AACN QSEN Institutes: Expanding Faculty Capacity

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Purpose:

• Describe the national AACN-QSEN Institutes that are designed to enhance nursing faculty’s ability to effectively develop quality and safety competencies among graduates of pre-licensure programs.

• Describe the outcomes of the project to date
Overview of the Presentation

• QSEN Demographics
• AACN QSEN Institute Overview
• QSEN Institute Content
• Evaluation data
  • Pre-survey data for the first four institutes
  • Post-survey data for three institutes
  • Pre and post-survey data for MN
• Recommendations from the First Five Institutes
Institute Goals

• Faculty will learn (train the trainer):
  – Quality and safety content, as well as innovative techniques for teaching this content to students and other faculty
  – Ways to champion quality and safety content to implement changes in entry-level nursing courses
AACN QSEN Institutes

• Nine regional 2 ½-day faculty development institutes during 2010-2011
• 75-150 nurse faculty members attend each institute
• These sessions will educate greater than 1,200 faculty members from entry-level nursing programs across the country
• Supported by the Robert Wood Johnson Foundation
Process Approach and Educational Rigor of Curricula Development

Interactive Process

Step 1: Draft Modules: Papers, references, glossary, resources

Step 2: Internal Review by AACN and Authors

Step 3: External Review by Expert Facilitator Panel

Step 4: Refinement of Draft Modules by Authors

Step 5: Copyediting of Modules-Final Draft
Highlights QSEN Institute

• Call to arms
• Content
• Experiential Learning
• Creating a Plan for Monday
1-Year Post-Institute
Expectations of Participants

• Train other faculty

• Implement First-Year Curricular Change

• Significantly enhance pre-licensure nursing program with QSEN competencies
QSEN Evaluation

• Basic metrics
  – Number of additional faculty trained
  – Number of nursing courses with quality and safety enhanced
  – Number of students who are enrolled in modified nursing courses
  – Number of institutions significantly changing curricula around quality and safety

• Pre- and post-surveys

• Other
Reported Results

January 2010 — March 2011

Post-test results

Pre survey results

Post survey results being collected

San Antonio
DC
MN
San Francisco
Phoenix
Chicago
PRE- SURVEY RESULTS
Four Institutes
MN, San Francisco, San Francisco, and Chicago
N=257 schools
Greatest Integration of QSEN
(percent incorporated)

• Assignments that address cultural competence, health literacy, and generational preferences (87.6%)

• Exercises in locating evidence or clinical practice guidelines (82.4%)

• Simulation to identify safety factors or hazards (80.1%)
Least Integration of QSEN
(percent incorporated)

• Inter-professional council/group of faculty that oversees inclusion of QSEN competencies (7.3%)

• Inter-professional assignment/exercise with students from two or more disciplines examining a patient safety issue (10.8%)

• Specific teaching tools developed to address QSEN competencies (13.6%)
Post-SURVEY RESULTS
3 Institutes
San Antonio, DC, and MN
N=163
Greatest Integration of QSEN (percent incorporated)

- Assignments that address cultural competence, health literacy, and generational preferences (93%)
- Simulation to identify safety factors or hazards (90.5%)
- Instruction to appropriately practice Evidence-Based Practice (87.7%)
- Lectures in the curriculum regarding national regulations related to patient safety practices and quality outcomes (85.6%)
Least Integration of QSEN (percent incorporated)

- Inter-professional council/group of faculty that oversees inclusion of QSEN competencies (15.1%)
- Inter-professional assignment/exercise with students from two or more disciplines examining a patient safety issue (19.9%)
- Students expected to demonstrate use of a PDA to access real time data (25.9%)
- Inter-professional courses as part of the formal nursing program (26%)
Minnesota QSEN Institute Results

- 48 matched sets by school name
- Analysis of pre- and post- survey items
- Pre-test administered prior to QSEN Institute
- Post-test administered 6 months after QSEN Institute
- Statistical significance: \( p < .05 \)
MN Statistically Significant Results at 6-month Post Survey

- Case studies that reflect quality improvement in at least two courses (increase from 30% to 55% of institutions; p = .007)
- Periodic updates on the QSEN work provided to faculty (increase from 15% to 84% of institutions; p < .001)
- Specific teaching tools have been developed to address QSEN competencies (increase from 13% to 40%; p = .003)
### Survey Items Still Needing Attention: Low Percent Integration into Curriculum

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<thead>
<tr>
<th>Items</th>
<th>Pre-Survey</th>
<th>Post Survey</th>
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<tbody>
<tr>
<td>Inter-professional courses</td>
<td>20% (9)</td>
<td>26% (12)</td>
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<tr>
<td>Inter-professional council/group</td>
<td>7% (3)</td>
<td>15% (7)</td>
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<tr>
<td>Inter-professional assignment or exercise</td>
<td>26% (12)</td>
<td>20% (9)</td>
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<tr>
<td>Students use a PDA</td>
<td>16% (12)</td>
<td>16% (11)</td>
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<tr>
<td>Quality in mission/vision</td>
<td>26% (12)</td>
<td>33% (14)</td>
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POST- SURVEY RESULTS
Themes
(Minnesota)
Quality Improvement (QI): Student QI project in a clinical setting using a QI strategy, e.g., Plan, Do, Study, Act

- Leadership/internship/preceptorship
- Simulation
- Case studies/scenarios
- Coursework
- Clinical conferences
- EBP/quality projects
Patient Safety: Types of root cause analysis in clinical setting

- Medication errors
- Communication errors
- Leadership
- Other: patient-oriented, EBP, transcription errors, never events, clinical failure, failure to rescue, equipment failures, near misses, skin breakdown, suicide, patient injuries, case study (hyperkalemia), graduate practicum, assessment accuracy
Patient Safety: Simulation to identify safety factors and hazards in at least one course

• The majority of the simulation exercises were an environment set up with multiple hazards/safety risks

• Multiple hazards: examples in communication, clinical errors, falls, restraints, handwashing, physician orders

• Medication/IV error
EBP: Assignments include locating evidence reports on clinical practice topics

- The majority of the responses included research activities, review of evidence and critique of research
- EBP project (change project, capstone)
- Evaluation of clinical practice guidelines/policy to evidence
- Poster/PPT presentation on EBP
- Other: care plans with scientific evidence, EBP discussion, EBP paper, journaling, process recording
- PICO
Teamwork and Collaboration: Interprofessional courses are part of the formal nursing program

- Limited number of organizations had interprofessional activities
- Majority of courses that do include interprofessional activities are community health activities
- Examples: Uninsured, underserved, policy/testimony to elected official, guest speakers across disciplines, communication workshop, family care, theatre students act as patients, clinical activities with medical students, simulation, case studies, shadowing
Patient-Centered Care: Specific assignments address concepts of cultural competence, health literacy, and generational preferences

- Case studies
- Patient teaching
- Classroom discussion/presentation
- Simulation
- Community projects
Informatics: Use data gathered through the Electronic Health Record (EHR) to improve patient care

- Use EHR in clinical setting
- Simulation
- Other: clinical observation, elective course, QI data, medication compatibility, patient risk assessment, lab
Next Steps

- Revise current survey to enable pre and post-survey matching by respondents
- Repeat post-QSEN Institute survey at 12 months to evaluate longitudinal effect of integration of QSEN competencies
- Conduct focus groups to identify areas of opportunity to improve integration of QSEN competencies throughout pre-licensure curriculum
- Expand QSEN Institute training to the graduate curriculum