

Engaging Practice Partners in QSEN for Pre-licensure Nursing Education

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An academic-practice partnership

- is an intentional and formalized relationship between a nursing education program and a care setting to improve nursing student learning

AACN/AONE Key principles (2012)

1. Collaborative relationships between academia and practice are established and sustained through **formal relationships, shared vision and expectations and mutual goals**
2. **Mutual respect and trust** are the cornerstones of the practice/academia relationship
3. **Knowledge is shared** among partners
4. A commitment is shared by partners to maximize the potential of each registered nurse to reach the **highest level within his/her individual scope of practice**

AACN/AONE Key principles (cont)

5. A commitment is shared by partners to work together to determine an **evidence based transition program** for students and new graduates that is both sustainable and cost-effective
6. A commitment is shared by partners to develop, implement, and evaluate organizational processes and structures that support and recognize **academic or educational achievements**
7. A commitment is shared by partners to support opportunities for nurses to lead and develop collaborative **models that redesign practice environments** to improve health outcomes
8. A commitment is shared by partners to establish infrastructures to **collect and analyze data** on the current and future needs of the RN workforce

Educating Nurses: A Call for Radical Transformation (Benner et al, 2010)

Major findings:

1. US nursing programs are very effective in forming professional identity and ethical comportment
2. *Clinical practice assignments provide powerful learning experiences, especially in those programs where educators integrate clinical and classroom teaching*
3. US Nursing programs are not generally effective in teaching nursing science, natural sciences, social sciences, technology and humanities

“High-stakes learning” is essential

“Only experiential learning can yield the complex, open-ended, skilled knowledge required for learning to recognize the nature of the particular resources and constraints in equally open-ended and underdetermined clinical situations” (Benner et al, p.42)

San Francisco Bay Area (SFBA)

(Gordon & Betty Moore Foundation)

- QSEN Train-the Trainer Institute
- Funding for 3 annual follow-up 2-day meetings:
 - Day 1: Faculty meet from 22 SFBA schools
 - Share evaluation data, best practices and challenges related to the integration of QSEN competencies
 - Day 2: Faculty and practice partners meet
 - Educate practice leaders in QSEN implementation efforts in the SFBA nursing schools
 - Develop strategies to enhance the academic/practice partnerships

SFBA Demographics (n=22)

Schools	2011		2012	
	Range	Mean	Range	Mean
Annual student enrollment	24 – 750	196.5	32-1670	189.29
# of clinical sites used	6 – 200	24.21	6-289	36.35
# pre-licensure faculty	9 – 100	32.75	6-145	35.55
# trained in QSEN	0 – 100	16.35	5-145	25.75

Quality Improvement

	2011 (n=20)	2012 (n=22)
Do QI project	10 (50%)	13 (65%)
NSQI in a course	8 (40%)	12 (60%)
QI case studies in 2 or more courses	9 (45%)	15 (68%)
Students participate in RCA	9 (45%)	11 (50%)

Safety

	2011 (n=20)	2012 (n=22)
Student Policy on Errors	8 (40%)	8 (35%)
Sim exercises to id safety hazards in 1 or more courses	20 (100%)	22 (100%)
Content on national regs re to safety and quality	14 (70%)	22 (100%)

Patient/Family Centered Care

	2011 (n=20)	2012 (n=22)
Address cultural comp, health literacy and generational preferences	19 (95%)	21 (95%)
Courses/ activities that engage p/f in planning/ eval care	18 (90%)	19 (86%)

Evidence-Based Practice

	2011 (n=20)	2012 (n=22)
Identify data to guide practice	12 (60%)	20 (90%)
Incorporate pt values and clin expertise in 1 or > courses	15 (75%)	20 (90%)
Exercises in locating evidence	16 (80%)	21 (95%)

Informatics

	2011 (n=20)	2012 (n=22)
EHR in clin sim	6 (30%)	12 (55%)
PDA for real time info	2 (10%)	4 (18%)
Use EHR for data gathering to improve care	16 (80%)	19 (95%)

Teamwork and Collaboration

	2011 (n=20)	2012 (n=22)
Interprof courses	4 (20%)	4 (18%)
IP assign with 2 or > disciplines on safety issues	1 (5%)	6 (27%)

Academic – Clinical Partnerships

	2011	2012
Joint Appointments	7	6
Grant /Research Partnerships	10	8
None	7	8

Survey Items Still Needing Attention: Low Percent Integration into Curriculum

Items	Pre-Survey	Post Survey
Inter-professional courses	0% (0)	2011 (3) 2012 (4)
Inter-professional assignment or exercise	10% (2)	2011(1) 2012 (6)
Students use a PDA	10% (2)	2011 (2) 2012 (4)

Site Visits to 6 Schools – Top Findings

- Leadership Engaged
- Wide range of progress in QSEN competencies being infused across curriculum
- Wide range of resources available to faculty
- Students could speak to all competencies
- Excellent simulation activities
- Clinical experiences for students vary widely across agencies

Challenges to clinical experiences

- Competition for placements and preceptors
- Different styles and expectations of clinicians
- Large clinical groups
- Correlating what the students learn in class and offering complementary patient experiences
- Reconciling what students learn and what they see

Challenges from the student side

- Frequent rotations among units and sites, with different cultures, equipment, policies, charting systems
- Differences among preceptors
- Reactions from the nursing staff

QSEN Site Visit Findings - GAPS

- Student access to clinical experiences dependent on where having clinical.
 - Kaiser and Stanford very collaborative, allow student access to what's needed for learning
 - Teamwork and Collaboration – inter-professional clinical experiences are dependent on clinical agency.
 - Some agencies do not allow students to interact with physicians and folks in other disciplines
 - Same problems exist for QI and Informatics

Strategies for helping students learn the QSEN competencies -

- **With Teamwork and Collaboration**
 - Students included in interprofessional rounds
 - Having opportunities to talk with physicians and other healthcare professionals
- **With Informatics and Evidence-based Practice**
 - Use of the smart phone to access needed info
 - Access to the electronic health record
- **With Safety**
 - Working reasonable shifts
 - Having the necessary resources to give safe care

More recommendations

- With quality improvement
 - Participating in root cause analyses
 - Participating in QI projects w/ staff
 - Having access to QI, outcome data
- With patient-centered care
 - Having policies and practices in place that are consistent with *patient/designee as full partner and source of control*
 - Attending patient/family council meetings

Specific strategies to strengthen academic/practice partnerships ...

- An annual Nurse Leader Forum engaging student and faculty in discussions of academic and clinical excellence in practice.
- An Advisory Board including alumni, a representative from the State Board of Nursing, area hospitals and community health agencies, and Faculty and Administrative members.
- Nursing Advisory Board of 3 Faculty/CNOs, Administrators, Case Managers, and nurses that meets annually.
- Working closely with clinical partners through advisory committees, clinical coordination meetings, and a state wide group called The Clinical Coordination Partnership.

More strategies ...

- Interdisciplinary roundtables at local hospitals.
- Jointly inviting a national speaker to address clinicians and faculty
- Having joint meetings between members of the state AONE and AACN affiliates
- Entering into a joint contract to set up simulation facilities, purchase simulation equipment

And more ...

- Statewide Clinical Practice Consortium with hospitals and schools to anticipate and resolve conflicts for clinical practice settings.
- Partnership Day every two years where all clinical partners participate
- Educational event for clinical preceptors and faculty to jointly learn about a topic together
- Pictures of faculty on bulletin boards
- Sharing a copy of the course syllabi with staff
- Joint reviews at the end of the semester by clinicians and faculty on student performance and areas for improvement

- Coming together is a beginning
- Keeping together is progress
- Working together is success

(Henry Ford)