

A Comprehensive Model for Teaching Quality and Safety Education for Nurses (QSEN) Competencies

Marsha Lewis, PhD, RN
Gerri Lamb, PhD, RN, FAAN

Many reports highlight the need for improved quality and safety in health care and mandate those of us in nursing education to produce graduates with the knowledge, skill, and attitude to provide safe, quality care (Committee on the Quality of Health Care in America, 2001; Institute of Medicine, 2003; Kohn, Corrigan, & Donaldson, 2000). Nursing and nursing education are striving to meet these challenges. Staff members at Emory University were fortunate to join with fifteen schools funded by the Robert Wood Johnson Foundation to pilot the integration of the quality and safety competencies developed by Cronenwett and colleagues (2007) in the Quality and Safety Education for Nurses (QSEN) project. As pilot project director, Dr. Marsha Lewis worked with an exceptional team, including Dr. Gerri Lamb and Dr. Bethany Robertson, focusing on three competencies: patient-centered care, teamwork, and quality improvement. The team undertook this journey, as Covey (1989) wrote, by beginning with the end in mind and asking the question, "What competencies do our students need to transition from Emory student to practicing RN?"

Comprehensive Model for Teaching QSEN

The project team developed and piloted a comprehensive model for teaching QSEN competencies in the spring semester of the senior year. The model (see Figure 1) depicts the coordination needed to integrate QSEN competencies through curriculum revision and course coordination, faculty development, clinical partnerships, and student engage-



Marsha Lewis

Gerri Lamb

ment. Students knew which QSEN competencies would be focused on from the beginning. Indicators of success were built into exercises and clinical assignments.

Curriculum

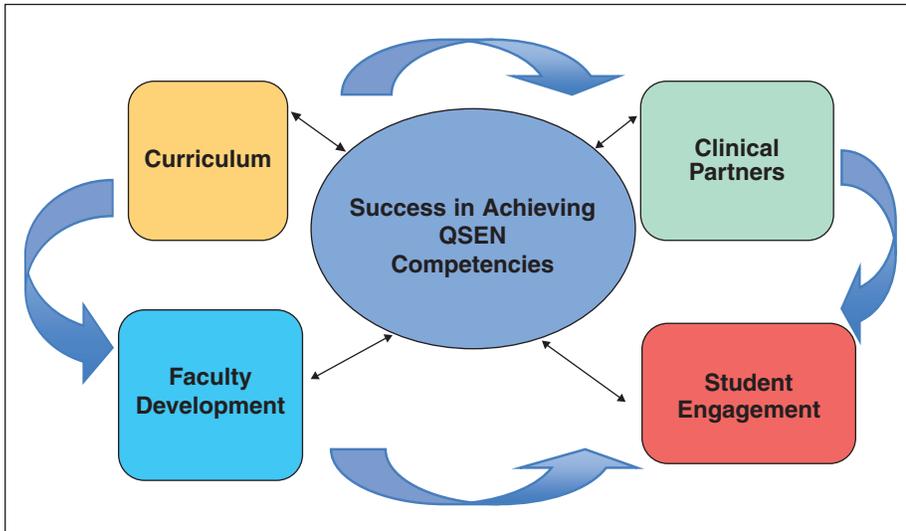
The team sought to (1) help students make more systematic and meaningful connections between QSEN competencies in classroom and clinical experi-

ences, and (2) highlight and coordinate themes of QSEN already in the curriculum. Previous student and faculty feedback indicated a disconnect between knowledge and skills taught in professional development and clinical courses. Team leaders wanted to design new ways to make the connections evident and relevant and to identify current strengths in achieving QSEN competencies and opportunities for building on these strengths. Faculty teaching in the program's final professional development course collaborated with faculty teaching in two clinical courses, Role Transition and Community, to develop content and 'clinical connect' questions linking QSEN competencies across classroom and clinical experiences. Thus the QSEN teamwork competency, *discuss effective strategies for communicating among members of the interdisciplinary team*, was presented through lecture. Students practiced communication tools (such as SBAR) in the subsequent seminar group and addressed the following questions in their clinical courses: What forms of team communication have you seen/been part of this week? Which were effective; which

Marsha Lewis, PhD, RN, is Associate Dean for Education, Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA. She was project director for the QSEN project team.

Gerri Lamb, PhD, RN, FAAN, is an Associate Professor, Arizona State University College of Nursing and Health Innovation, Phoenix, AZ. She was a member of the QSEN project team at Emory School of Nursing and continues as a QSEN facilitator. She currently chairs the American Academy of Nursing's Expert Panel on Quality Care.

Figure 1.
A Comprehensive Model for Teaching QSEN



not? How is communication the same/different in community settings? How do community members participate?

Student Engagement

Dr. Lamb developed a six-week quality improvement exercise for students in the professional development course. The exercise provided students with hands-on experience in all steps in a quality improvement process: problem definition, literature search for relevant evidence, baseline data collection, root cause analysis, quality improvement tool use (run charts, fishbone diagrams, etc.), and evaluating two small tests of change. Student and faculty feedback were positive. Papers and group presentations accounted for 40% of students' course grades, giving QSEN an integral place in the course. These demonstrated achievement of the objectives, and students rated the quality improvement exercise as excellent. Clinical preceptors were enthusiastic about students' engagement and knowledge and ability to dialogue meaningfully about specific initiatives on their units. In addition, students volunteered to serve on a QSEN advisory group and offered many useful suggestions for improving the QSEN initiative.

Faculty Development

A key to integrating QSEN competencies into the curriculum involves advancing faculty members' knowledge and skill and their willingness to experiment and learn along with the students.

Thirteen faculty members engaged in development activities to increase their knowledge and skill in quality improvement processes and tools. Lead faculty attended a two-day Quality Academy in the Emory Healthcare system. Regular updates were provided at BSN faculty meetings.

Clinical Partners

The development of QSEN competencies strengthened the connection with clinical partners and helped to frame the clinical issues that the facility was incorporating. Using consistent language and building on continuous quality improvement and team concepts promoted more insightful observations during clinical experiences in the role transition course. Students found themselves 'on the same page' as their preceptors. Preceptors were involved in monitoring unit-specific 'tests of change,' and students benefitted to a greater extent from clinical decision-making and practice as well as professional development.

Interprofessional Education

As part of the senior year QSEN teamwork competency activities, we partnered with the School of Medicine to provide a four-hour Interprofessional Team Training Day (ITTD). This included all senior nursing students (100) and all third year medical students (130), utilizing the TeamSTEPPS curriculum as the basis for training. Twenty-two nurse/physician facilitator pairs participated in a two-hour

session to orient them to the day's events. The course included a one-hour lecture by Dr. Robertson, followed by small group work (ten nursing and medical students with two interprofessional facilitators): a team-oriented icebreaker, video vignettes created by TeamSTEPPS, and a simulation scenario. Students' knowledge, attitude, and ability to identify team skills were assessed. The ITTD evolved into a two-part program that begins in the nursing student's first semester and concludes in his or her last semester. Over 400 students participated in fall 2009 and spring 2011, including students and facilitators from nursing, medicine, and physician assistant, physical therapy, and radiology programs.

Lessons

Faculty members learned a number of important lessons. Overall, the team learned that realistic incremental changes provide a solid foundation for subsequent refinement. Achieving the goals for integration of QSEN competencies across courses in one semester required intense and consistent communication among faculty and students. A regular schedule of communication for all course coordinators, faculty, and students has been set up. To garner faculty support, it was emphasized – often using new visual models – that faculty were building on the presence of QSEN competencies already in the curriculum. Once the fourth semester curriculum started to change, it became obvious that these changes had implications for earlier curriculum elements. In some cases, the team identified competencies that they believed needed to be introduced earlier in the curriculum, such as team communication, conflict management, and national safety initiatives. Most of the changes capitalized on current structures and resources. Nevertheless, emphasizing integration across courses required more course coordinator time for communication and coordination.

Where We Are Now

We know that integration requires consistent vigilance and champions who model and support culture change, so we appointed a task force to continue initial efforts. The task force identified strengths, opportunities, and unique contributions the school could make to undergraduate education in health care quality and safety. The project team developed teaching-learning strategies, identified faculty

needs for development, and found ways to gain buy-in and support faculty members' efforts. Those involved in QSEN education have conducted faculty development workshops yearly providing colleagues with practical tools and information they could immediately use in classroom and clinical teaching (e.g., guides describing appropriate evidence to support practice and to develop PICO questions).

In partnership with Emory Healthcare, a joint position (50/50 School of Nursing and Emory Healthcare) was created to develop and implement Dedicated Education Units (DEUs). This new model for clinical education enhances clinical teaching of nursing students in the health care environment through engagement with quality, safety initiatives, and collaborative practice in a patient- and family-centered care environment while advancing clinical competencies. The first three DEUs are on medical-surgical floors and women's services. Students report superior clinical experiences on the DEUs; bedside nurses report increased engagement in teaching, practice, and patient care. One of the DEUs

implemented a primary quality improvement initiative – decreasing patient falls. Nursing students 'plugged in' to the quality improvement process, witnessing the skills and commitment of bedside nurses and learning the processes of the organization. The student's quality 'plan' is as important as the care plan for each clinical day. Students conducted literature searches, environmental safety surveys, in-services, and staff audits. Connections were made between fall risk assessments and the proper use of bed alarms to assist in keeping patients safe. Quality improvement is no longer simply a classroom topic; it is enacted every week in clinical practice.

Applying this intentional approach to quality and safety education in the DEU has proven impressive. Connections between care and quality, communication and teamwork, and the value of evidence have been made. A new quality 'lens' has been applied, and the knowledge, skills, and attitudes we have sought to foster are now transparent in the clinical setting. We continue to strive for better integration of QSEN competencies and a strong link between classroom and clinical learning.

Currently, an ambitious curriculum revision process is underway that really began when faculty joined with QSEN to transform nursing education. **DN**

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Dean's Notes Commends Deans, Directors, and Nurse Educators

As the 2010-2011 academic year comes to a close, the National Student Nurses' Association (NSNA) wishes to thank deans, directors, nurse educators, and the many faculty advisors who support the leadership development of nursing students. Through your support, NSNA has grown to over 57,000 members in baccalaureate, associate degree, generic masters, and diploma programs.

In these difficult economic times, we recognize that the shortage of nursing faculty has placed heavy demands on didactic and clinical nursing education. Yet when we meet faculty and deans at the NSNA Annual Convention and MidYear Conference, their enthusiasm for the professional development of students reflects a deep dedication to the teaching profession. It takes hard work and many hours to raise funds and seek resources to support student participation in NSNA. The stories we hear from both students and faculty express understanding and appreciation for the learning that occurs through active participation in NSNA.

In 2012, NSNA will celebrate its 60th anniversary. To commemorate this momentous milestone, we wish to invite all faculty, deans, and directors to attend the 60th Anniversary Celebration and Alumni Reunion in Pittsburgh, PA, April 11-15, 2012. Planning is underway to make this a memorable occasion for all who attend. Please watch for announcements in future issues of *Dean's Notes* and online at www.nсна.org. We hope to see you there! **DN**

2011 New Graduate Survey Results To Come in Dean's Notes

For the fourth consecutive year, NSNA will release the results of its New Graduate Survey in the September/October issue of *Dean's Notes*. Is the employment market for new graduates continuing to decline or are we seeing improvement? What are the experiences and plans of new graduates who are unable to obtain entry-level positions? How many new graduates are planning to advance their nursing education? Watch your mailbox in early October for the only real-time report of employment data for new graduate RNs. **DN**

NSNA Executive Director Appointed Dean's Notes Editor

Dean's Notes is pleased to announce the appointment of Diane Mancino, EdD, RN, CAE, FAAN, NSNA's Executive Director, as Editor of the publication beginning with the September/October 2011 issue.

Dean's Notes, now in its 32nd year of publication, is published five times a year by Anthony J. Jannetti, Inc. (AJJ) and is distributed to nursing school deans, administrators, and faculty. AJJ proudly welcomes Dr. Mancino to her new position and wishes her much success.

AJJ also offers many thanks to Carol A. Feters Andersen, MSN, RN, who served as Editor since January 2009. Carol was recently appointed Director of the Nursing Program and Assistant Professor at the University of Texas at Tyler – Palestine Campus. The newsletter staff wishes to recognize her for her service and offer congratulations on her new position. **DN**