Integrating QSEN Competencies into Student Learning: Teaching Strategies for Classroom and Clinical Learning

Gerry Altmiller, EdD, APRN, ACNS-BC, FAAN
Presenter has no conflict of interest
QSEN Competencies

- **Health professions education: A bridge to quality** (2003)
  - IOM; Now National Academy of Medicine

- **QSEN**
  - Funded by Robert Wood Johnson Foundation
  - Focused on transforming basic education for nurses
  - Reflects a new identity for nurses that demonstrates *knowledge, skills* and *attitudes* that emphasize quality and safety in patient care

- **Relevance to Nursing Education and Clinical Practice**
  - Pre-licensure Education/Accreditation
  - Baccalaureate Essentials /Master’s Essentials
  - Transition to Practice Programs/Continuing Education
2037 surveys completed

**Greatest integration** in Fundamentals and Med-surg courses
- **Least**: Research, Public Health courses

**Most integrated**: Safety, patient-centered care, EBP
- **Least**: Quality improvement, Informatics

**Faculty reported needs:**
- Resources and ideas
- Continuing education, faculty development workshops
- Administrative support, time, collegial support

## The QSEN Opportunity

### Current Language that aligns with practice

QSEN aligns with The Joint Commission and Magnet® Standards

### Table 1: Quality and Safety Education for Nurses (QSEN) Competencies, The Joint Commission (TJC) Accreditation Standards, and the American Nurses Credentialing Center (ANCC) Magnet® Competencies Crosswalk

<table>
<thead>
<tr>
<th>QSEN Standards</th>
<th>The Joint Commission Standards</th>
<th>Magnet Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Centered Care</strong></td>
<td></td>
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<tr>
<td>Leadership (4)</td>
<td></td>
<td>Structural Empowerment (3)</td>
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<tr>
<td>Provision of Care, Treatment, and Services (26)</td>
<td></td>
<td>Exemplary Professional Practice (4)</td>
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<tr>
<td>Rights and Responsibilities of the Individual (18)</td>
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<tr>
<td><strong>Teamwork and Collaboration</strong></td>
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<td>Human Resources (8)</td>
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<td>Transformational Leadership (7)</td>
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<td>Leadership (11)</td>
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<td>Structural Empowerment (6)</td>
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<td>Medication Management (1)</td>
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<td>Exemplary Professional Service (5)</td>
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<tr>
<td>Medical Staff (11)</td>
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<td>New Knowledge, Innovations, and Improvements (1)</td>
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<tr>
<td>Nursing (5)</td>
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<tr>
<td>Provision of Care, Treatment, and Services (1)</td>
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<td><strong>Evidenced-Based Practice</strong></td>
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<td>Medical Staff (1)</td>
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<td>New Knowledge, Innovations, and Improvements (2)</td>
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<td>National Patient Safety Goals (5)</td>
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<td>Transplant Safety (1)</td>
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<td><strong>Quality Improvement</strong></td>
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<td>Accreditation Participation Requirements (2)</td>
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<td>Transformational Leadership (1)</td>
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<td>Infection Prevention and Control (4)</td>
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<td>Exemplary Professional Practice (7)</td>
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<td>Environment of Care (1)</td>
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<td>Emergency Management (3)</td>
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<td>Leadership (5)</td>
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<td>Medical Staff (3)</td>
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<td>Performance Improvement (5)</td>
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<td>Waived Testing (2)</td>
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<td><strong>Safety</strong></td>
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<td></td>
<td>New Knowledge, Innovations, and Improvements (2)</td>
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<tr>
<td>Record of Care, Treatment, and Services (10)</td>
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Supported by the Gordon and Betty Moore Foundation (GBMF). Contents are the authors’ sole responsibility and do not represent official GBMF view. ©2015 Giancarlo Lyle-Edrosolo
Objectives

• Identify knowledge, skills, and attitudes that emphasize the QSEN competencies.

• Demonstrate strategies that can be integrated into classroom or clinical teaching to support behaviors consistent with the QSEN competencies.

• Discuss resources to support educational strategies aimed at quality improvement, patient safety, and systems effectiveness to promote student learning in classroom and clinical teaching.
Leveling the KSAs

• Introduce all competencies early in curriculum

• Support development of curricular threads

• Emphasis on both individual patients and systems should occur throughout the curriculum

Patient-centered Care

Patient is in control and a full partner; care is based on respect for patient’s preferences, values, and needs.

(Offer more control, choice, self-efficacy, individualization of care)

- Value added nursing care (rounding)
- Non-value added nursing care (waiting for assistance, delays, looking for supplies)
- Necessary but non-value added nursing care (medication preparation, documentation)
Patient-centered Care

http://www.ihi.org

Person and Family Centered Care 101
1.5 contact hrs

Basic Quality and Safety Certificate earned across curriculum-13 modules
<table>
<thead>
<tr>
<th>Course</th>
<th>IHI Modules</th>
</tr>
</thead>
</table>
| NUR 210 - Fall Pro Role II | PFC 101: Introduction to Patient-Centered Care*  
Lesson 1: Patient-Provider Partnerships for Health  
Lesson 2: Understanding Patients as People  
Lesson 3: Skills for Patient-Provider Partnerships  
PFC 201: A Guide to Shadowing: Seeing Care Through the Eyes of Patients and Families |
| NUR 220 - Fall Wellness | PFC 102: Dignity and Respect  
Lesson 1: An Introduction to Patient- and Family-Centered Care  
Lesson 2: First Impressions  
Lesson 3: Privacy and Confidentiality  
Lesson 4: Culture and Belief Systems  
Lesson 5: Creating a Restful and Healing Environment |
| NUR 230 - Fall Health Assessment | PS 104: Teamwork and Communication in a Culture of Safety*  
Lesson 1: Why are Teamwork and Communication Important?  
Lesson 2: How Can You Contribute to a Culture of Safety?  
Lesson 3: Basic Tools and Techniques for Effective Communication? |
| NUR 200 - Spring Pharm | QI 101: Introduction to Healthcare Improvement  
Lesson 1: Health and Health Care Today  
Lesson 2: The Institute of Medicine’s Aims for Improvement  
Lesson 3: Changing Systems and the Science of Improvement |
| NUR 240 - Spring Interventions | Patient Safety  
PS 101: Introduction to Patient Safety*  
Lesson 1: Understanding Medical Error and Patient Safety  
Lesson 2: Responding to Errors and Harm  
Lesson 3: A Call to Action — What YOU Can Do  
PS 204: Preventing Pressure Ulcers NUR 240  
Lesson 1: Why Work on Preventing Pressure Ulcers?  
Lesson 2: Assessing Patients  
Lesson 3: Responding to Patients  
Lesson 4: How to Implement a Pressure Ulcer Prevention Program |

**Nurse Educator Article September 2018**

At TCNJ
Patient-centered Care

- Medication Reconciliation

Medication Reconciliation Exercise

I. Extracting a Medication List
Bob is a 55-year old business man in the Emergency Room for complaints of shortness of breath, headache, & generalized pitting edema. Bob was recently diagnosed with congestive heart failure. His current vital signs are: HR 62, BP 115/85, RR 30, $O_2$ Sat 90%, Temp 98. He has no known drug allergies. He is awake, oriented and talkative, but only offers information if asked directly.
When asked about his medications, Bob states he takes a ‘water pill’ irregularly because of its effects during work. (He believes this medication begins with an L.) He also takes Digoxin, a blood pressure medication (Meta-something) prescribed years ago by another health care provider. He uses an inhaler (which he shows to you and you see it is Albuterol) & takes a multi-vitamin.
Medication Reconciliation Exercise

- At this point, what are you worried about in planning care for Bob?
- What other information do you need?
- What questions would you ask Bob to obtain this information?
Medication Reconciliation

Exercise

Following further discussion with Bob, he reluctantly admits:

- He has Gout and takes colchicine.
- He drinks ‘occasionally’ (1 drink at lunch, 2 after work, and 1 before bed.) Last drink was last night around 9 pm
- He ‘occasionally’ uses cocaine – last time 3 days ago.
- Last night he also took cialis he obtained from a friend. He experienced substernal chest pain during intercourse so he took Aspirin and Mylanta. Neither helped so he took a Nitroglycerin. He went to bed and awoke this am with a headache and shortness of breath.
Medication Reconciliation
Exercise

• At this point, what are you worried about in planning care for Bob?
• What actions will you take as Bob’s nurse?
• Is there other information you still need?
• How will you obtain, communicate, and record this information?
Medication Reconciliation

What do we now know?

✓ Bob has 3 medication interactions & needs education
✓ Metoprolol, Nitroglycerin & Cialis together ↓ BP
✓ Magnesium in Mylanta inactivates effects of Digoxin
✓ Aspirin & colchicine bind together preventing uric acid from being excreted by the kidneys
✓ Taking Lasix inconsistently affects recidivism (relapse)
✓ Patient education should include diagnosis & medical management, Medication actions/side effects, the importance of medication reconciliation with primary physician along with his role with patient safety
Medication Reconciliation

Exercise

As you reflect on Bob’s case, list all the potential errors providers could make if they did not know Bob’s story and have a list of Bob’s current medications.

Courtesy of:
Judy Young, RN, Elizabeth Burgess, BSN, and Pam Ironside, PhD, RN, FAAN
Indiana University School of Nursing
## Medication Reconciliation:

Allergies/Reactions: ____________________________

<table>
<thead>
<tr>
<th>Medications</th>
<th>Ordered in hospital</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Classification</th>
<th>Mechanism of Action</th>
<th>Rationale for use by THIS patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
</tbody>
</table>

Medications Discussed and Reconciled with Patient/Family: ____________________________

By ____________________________ Date ________ Time ________

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**Medication List for Clinical Experience**

*Nurse Educator Article*

2018
Teaching with Unfolding Cases on QSEN.org

• Create Unfolding Case Studies that emphasize safety
  • [http://qsen.org/schizophrenia-unfolding-case-study/](http://qsen.org/schizophrenia-unfolding-case-study/)
Achieve quality patient outcomes by effectively communicating with nurses and inter-professional teams having mutual respect and shared decision making.

Teams provide a safety net for individuals

*An individual, no matter how professional or experienced, can never be as reliable as a team*

*Nance 2008*
Teamwork and Collaboration

Synergistic result of effective interdisciplinary collaboration

- System-based solutions for Safe hand-offs
- Acknowledging other team members’ contributions
- Ability to raise concerns; Assertion
  - CUS (concerned, uncomfortable, safety)
  - 2 challenge rule
  - Critical Language “I need some clarity.”
Teamwork and Collaboration

Effective Standardized Communication

SBAR

- **Situation**
- **Background**
- **Assessment**
- **Recommendation**
Teamwork and Collaboration

- Managing Challenging Communications

Teaching strategy for reframing our stories
The surgery was a planned caesarian section. Delivery of the baby via C-section was uncomplicated; until it was time to close the patient. The attending had left the OR and let the fellow and resident take over the case. The circulating nurse informed the doctors that a pad was missing. The fellow and resident were very sure of themselves and insisted that the nurse had counted wrong and went on and closed the patient up. Two days later the patient became hypotensive, febrile and complained of sharp abdominal pain. A flat plate of the abdomen revealed a foreign object left inside of her. The circulating nurse should have spoken up using CUS with the doctors by stating, "I'm concerned, I'm uncomfortable and closing her up without accounting for the missing pad is unsafe." The two-challenge rule should have also been invoked when the initial concern was ignored. The nurse should have voiced her concern twice to ensure that she was being heard. The doctors should have acknowledged her challenge and asked the nurse to perform another pad count with another nurse or with one of them. Once the pad count was off the second time, the doctors should not have closed the patient and began searching the body cavity for the missing pad. Although it might be intimidating for new nurses, we must learn to speak up and ensure the safety for everyone we provide care for! Our ultimate goal as a nurse is to advocate for our patients and improve the quality of care for our patients.
Teamwork and Collaboration

- Leadership during high stress team efforts
  - Pre-briefing
    - Usually conducted by team leader, reviews plan with team before beginning.
  - Debriefing
    - Feedback whether positive (reinforcing) or negative (corrective) should always be an unbiased reflection of events and open the door to discussion of evidence-based practice

- TeamSTEPPS Tools and Videos
Example from Class:
Safety Strategies Applied for Hypocalcemia post thyroidectomy

- **Outcome without safety strategies**

- **Improved outcome with safety strategies**
Constructive Feedback
Teaching Strategy

Giving and Receiving Constructive Feedback

Link: http://qsen.org/giving-and-receiving-constructive-feedback/

18 minute narrated presentation to teach students the value of feedback
Constructive Feedback
Teaching Strategy: A Multi-Site Study of its Effectiveness

- QSEN Academic Task Force
- 12 Nurse Educators
- 9 Schools of Nursing
- 523 Students
- 985 Posts

Themes identified:
- Opportunity for Improvement
- Learned Skill for Giver
- Communication is Essential to Teamwork
- Improves Safety
- Causes emotional response
- Self-reflection is key component
- Need to be open to feedback

Giving and Receiving Constructive Feedback

Gerry Altmiller, EdD, APRN, ACNS-BC
Look at Self First

- Monitor your own behavior
- It’s difficult
- Become a vigilant self monitor
The Challenge

- When confronted, embarrassed, challenged, rather than act emotionally ask yourself:
  - What do I really want for myself?
  - What do I really want for others?
  - How would I behave if I really wanted these results?
Evidence Based Practice

Integrate best current evidence, clinical expertise, and patient preferences and values to deliver optimal health care.

Reduce Variability through evidence
Integration of Standards

“It’s less of a thing to do…and more of a way to be”

- Handwashing
- Proper hygiene for in and out of room
- Pressure injury prevention
- Ventilator associated pneumonia prevention
- Influenza/pneumococcal disease prevention
Evidence Based Practice

- Identify those at risk for infection
  - Bundles and protocols
    - [http://www.ihi.org/resources/Pages/Changes/ChangestoPreventHAI.aspx](http://www.ihi.org/resources/Pages/Changes/ChangestoPreventHAI.aspx)

- **Activity**
  - Group work to make posters that highlight an assigned bundle:
    - CAUTI
    - CLABSI
    - VAP
    - SSI
    - MRSA
Monitor outcomes of care processes and use improvement methods to design and test changes to improve the health care system.

- **Culture of Safety-Just Culture**
  - Report errors/adverse events/near misses
  - Systematic Investigations of problems
  - Safe to ask for help
Quality Improvement

- **Student Assignment using Model for Improvement**
  - Improve something about themselves, their school.....

- **Presentation of data:**
  - Describe Aim
  - PDSA (Plan, make the change, test it, study it, adjust actions)
  - Use of Tools (flow charts, check sheets, run charts, bar graphs)
  - IHI Toolkit for Reporting Data

- **PDSA (Plan, Do, Study, Act)**
  - What are we trying to accomplish?
  - How will we know that a change is an improvement?
  - What changes can we make that will result in improvement?
# Grading Rubric

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Aim Statement</strong>: clearly identifies what the student is trying to accomplish.</td>
<td>10%</td>
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<tr>
<td>2. The <strong>measure</strong> is identified so that student will know if the change is an improvement.</td>
<td>10%</td>
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<tr>
<td>3. The <strong>process is described</strong> succinctly identifying actions taken to adjust the plan based on data after week 1 and week 2.</td>
<td>20%</td>
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<tr>
<td>4. <strong>Graphic</strong> clearly demonstrates data collected over the 3-week period of the project. A minimum of 3 PDSA cycle data should be reflected in the graphic but data can reflect daily measurements if student chooses.</td>
<td>40%</td>
</tr>
<tr>
<td>5. <strong>Length</strong>. This assignment requires discipline in writing; you will have to write clearly and concisely to address the required criteria. Submission length may not exceed the (1) title page in APA format, (2) 1-page essay and (3) 1-page graphic for a total of 3 pages maximum.</td>
<td>10%</td>
</tr>
<tr>
<td>6. <strong>Grammar, and spelling</strong>. Papers must be free of grammar and spelling errors and follow APA format.</td>
<td>10%</td>
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</table>
Water Consumption Over a Three-Week Period

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Amount of Water Drunk (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>500</td>
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<tr>
<td>Tuesday</td>
<td>600</td>
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<tr>
<td>Wednesday</td>
<td>700</td>
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<tr>
<td>Thursday</td>
<td>2500</td>
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<td>Friday</td>
<td>600</td>
</tr>
<tr>
<td>Saturday</td>
<td>700</td>
</tr>
<tr>
<td>Sunday</td>
<td>500</td>
</tr>
</tbody>
</table>

Week 1: Blue
Week 2: Red
Week 3: Yellow
QSEN Competency Based Clinical Evaluations

Link:  [https://qsen.tcnj.edu/resources/](https://qsen.tcnj.edu/resources/)

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>Midterm 1 to 4 Faculty</th>
<th>Midterm 1 to 4 Student</th>
<th>Final 1 to 4 Faculty</th>
<th>Final 1 to 4 Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focusing on the impact of Acute Illness on adults and their families regarding priority treatments, health restoration, and health maintenance, the student completing NUR 424 will be able to:</td>
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<tr>
<td><strong>Patient-Centered Care/Caring/Empowerment</strong></td>
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<tr>
<td>1. Provide comprehensive patient care appropriate to level of knowledge in compliance with clinical agency policy and procedure (1, 2)</td>
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<td>2. Collect a family history and identify disorders that may indicate need for genetic assessment (1)</td>
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<tr>
<td>3. Synthesize pathophysiology of patient conditions and associated pharmacological interventions, drawing on past experiences to improve quality of life for individuals, families, and community systems in a comprehensive plan of care (1)</td>
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<tr>
<td>4. Demonstrate caring behaviors, modifying interventions to address actual and anticipatory physical, emotional, and spiritual comfort, pain, and/or suffering (2, 3, 8)</td>
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<td>5. Demonstrate cultural sensitivity and respect for diversity while promoting health and maintenance in the health care setting (3)</td>
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<tr>
<td>6. Advocate for and include the patient and family as the center of the caregiving team when setting and modifying care goals (2, 5)</td>
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<tr>
<td>7. Engage patients and families in discharge planning throughout the hospital stay that includes evidence-based strategies with attention to health literacy, to prevent avoidable readmissions (5, 6, 9)</td>
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<td>8. Evaluate effectiveness of patient and family teaching and modify plan of care as needed (6)</td>
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<td><strong>Teamwork and Collaboration</strong></td>
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<tr>
<td>9. Coordinate and delegate elements of care to the inter-professional healthcare team within the scope of practice (5, 7, 10)</td>
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<tr>
<td>10. Recognize changing patient condition and communicate changes in patient status to the inter-professional team in a timely manner using SBAR framework (2, 4, 5, 7) **</td>
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<td>11. Conduct patient care reports (hand-off communication) efficiently and effectively (7)</td>
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<tr>
<td>12. Engage patient and family in a collaborative relationship by asking for and respecting patient input and providing relevant information, resources, access, and support (3, 6, 7)</td>
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<tr>
<td>13. Accurately Interpret physician and inter-professional orders and communicate accordingly (2, 4, 5)</td>
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</tbody>
</table>
# Fundamentals to Acute Care

## Teamwork and Collaboration

| 9. Identify and discuss scope of practice and roles of healthcare team members |
| 10. Identify and discuss the principles of effective communication used by the interdisciplinary team |
| 11. Recognize changing patient condition and communicate changes in patient status to the inter-professional team in a timely manner using standardized SBAR framework in the clinical and simulation setting** |
| 12. Engage patient and family in a collaborative relationship by asking for and respecting their input and providing relevant information, resources, access, and support |
| 13. Reflect on own communication style and impact on teamwork and safe patient care |
| 14. Initiate requests for assistance from colleagues when appropriate to situation |
| 15. Provide assistance to colleagues to complete work efficiently when appropriate |

## Evidence-Based Practice

| 16. Describe evidence-based practice to include components of research evidence, clinical expertise, and patient/family values |
| 17. Identify how clinical practice incorporates the principles and priorities of the program’s models: (NAME MODEL HERE) to clinical nursing practice |
| 18. Accurately complete weekly assignments applying concepts of pathophysiology, pharmacological implications, nursing knowledge based on standards of practice, and evidence-based nursing interventions; submit to clinical professor by due date |

## Teamwork and Collaboration

| 9. Coordinate and delegate elements of care to the inter-professional healthcare team within the scope of practice (5,7,10) |
| 10. Recognize changing patient condition and communicate changes in patient status to the inter-professional team in a timely manner using SBAR framework (2,4,5,7)** |
| 11. Conduct patient care reports (hand-off communication) efficiently and effectively (7) |
| 12. Engage patient and family in a collaborative relationship by asking for and respecting patient input and providing relevant information, resources, access, and support (3,6,7) |
| 13. Accurately Interpret physician and inter-professional orders and communicate accordingly (2,4,5) |
| 14. Initiate requests for assistance when appropriate to situation (2,4,7) |
| 15. Provide assistance to colleagues to complete work efficiently when appropriate (2,7,10) |
| 16. Complete electronic charting in the electronic health record when available in a timely manner (7) |

## Evidence-Based Practice

| 17. Integrate evidence-based practice based on current literature into clinical practice in healthcare settings (9) |
| 18. Provide evidence that clinical practice incorporates the principles and priorities of the program’s models: (NAME MODEL HERE) to clinical nursing practice (3,5,8) |
| 19. Accurately complete weekly correlation guideline (clinical learning paperwork) applying concepts of pathophysiology, pharmacological implications, and nursing knowledge based on standards of practice and evidence-based interventions and submit to clinical professor by due date (1,2,4,7) |
Evaluation Instrument
Statistics

Scale-level content validity using universal agreement method and average method.

<table>
<thead>
<tr>
<th>Clinical Course Evaluation</th>
<th># of Items</th>
<th>S-CVI-U/A</th>
<th>S-CVI-Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentals of Nursing</td>
<td>39</td>
<td>.948</td>
<td>.992</td>
</tr>
<tr>
<td>Child-bearing Family Nursing</td>
<td>38</td>
<td>.940</td>
<td>.986</td>
</tr>
<tr>
<td>Psychiatric Nursing</td>
<td>42</td>
<td>.857</td>
<td>.975</td>
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<tr>
<td>Pediatric Nursing</td>
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<td>.925</td>
<td>.985</td>
</tr>
<tr>
<td>Medical-Surgical-Chronic Illness</td>
<td>42</td>
<td>.833</td>
<td>.968</td>
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<tr>
<td>Medical-Surgical-Acute Illness</td>
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<td>.88</td>
<td>.979</td>
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<td>Community Health Nursing</td>
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<td>.952</td>
<td>.990</td>
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<tr>
<td>Graduate Nurse Practitioner</td>
<td>34</td>
<td>.970</td>
<td>.995</td>
</tr>
</tbody>
</table>

Link: [https://qsen.tcnj.edu/resources/](https://qsen.tcnj.edu/resources/)
Other QSEN-Based Evaluations

- **Nicholls State**

- **Western University of Health Sciences**

- **University of Massachusetts**
Minimize risk of harm to patients and providers through both system effectiveness and individual performance.

- **IHI Open School** Patient Safety 100-106  8.25 contact hrs
  - Two patient identifiers
  - Patient armbands where standardized
  - Correct surgery/Correct site
  - Medication reconciliation
  - Standardization of medications
  - Identify Work-arounds
  - Time outs
  - Huddles
  - Rapid Response Teams
One Minute Safety Checklist

Checklist:

<table>
<thead>
<tr>
<th>Assessment of airway, work of breathing, and circulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name bracelet on</td>
</tr>
<tr>
<td>Knowledge of emergency equipment including airway,</td>
</tr>
<tr>
<td>ambu bag, and oxygen</td>
</tr>
<tr>
<td>Weight and age of patient</td>
</tr>
<tr>
<td>Risk of falling</td>
</tr>
<tr>
<td>Environmental assessment of risk</td>
</tr>
</tbody>
</table>

Prioritization of Concerns and POC:

1. 
2. 
3. 

• Used for clinical setting
• Helps students prioritize safety concerns
Dr. Harris is a general surgeon who uses the OR every Tuesday and Thursday. He uses a heparin concentration to flush newly created dialysis fistulas and his preference card reflects that. Joan, an experienced OR nurse is responsible for reviewing and updating preference cards regularly.

On Tuesday, Dr. Harris instructs the circulating nurse, Andrea, an OR nurse for 5 years, “to get rid of” the heparin during his case and that he prefers saline. Andrea makes the change for the case immediately.

On Thursday, Ellen, an OR nurse for 10 years, pulls Dr. Harris’s preference card and sets up his first case, a fistula creation. Following the preference card, she prepares a heparin concentration.

Halfway through the case, Dr. Harris asks about the flush he is using and is told it is a heparin concentration. Furious, he yells at Ellen that he wanted saline and had his preference card changed and that she does not know how to do her job.

Who’s to blame?
Moving from “No Blame” Culture to Just Culture

Purpose:

- Differentiate blameworthy from blameless acts
- Focus on situations where action (or inaction) of individuals poses a clear risk
  - Hand Hygiene-System is improved; now it is up to individual accountability
  - Pre-op “Time-out”
  - Marking surgical sites to prevent wrong-site surgery
    - (95 reported to TJC in 2017)
  - Using checklist to reduce bloodstream infections (CLABSI)
Help Patients
Advocate for Self

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

http://www.npsf.org/?page=askme3
Informatics

Use information and technology to communicate, manage knowledge, mitigate error and support decision making.

- **Navigate resources**
  - EHR
  - Utilize data bases effectively-send students searching

- **Use technology to seek and report information**
  - Creating Run Charts-You Tube
  - IHI Toolkit for Reporting Data

- **Use technology to report concerns**

- **Model life long learning**
ISMP-Reporting Medication Errors

A Safer World by Preventing Medication Errors

For over 30 years, ISMP has been a global leader in patient safety as the first non-profit organization dedicated to the collaborative development, education, and advocacy of safe medication practices.
How will we know that a change is an improvement?

Hello Dr. Altmiller,

I have been wondering about a thing for a long time regarding the job search, and since you are someone who is very involved in and enthusiastic about quality and safety, I thought perhaps you might know. When I'm applying to jobs, I find it hard to tell exactly how well a hospital performs on their measures of quality and safety. For instance, every organization will say that they value quality and safety, but what are their results as far as CAUTIs? or VAP? or falls and pressure ulcers, or readmission rates?

Do you know if there is any resource that will allow me to access that information; is it normally made public? If not, how acceptable is it to ask these questions at an interview?

Thanks!

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Click here to Reply or Forward
Video Resources

AHRQ sponsored QSEN Workshop Videos

Available at:

- Virginia Henderson Global e-Repository
  https://sigma.nursingrepository.org/handle/10755/621354

- The College of New Jersey
  https://qsen.tcnj.edu/video-library/

- QSEN
  http://qsen.org/faculty-resources/academia/tcnj-ahrq-workshop/
Reading Resources

Nurse Educator

QSEN Supplement

Free Access

Link:
http://journals.lww.com/nurseeducatoronline/toc/2017/09001
Searching the Strategies

http://www.qsen.org
Questions?

Thank you!

Altmillg@TCNJ.edu