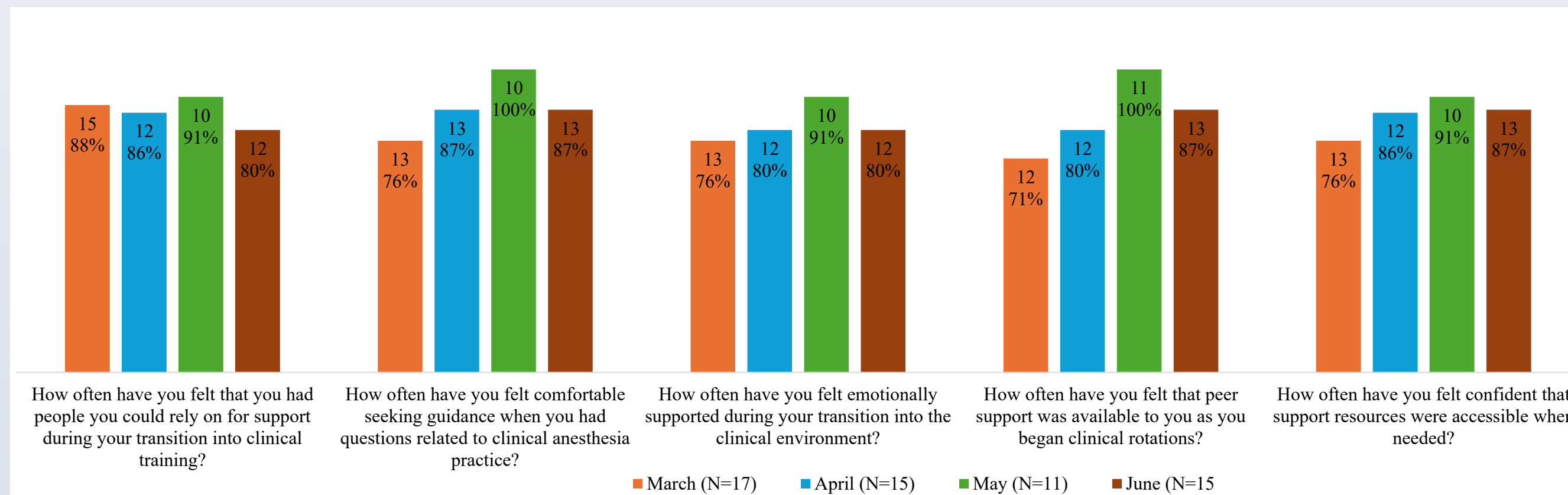


Figure #1: Student perceived support by period (% of Very often / Fairly often)

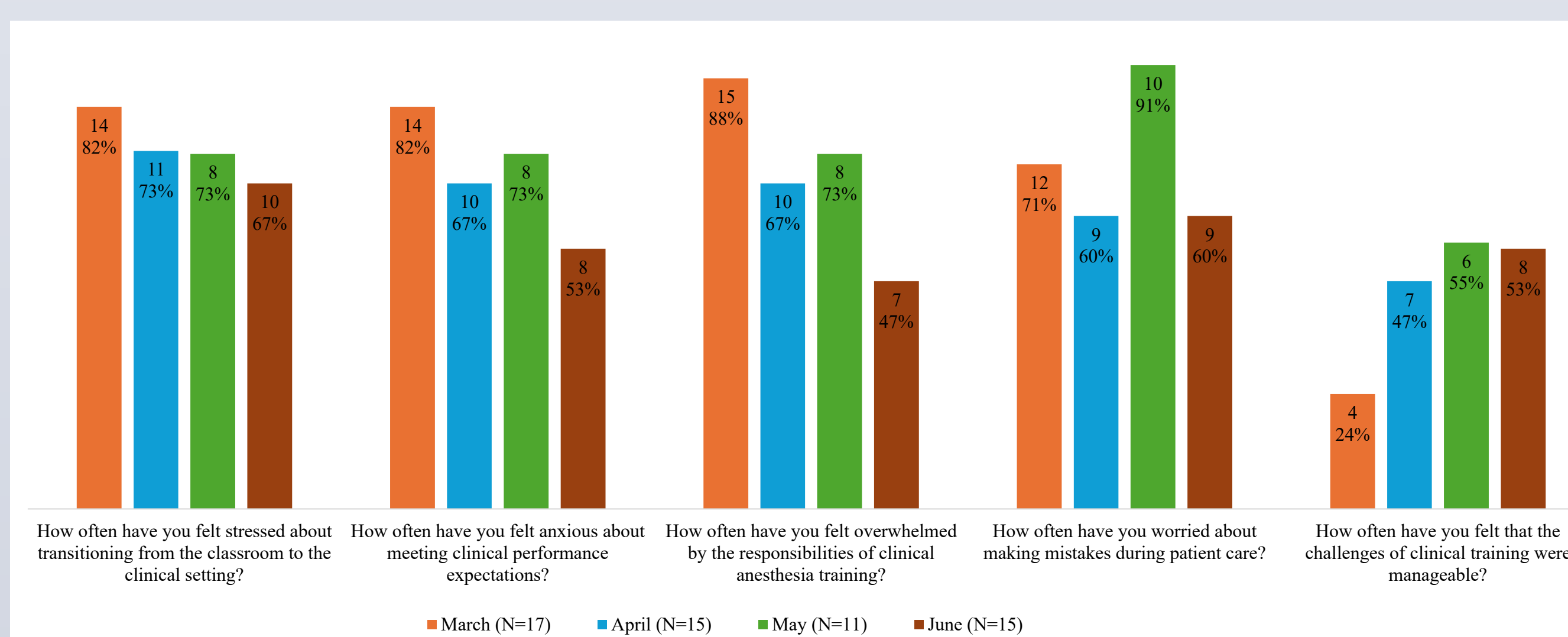


Figure #2: Student perceived transition-related stress by period (% of Very often / Fairly often)

Aim 2: Assess perceived stress levels among second-year SRNAs before and after their first clinical rotation

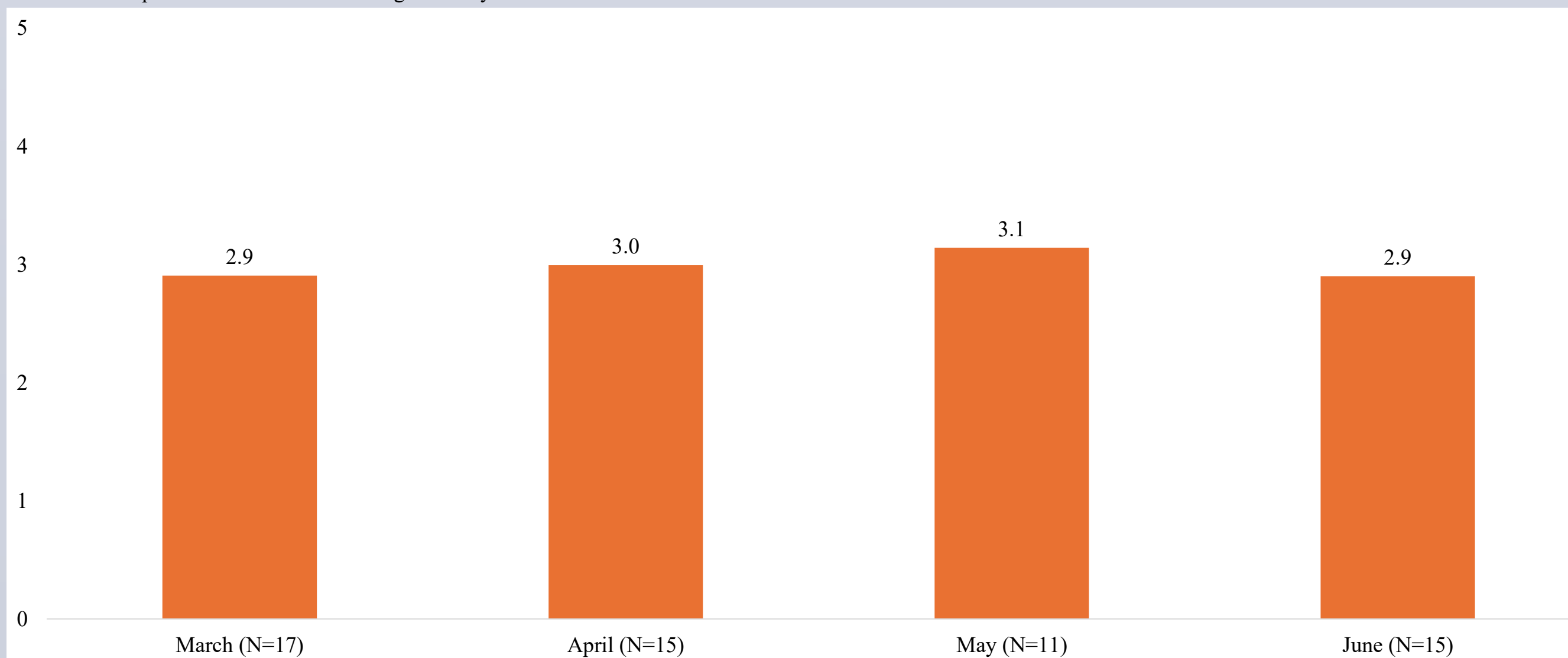


Figure #3: Mean perceived overall stress score by period

Aim 3: Assess perceived stress levels among second-year SRNAs before and after their first clinical rotation

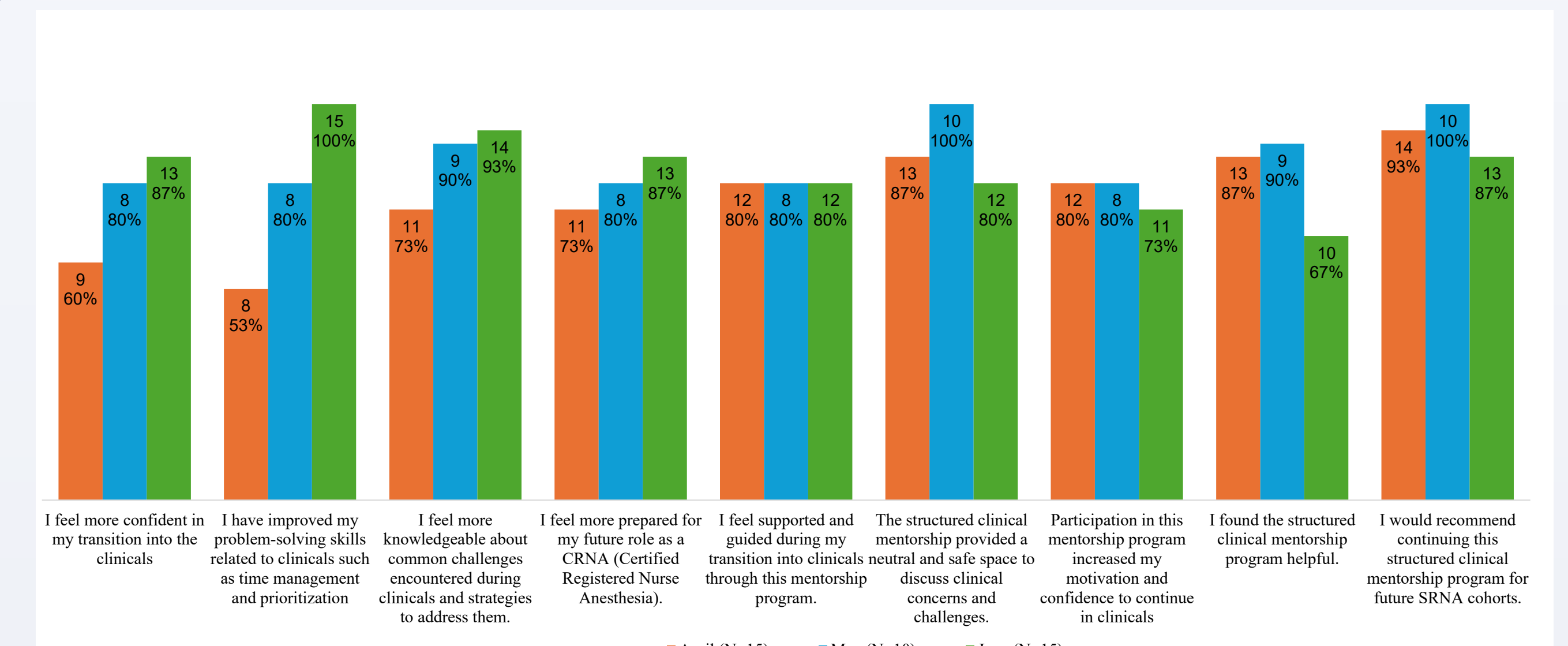


Figure #4 Changes in mentees' perceptions of the structured clinical mentorship during the first clinical rotation (% Strongly agree / Somewhat agree)

Aim 4: Assess student mentors' perceptions of the structured clinical mentorship and their experiences with student mentees using the table from Lavoie-Tremblay et al.

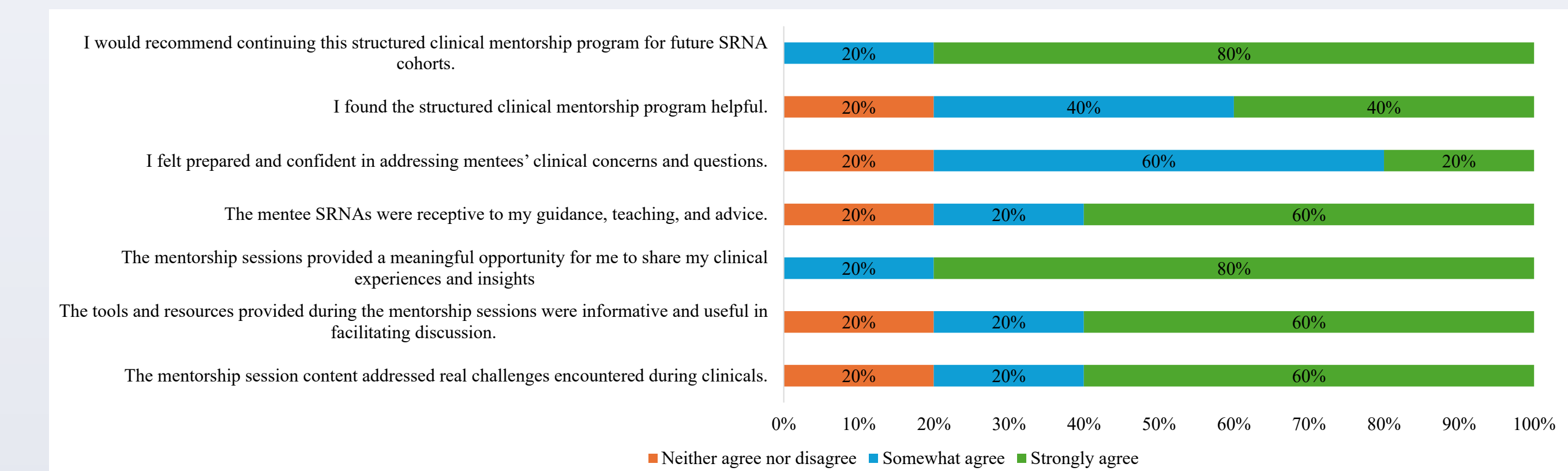


Figure #5: Mentor's perception of the structured clinical mentorship program (N=5)

CONCLUSIONS

- Structured peer clinical mentorship was feasible, low-cost, and valuable to both mentees and mentors.
- Perceived support remained high. Transition-related stress decreased by June, while overall perceived stress stayed near baseline. The program may have helped students understand expectations, seek guidance, and manage early clinical challenges.
- The findings support continued mentorship with stronger implementation consistency.

RECOMMENDATIONS FOR FUTURE

- Begin structured mentorship about one month before the first clinical rotation.
- Schedule dates in advance with faculty and clinical calendars.
- Use consistent mentors and standardized preparation materials.
- Add small-group or in-person sessions to improve rapport and engagement.
- Continue feedback collection and evaluate longer-term outcomes across multiple cohorts and programs.

REFERENCES

Available upon request

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