INTEGRATING QSEN COMPETENCIES INTO NURSING EDUCATION

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DISCLOSURES - NONE

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There are some patients whom we cannot help. There are none whom we cannot harm.

A. L. Bloomfield
Objectives for this talk

- Discuss history and phases of QSEN (Quality and Safety Education for nurses)
- Describe QSEN competencies
- Summarize faculty and student surveys regarding the integration of QSEN competencies in nursing education
- Provide generic examples of KSA for each competency
- Provide specific example for applying “Teamwork and Collaboration” competency

All health professionals should be educated to deliver patient-centered care as members of interdisciplinary teams, emphasizing evidence-based practice, quality improvement, safety, and informatics.

Committee on Health Professions Education
Institute of Medicine (2003)

QSEN – What is it?

- Quality and Safety Education for nurses
  - Prepare future nurses to have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems in which they work
  - http://www.qsen.org/
  - Bibliography
  - Teaching Strategies
Quality and Safety is both a local and a Global issue

- Educators across the disciplines are coming together to work on curricula reform
  - The Center for Advancement of Inter-professional Education in the United Kingdom
  - The National Institute for Public Health in Japan
  - Similar efforts in Australia, Sweden and other countries

Quality and Safety Education for Nurses (QSEN) – Brief History

- Principal Investigator: Linda Cronenwett, PhD, RN, FAAN, UNC Chapel Hill
- Co-Investigator: Gwen Sherwood, PhD, RN, FAAN

- 2005-2007 Phase I Pre-licensure Education
- 2007-2009 Phase II Graduate Education and Pilot School Collaborative
- 2009-2011 Phase III Faculty Development to Achieve Curriculum Integration (UNC-CH and AACN)

- Funded by the Robert Wood Johnson Foundation

QSEN COMPETENCIES

- Patient centered care
- Teamwork and collaboration
- Evidence base practice
- Quality
- Safety
- Informatics

Cronenwett et al, *Nursing Outlook*, May-June 2007 and Nov-Dec 2009 (special topic's issues)
Survey of Nursing Schools
Phase I: Prelicensure Education

- Majority reported:
  - Content and learning experiences
  - Satisfaction with student’s achievement
  - Faculty expertise to teach content
- Ranked highest for:
  - Patient-centered care
  - Teamwork and collaboration
  - Safety

Survey of Nursing Schools
Phase I: Prelicensure Education

- Faculty report needing the most help and students have less achievement in:
  - Evidence Based Practice
  - Quality Improvement
  - Informatics

Where do clinicians need the most development?

Focus Group Feedback
Phase I- Prelicensure Education

- Faculty
  - Reported lack of knowledge of many KSAs
  - Especially, safety, informatics and quality improvement
- Students
  - “We didn’t learn this content, our faculty could not teach it”
  - Faculty reported that nursing students may graduate without having had a meaningful patient-centered conversation with a physician
Focus Group Feedback
Phase II- Graduate Education

- Worked with advanced practice nursing (APN) organizations responsible for:
  - Standards of Practice
  - Accreditation of education programs
  - Certification of APNs
- Focused on advanced practice rather than by specific role/educational program
- Determined competencies are essential to all educational programs and practice, but are applied at different levels

QSEN Student Evaluation Survey
Nov/Dec 2009 Nursing Outlook

- 17 schools (ADN, Diploma, BSN) =575 students
- Content covered least

  - Least skills
    - Consult experts before deviating from EBP protocols
    - Evaluate the effect of practice changes using QI
    - Use organizational systems for near-miss/error reporting
  - Least Attitude
    - Use QI tools
    - Locate evidence reports for clinical practice guidelines
    - Evaluate the effect of practice changes on QI

Delphi Study for Placement of QSEN Competencies (18 QSEN Experts)

- Implement as curricular threads
  - Early curriculum: individual patient
  - Later in curriculum: teams and systems
- Advanced courses: complex concepts
  - Teamwork and collaboration
  - Evidence-based practice
  - Quality improvement
  - Informatics

Barton et al, Nov-Dec 2009 Nursing Outlook
Integrating QSEN Competencies

- Competency definitions and KSAs:
  - Essentials of Baccalaureate, Masters’ and DNP education (AACN and NLN pending)
  - Integrated into licensure and certification exams
  - How can these competencies apply to transition-to-work (residency) program development?

Faculty Development

Integrating QSEN Exemplar

Unfolding Cases

- Allow students to respond at varying stages of the case as it unfolds
- Incorporate questions about teamwork
  - What is the most important thing the team can do for the patient?
  - How can team members coordinate care?
  - What details are included and what is left out?
  - What evidence can the students contribute?
  - What are the quality and safety issues?

Example: Patient-centered care

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examine common barriers to active involvement of patients in their own health care process</td>
<td>Remove barriers to presence of families and other designated surrogates based on patient preferences</td>
<td>Respect patient preferences for degree of active engagement in care process</td>
</tr>
<tr>
<td>Describe strategies to empower patients or families in all aspects of the health care process</td>
<td>Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management</td>
<td>Respect patient’s right to access personal health records</td>
</tr>
</tbody>
</table>
### Ex: Teamwork and Collaboration

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Describe examples of the impact of team functioning on safety and quality of care</td>
<td>Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care</td>
<td>Appreciate the risks associated with handoffs among providers and across transitions in care</td>
</tr>
<tr>
<td>Explain how authority gradients influence teamwork and patient safety</td>
<td>Assert own perspective (using SBAR or other team communication models)</td>
<td>Value the influence of system solutions in achieving effective team functioning</td>
</tr>
<tr>
<td>Identify system barriers and facilitators of effective team functioning</td>
<td>Participate in designing systems that support effective teamwork</td>
<td></td>
</tr>
</tbody>
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### Ex: Evidence-based Practice

<table>
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<tr>
<th>Knowledge</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate knowledge of basic scientific methods and processes</td>
<td>Read original research and evidence reports related to area of practice</td>
<td>Appreciate strengths and weaknesses of scientific bases for practice</td>
</tr>
<tr>
<td>Describe EBP to include research evidence, clinical expertise and patient/family values</td>
<td>Question rationale for routine approaches to care that result in less than desired outcomes or adverse events</td>
<td>Appreciate the importance of regularly reading relevant professional journals</td>
</tr>
<tr>
<td>Differentiate clinical opinion from research and evidence summaries</td>
<td>Consult with clinical experts before deciding to deviate from evidence-based protocols</td>
<td>Value the need for continuous improvement in clinical practice based on new knowledge</td>
</tr>
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### Example: Quality Improvement

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Describe strategies for learning about the outcomes of care in the setting in which one is engaged in practice</td>
<td>Seek information about outcomes of care for populations served in care setting</td>
<td>Appreciate that continuous improvement is an essential part of the daily work of all health professionals</td>
</tr>
<tr>
<td>Explain the importance of variation and measurement in assessing quality of care</td>
<td>Use tools (such as control charts and run charts) that are helpful for understanding variation</td>
<td>Appreciate how unwanted variation affects care</td>
</tr>
<tr>
<td></td>
<td>Identify gaps between local and best practice</td>
<td>Value local change (in individual or team practice on a unit) and its role in creating joy in work</td>
</tr>
</tbody>
</table>
Example: Informatics

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</tr>
</thead>
<tbody>
<tr>
<td>Explain why information and technology skills are essential to patient</td>
<td>Seek education about how information is managed in care settings before</td>
<td>Appreciate the necessity for all health professionals to seek lifelong,</td>
</tr>
<tr>
<td>care</td>
<td>providing care</td>
<td>continuous learning of information technology skills</td>
</tr>
<tr>
<td>Contrast benefits and limitations of different communication technologies and the impact on safety and quality</td>
<td>Navigate the electronic health record (EHR)</td>
<td>Protect confidentiality of protected health information in EHRs</td>
</tr>
<tr>
<td></td>
<td>Employ communication technologies to coordinate care for patients</td>
<td>Value technologies that support clinical decision-making, error prevention, and care coordination</td>
</tr>
</tbody>
</table>

QSEN Implications/Assumptions

- Changes made in health professions education will be reflected in changes in practice
- Faculty and students are committed to quality and safety and derive meaning from quality care
- Learning experiences aimed only at knowledge acquisition will be insufficient for development of competencies
- Applying a variety of curricular strategies will yield greater long-term gains

QSEN Recommendations

- Each competency is best taught or reinforced in multiple sites
  - Classroom (nursing & interprofessional courses)
  - Skills/Simulation Lab
  - Clinical Teaching Sites
QSEN Recommendations

- Each competency is best taught or reinforced using multiple methods
  - Web modules
  - Problem based learning
  - Unfolding case scenarios
  - Literature (readings)
  - Papers (assignments)
  - Case studies
  - Reflective practice
  - Role playing or standardized patients
  - Simulation

QSEN Conclusion

- Nurses and other healthcare providers in practice settings are critical partners in accomplishing competency development
  - Staff role models competencies/behaviors
  - Students and faculty partner to help identify the “next likely error” in the setting
  - Students learn from staff what “quality care” is and how “local care” compares to that standard

Graduates who apply these competencies:
- Practice based on inquiry
- Use evidence-based standards and interventions
- Investigates outcomes and critical incidents from a systems perspective
- Work across teams with patient and family partners
Special Thanks for Sharing Slides on QSEN:

Gwen Sherwood, PhD, RN. FAAN
Professor & Associate Dean for Academic Affairs
University of North Carolina at Chapel Hill
Co-Investigator – QSEN Project Team

Exemplar to be discussed in next talk