Results of Curricular Changes Guided by QSEN: University of Colorado College of Nursing

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QSEN at CU: A Brief History

- Baccalaureate of Science, Nursing Program
  - ~400 students – 70% have a previous degree
  - Two admission dates – January and June
  - Traditional, accelerated pathways

- Master of Science, Nursing Program
  - Offer the following advanced practice options: NP (adult, pediatric, family, women’s health), CNS, CNM
  - Informatics, Public Health, Health Care Systems and Administration

- DNP and PhD Program
- 80 Faculty, including practice faculty

- In 2007, CU was chosen as one fifteen pilot schools in Phase II charged with creating ways to integrate QSEN competencies into curriculum; pilot schools share their work at www.qsen.org
QSEN: Challenges for Nursing Education

- Recharging nursing curricula with relevance and rigor
- Rethinking teaching–learning strategies
- Redefining clinical nursing education practices and environments

Reframing the Focus of Clinical Nursing Education

Traditional Approach

- Professional knowledge
- Individual learning
- Individual consequences for error ('bad apple' concept)
- Disciplinary focus (name blame shame)

Traditional Approach QSEN-ized

- Systems knowledge
- Team/group learning
- Learning from error/transparency
- Interprofessional/patient-centered focus
At the University of Colorado, we adopted Carrie Lenberg’s Competency Outcome Performance Assessment (COPA) model around 2000.

How does it fit with QSEN?


## Eight Core COPA Practice Competencies and QSEN KSAs

<table>
<thead>
<tr>
<th><strong>COPA Competency</strong></th>
<th><strong>QSEN KSA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment and Intervention Skills</td>
<td>1. Patient Safety</td>
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<tr>
<td>2. Communication Skills</td>
<td>2. Teamwork/Collab &amp; Informatics</td>
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<tr>
<td>3. Critical Thinking Skills</td>
<td>3. EBP</td>
</tr>
<tr>
<td>4. Human Caring/Relationship Skills</td>
<td>4. Patient Centered Care</td>
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<tr>
<td>5. Teaching Skills</td>
<td>5. Patient Centered Care</td>
</tr>
<tr>
<td>7. Leadership Skills</td>
<td>7. Teamwork/Collab</td>
</tr>
<tr>
<td>8. Knowledge Integration Skills</td>
<td>8. EBP</td>
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Delphi Study: Leveling the KSAs

- Each KSA was identified as emphasized at the beginning level, intermediate level, advanced level.
- All six competencies need to be integrated throughout a pre-licensure curriculum – none of the competencies can be left out.
- Results can be found:
QSEN Teaching Strategy: Health Assessment

**QSEN Competency:** Patient-Centered Care, Teamwork and Collaboration, Informatics, EBP


- How does this article relate to monitoring vital signs?
- Obtain one complete set of vital signs from your patient. **Trend the current vitals with previous vitals.**
- What other assessment data did you obtain while taking vitals? Example: Subjective or objective data, utilizing inspection, palpation, auscultation methods and your interaction/communication with patient.

**Take home point:** *How do vital sign trends enhance patient safety? How do RRT function to prevent failure to rescue? How do RRT impact cost effectiveness in patient care?*
# Teaching Safety in Fundamentals of Nursing

<table>
<thead>
<tr>
<th>Nsg Intervention Week One</th>
<th>NQF Safe Practices for Better Healthcare</th>
<th>IHI 5 Million Lives Campaign</th>
<th>Nursing Sensitive Indicators</th>
<th>National Patient Safety Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Care</td>
<td>#23 Care of the Ventilated patient</td>
<td>Ventilator Associated Pneumonia</td>
<td>Ventilator Associated Pneumonia</td>
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<tr>
<td>Decub Ulcer Prevention</td>
<td>#27 Decub ulcer prevention</td>
<td>Decub ulcer prevention</td>
<td>Decub ulcer prevention</td>
<td>#14 Decub ulcer prevention</td>
</tr>
<tr>
<td>Falls/Mobility/Restraints</td>
<td>#28 DVT prevent #33 Fall prevent</td>
<td>DVT prevention</td>
<td></td>
<td>#9 Reduce the risk of patient harm resulting from falls</td>
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QSEN Teaching Strategy: Surgical Care Improvement Project (SCIP) (Med–Surg I)

QSEN Competency: Safety, Quality Improvement
• Surgical Care Improvement Project (SCIP), The WHO Surgical Safety Checklist (www.ihi.org)

Take home point: How many SCIP initiatives/safe surgery practices can you find in the following case study? How many examples of the SCIP Initiatives do you see in your perioperative experience? How does this impact patient safety, near misses? What is the evidence for the SCIP recommendation?
<table>
<thead>
<tr>
<th>QSEN Competency</th>
<th>Learning Activity</th>
<th>KSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>When getting Mr. Paul’s medication out of the electronic drug dispensing cabinet, you notice the drug is written as &quot;predniSONE&quot;. Why is the drug listed with two different font sizes? Research the Institute of Safe Medication Practices (ISMP) at <a href="http://www.ismp.org">www.ismp.org</a> to help answer this question. Using the ISPM guidelines, what should be included in a standard order set? What should be excluded? Have students write a standard order set for the use of Prednisone or other appropriate medication. Or, have the students locate a standard order set during their clinical rotation and compare it with the ISPM guidelines. How do standard order sets contribute to safe medication administration?</td>
<td>Describe the benefits and limitations of selected safety-enhancing technologies (such as barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms) (K) Demonstrate effective use of strategies to reduce risk of harm to self or others (S) Value the contributions of standardization/reliability to safety (A)</td>
</tr>
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</table>
Competency Performance Exam (CPE): A critical element of the COPA Model*

Includes critical elements that define what is considered ‘competence’. *These critical elements are either ‘met’ or ‘not met’.* Critical elements are mandatory for the specific competencies being evaluated; they specify what is for acceptable performance in clinical and non-clinical courses.

Fusion of QSEN KSAs into CPE for student evaluation

Clinical Implementation of QSEN Competencies: Updates to the CPE Tool

- Introduction of QSEN concepts in beginning courses
- **Format Changes to the CPE:** Organizational headings based on the 6 core competencies of QSEN:
  - Patient Centered Care, Teamwork and Collaboration, EBP, QI, Safety.
- **Specific KSAs** used as critical elements directly or indirectly derived from QSEN KSAs
  - Not all critical elements (dress code, tardiness policy, care plan elements) derived from QSEN
Clinical Implementation of QSEN Competencies: Updates to the CPE tool

<table>
<thead>
<tr>
<th>Original CPE</th>
<th>QSEN-ized CPE</th>
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<tr>
<td>Explain actions to be taken, purpose of interaction, and pertinent outcomes.</td>
<td>Integrate understanding of multiple dimensions of patient centered care:</td>
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<tr>
<td>Obtain informed consent verbally from patient before performing any nursing procedure.</td>
<td>• Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care (PCC– A)</td>
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<tr>
<td>Original CPE</td>
<td>QSEN–ized CPE</td>
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<td>Use equipment and techniques correctly and effectively.</td>
<td>Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as work-arounds and dangerous abbreviations) (S– K)</td>
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<td></td>
<td>Demonstrate effectively use of technology and standardized practices that support safety and quality. (S – S)</td>
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<tr>
<td></td>
<td>Describe the benefits and limitations of selected safety–enhancing technologies (such as barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms). (S – S)</td>
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<tr>
<td>Met</td>
<td>Not Met</td>
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Describe reliable sources for locating evidence reports and clinical practice guidelines. (EBP-K)

a. Read original research and evidence reports related to clinical practice topics and guidelines. (EBP-S)

b. Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events. (EBP-S)

c. Consult with clinical experts before deciding to deviate from evidence-based protocols (EBP-S)

d. Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practice. (EBP-A)

**Examples of learning activities to achieve competency:** Invite students to give an example of one or more experience in the clinical rotation in which the student consulted the literature in order to provide evidence-based care. Students must use a data base accessed through the UC Library.
## Mid Term Final

### CPE COMPETENCY: PATIENT CENTERED CARE

**Competency Outcome:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs*.

### Critical Elements:

- Examine common barriers to active involvement of patients in their own health care processes. (PCC-K)*
  - a. Describe strategies (at a novice level) to empower patients or families in all aspects of the health care process (PCC-K)
  - b. Assess level of patient’s decisional conflict and provides access to resources (PCC-S)
  - c. Engage patients or designated surrogates in active partnerships (defined by clinical shift) including educational activities that promote health, safety and well-being, and self-care management. (PCC-S)
  - d. Respect patient preferences for degree of active engagement in care process. (PCC-A)

*Examples of learning activities to achieve competency:*

- **Invite an interpreter** to post clinical conference to discuss language barriers to learning. Discuss barriers to self management support such as **healthcare literacy**, misinterpretation of information, family involvement, financial issues. **Include a case study** of a patient with multiple barriers to self-management and learning and how the nurse can participate in successful management of care. Discuss the **evidence based practice** regarding alternative and complimentary therapies as a patient preference for their care. **Describe teaching methods** that enhance retention of material presented to the patient. **Discuss national initiatives** around involvement of patient and family in self management such as the JCAHO Speak Up campaign
The QSEN-ized Student: What We’re Seeing at CU

- Asks “bigger “questions
- Does not accept “Because that’s how we have always done it” as a rationale for care
- Starts to ask sophisticated questions about the implementation of EBP
- Looks at systems when they are assessing a patient, evaluating a nursing situation or addressing a clinical question
- Believes that QI work is part of their nursing practice
- Believes that collection of the right data at the right time can contribute to QI work, and help them provide better, more timely care.
Asks about nurse sensitive indicators instead of individual performance

Clinical partners starting to notice a difference in new grads
“Quality and Safety Education for Nurses defines six competencies to empower nursing students with the knowledge, skills, and attitudes to further develop quality and safety measures within the healthcare system (Cronenwett et al., 2007). Teamwork and collaboration is just one such competency for students to master ...

...Essential features of this competency include communication styles that eliminate authority gradients, placing value on teamwork and relationships, incorporating everyone who helps patients achieve health goals, and acting with integrity (Cronenwett et al., 2007).”
"...Instead, she would purposefully walk off leaving me alone at the nurse's station.....

......Despite my experiences of vertical violence at several clinical sites, I uphold personal standards of practice and professional values that I will implement in my emerging nursing practice....

....I learned that nurses who are welcoming, supportive, and encouraging facilitate students' perception of being valued and respected as members of the nursing team. The degree of belonging experienced will to a large extent determine how much students learn, how motivated they are, and how prepared they will be as new graduates...

.....Conversely, alienation or a diminished sense of workplace belonging may lead to increased stress, anxiety, feelings of disempowerment, dissatisfaction, disengagement, and impact patient quality and safety. Thus, I hope to be a mentor to future nursing students and stop this trend of “eating our young”.
“….Good communication is required for the delivery of patient centered care.

….As practice combines with education, I find myself in a place of contemplation and growth. Having enough experience in healthcare to be aware of the impact of barriers to communication, I am intrigued by material on the subject...

…Motivated by my desire to provide patient centered care and multiple experiences with communication barriers, I began to do further research on the topic...

…I used this patient care experience … to formulate my evidence based research question; I read comparisons on pain scales for patients unable to communicate and discovered the effectiveness of the Behavior Pain Scale...

…I am determined to continue developing my communication skills in the future by making a focused effort and becoming familiar with the tools offered to nursing staff at each facility I am a caregiver… “
...At this time I was very disappointed in this approach to care and disturbed that the block was even suggested after the patient made it known that she wanted to remain in control... While a care plan for hospitalized patients is always pain management, it is my opinion that the block was administered to free up the nurse’s time and *not given as patient-centered care*....”

...In my future practice I need to very cognizant that this will happen and hopefully be able to avoid interventions that are based on my own interest instead of the patient’s. Perhaps it means delegating tasks in order to free up my own time, or asking fellow nurses for temporary help (if appropriate), or even utilizing volunteer services to sit with someone who does not have additional support measures available...”
Many thanks……..and good luck!

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