Using Standardized Patients in Simulation: Integrating the QSEN Competencies to Enhance Quality and Safety in Nursing Practice

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Purpose: The purpose of quality & safety education for nurses (QSEN) is to meet the challenge of preparing future nurses who will have the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare system. The use of QSEN in simulation with standardized patients helps to evaluate the effectiveness of teaching strategies for developing quality and safety in nursing practice.

Introduction: The QSEN competencies (patient-centered care, safety, evidenced based practice, quality improvement, teamwork and collaboration, and informatics) are being integrated throughout various nursing curricula. Faculty rely heavily on classroom activities to address these topics. It is imperative that nursing students, new graduates, instructors and nurses have a comprehensive understanding of how quality and safety issues affect patient outcomes. Thus, didactic, simulation, laboratory, and clinical fieldwork teaching strategies have been developed to assist faculty to incorporate a culture of safety into the curriculum.

Implementation: Nursing education focuses not only on the knowledge needed to provide safe care but also on the skills and attitudes that accompany competency in nursing. As a result, a plan was to incorporate a simulated educational learning experience with the use of standardized patients in a pre-licensure nursing course. The simulation experience included rotating students between 4 standardized patients, debriefing after all scenarios were completed, and charting in the electronic health record (EHR) software. The disease processes that were simulated were congestive heart failure, diabetes, stroke, and small bowel obstruction. The script was developed for the standardized patient and rehearsed prior to the student’s experience. Each scenario had specific simulation objectives. The simulated scenarios were evaluated by a rubric developed by the nursing faculty that generated the specific scenario and was based on the QSEN competencies. The rubric contained critical indicators that the student must pass to be successful. Each student had to be successful in 2 of the 4 simulations to pass the simulation experience or would have to be remediated in that particular skill.

Evaluation: The integration of QSEN competencies suggest that they helped the improvement in practice and decision-making. The use of standardized patients helped to deliver and relate both theory and clinical education to students. The students were also able to reflect on their learning experiences. The debriefing with the students helped to identify the need for increased patient safety and quality care. In addition, the debriefing helped students acknowledge that they should be able to identify the problem and seriousness in change in condition, prioritize or perform appropriate interventions, and participate in collaborative discussion with other members of the healthcare team.

Results: Students realized the importance of patient safety, Health Insurance Portability and Accountability Act (HIPAA), communication, teamwork, etc. They reflected on the importance of the QSEN competencies—examples: safety (hand hygiene, medication administration);
patient-centered care (patient assessment, administer appropriate intervention; collaboration and teamwork (uses SBAR with healthcare team); informatics (documenting); etc. By students being familiar with the QSEN competencies in theory, simulation, skill lab, and clinical has helped them to become familiar with things learned from practice, evaluated by faculty, and involved in quality improvement projects.

**Conclusion:** As students progress through the nursing program, QSEN helps to better prepare future nurses in providing quality care and patient safety. Moreover, faculty are urged to incorporate the QSEN competencies into their teaching about patient and provider safety. Therefore, incorporating the use of QSEN competencies in the curricula and in practice with standardized patients help influence and provide knowledge that will minimize the risk of harm to patients.