

Integrating QSEN Competencies Made Incredibly Easy

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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.

Faculty Workshop

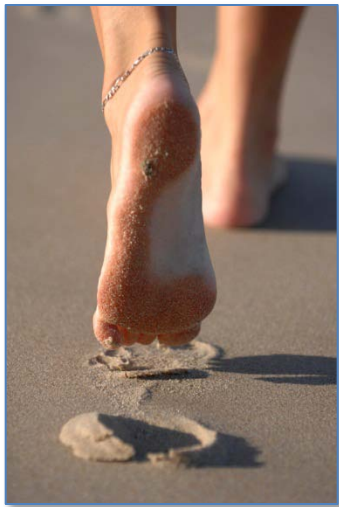
Steps toward integration: Faculty teamwork.



- 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.

Faculty Development

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.

Time frame: 3 years.

- Integrate 2 competencies each year.
 - May 2011: Made the commitment to initiate the plan.
 - 2011-2012: Integrated safety and patient-centered care.
 - 2012-2013: Will integrate informatics and quality improvement.
 - 2013-2014: Will integrate evidence-based practice and teamwork and collaboration.

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.

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

Sophomore Level

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?”

- 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.

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 polices 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.

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

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