Integrating QSEN Competencies Made Incredibly Easy

Karen Mayville, PhD, RN
Ann O’Sullivan, MSN, RN, CNE, NE-BC

Prepared for the 2012 QSEN National Forum
Innovation to Transformation
Faculty Education & Teamwork

Commitment to QSEN
First steps toward integration: Administrative commitment.

- Viewing integration as vital to continuous delivery of safe, quality care within the community.
- Providing funds to attend the March 2011 QSEN Faculty Development Institute in Chicago.
- Supporting faculty endeavors to integrate the QSEN competencies across the curriculum.
Steps toward integration: Faculty teamwork.

- Immediately held a faculty workshop after the March 2011 QSEN Faculty Development Institute to share and strategize.
- Gap analysis of syllabi and the KSAs for each competency.
- Added concepts and skills to syllabi.
- Used the QSEN language.
- Designed an implementation plan.
Continuing steps toward integration: Faculty development.

- Discuss QSEN at curriculum meetings.
- End-of-semester work-out and sharing sessions.
  - Review information from the QSEN Faculty Development Institute.
  - Share strategies being implemented across courses and levels.
  - Share information from conferences.
  - Support endeavors with integration.
  - Examine progress with implementation plan.
Implementation Plan

Guiding QSEN Integration
Steering Committee

Composition:
- Administration.
- Cross section of faculty from the three levels of the curriculum (sophomore, junior, and senior).

Functions:
- Design an implementation plan to integrate the QSEN competencies across the baccalaureate curriculum.
- Provide faculty support with integrating the competencies within courses and across the levels of the curriculum.
- Organize QSEN workshops for the faculty and within the region.
Plan

Time frame: 3 years.

- Integrate 2 competencies each year.
  - May 2011: Made the commitment to initiate the plan.
  - 2012-2013: Will integrate informatics and quality improvement.
Resource Development

College’s internet: Constructed folder for access to resources.

- Steering committee minutes.
- Level reports on integrating QSEN.
- Articles on QSEN.
- PowerPoint presentations used in class, faculty workshops, and other sources.
- Case studies.
- Drafts of faculty articles on QSEN.
- Faculty research proposals.
Collaboration

Held 2 annual QSEN regional conferences.

- Area nursing programs and health care agencies come together to share and support each other with creating a culture of quality and safety.

- Goals:
  - Graduates are competent with the QSEN competencies.
  - Practicing nurses are competent with the QSEN competencies.
  - Continuous delivery of safe, quality care within the region.
Examples

Actualizing Integration of Patient-centered Care
Preclinical preparation:

- Students focused on preparing to do activities that mattered most to patients and were more personal in nature.
- Students prepared a timeline for these activities.
- Clinical expectation: Students planned and performed 2 out of 3 personal care activities consisting of a shampoo, back rub, and foot soak/massage.

Assessment:

- Patient-centered goal: “What would you like to see happen today?”
- Ask the patient: “How would you describe your hospitalization? Is there anything that could be done to make it better?”
Junior Level

- Patient-centered goal: “What would you like to accomplish today, while I’m taking care of you?”
- Ask the patient: “What concern(s) do you still have about your hospitalization that need(s) to be answered by your healthcare team?”
- Hear the patient’s story.
- Write a brief synopsis of what you and your patient talked about today.
Senior Level

Advanced medical-surgical course:

- Addressed specific patient concerns on concept maps.

Senior capstone course:

- Proposal for the clinical experience: Formulated written objectives that included knowledge, skills, and attitudes based on the 6 QSEN competencies.
Examples

Actualizing Integration of Safety
Sophomore Level

Fundamentals of nursing courses:
- Theory: Research paper on a safety topic.
- Clinical: Use of the QSEN Clinical Safety Assessment Tool.
- High-fidelity simulation lab: Safety/fall prevention room of errors.

Pharmacology course:
- Discussion topics on medication errors.
- Case study addressing safety issues and the patient’s preferences, needs, and understanding.

Medical terminology course:
- Assignments on AIDET and SBAR.
Revision of clinical policies and evaluation tools to emphasize safety is a priority.

- Take accountability for learning and acquiring information necessary to assure patient and nurse safety.
- Accept responsibility for checking off and reviewing the necessary skills or procedure for safe nursing practice.
- Addition of a specific safety section to the written SBAR shift report.

Viewing the Lewis Blackman video on the QSEN website to recognize the outcome of unsafe practice.

Junior level skills fair that included a “room of errors.”

Using simulation to practice safety principles.
Viewed Lewis Blackwell video during clinical to recognize outcome of unsafe practice.

Revised clinical evaluation tools to use QSEN language and emphasize safety as a priority.
Simulation

All simulations (high-fidelity) included:

- Aspects pertaining to patient safety.
- Patient-centered care.
- Interaction with family members.
- SBAR communication.
- Problem solving with high risk safety issues with treatments and medications.
- Promotion of dignity, autonomy, and respect.
- Patient and family education tailored for health literacy.
Questions

Implementing QSEN
• Karen Mayville, PhD, RN
  Blessing Rieman College of Nursing
  Administrative Coordinator, Accreditation
  Kmayville@brcn.edu
  217-228-5520, ext 6968

• Ann O’Sullivan, MSN, RN, CNE, NE-BC
  Assistant Dean, Support Services
  Aosullivan@brcn.edu
  217-228-5520, ext 6984