QSEN: Outcomes of a National Project to Transform Education and Practice

Gwen Sherwood, PhD, RN, FAAN, ANEF
Co-Investigator, QSEN 2005-2012

Professor and Associate Dean for Academic Affairs
The University of North Carolina at Chapel Hill School of Nursing

gwen.sherwood@unc.edu
Objectives

- Present the evidence based outcomes of the award winning QSEN project (Quality and Safety Education for Nurses)

- Analyze the impact of the project based on evidence

- Gwen Sherwood has no disclosures.
Changing Mindset: Focus on quality improvement.

- Health care lags behind other high performance industries in examining quality from a system perspective.

- With a system perspective errors are analyzed to identify contributing factors to redesign the system to prevent future occurrences.

- A new Mindset: Move focus from individual performance/blame to system design/prevention.
System: Learning from High performance industries

- Complex, intermittently, intensely interactive
- Perform exacting tasks under time pressure
- Few catastrophic failures over several years
- Focus: Where is the next error likely to occur?
The Mirror of Education and Practice

Education prepares practice

Practice informs education

Transform Education

Transform Practice
Institute of Medicine

All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

- Committee on Health Professions Education
- Institute of Medicine (2003)
Transform Education

Linda Cronenwett, PI
Gwen Sherwood, Co-investigator
Funded by the Robert Wood Johnson Foundation 2005-2012

...To transform nurse identity to include quality and safety as a core part of nurses’ work ...
2005 – 2007 QSEN Phase I

National Expert panel and Advisory Board

IOM competencies defined with pre-licensure knowledge, skills and attitudes (KSAs) objectives

Survey and Focus groups of schools and faculty

Website www.qsen.org with Teaching strategies and annotated bibliography

Started work on Graduate Competencies

Embedded in AACN BSN, MSN, DNP Essentials; NLN Competencies; NCSBN Transition to Practice
## National Faculty Core

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Barnsteiner</td>
<td>U Pennsylvania</td>
</tr>
<tr>
<td>Lisa Day</td>
<td>UC San Francisco</td>
</tr>
<tr>
<td>Joanne Disch</td>
<td>U Minnesota</td>
</tr>
<tr>
<td>Carol Durham</td>
<td>UNC – Chapel Hill</td>
</tr>
<tr>
<td>Pamela Ironside</td>
<td>Indiana U</td>
</tr>
<tr>
<td>Jean Johnson</td>
<td>George Washington U</td>
</tr>
<tr>
<td>Pamela Mitchell*</td>
<td>U Washington, Seattle</td>
</tr>
<tr>
<td>Phase II: Deborah Ward</td>
<td></td>
</tr>
<tr>
<td>Shirley Moore</td>
<td>Case Western Reserve</td>
</tr>
<tr>
<td>Dori Taylor Sullivan</td>
<td>Sacred Heart, CT (Duke)</td>
</tr>
<tr>
<td>Judith Warren</td>
<td>U Kansas</td>
</tr>
</tbody>
</table>
Advisory Board Members
Organizational Leaders

- Paul Batalden, MD  IHI, ACGME
- Geraldine Bednash  AACN
- Karen Drenkard  AONE, now Magnet
- Leslie Hall, MD  HPEC, ACT
- Polly Johnson  NCSBN
- Maryjoan Ladden  ACT
- Audrey Nelson  ANA Safe Patient Handling
- Joanne Pohl  NONPF
- Elaine Tagliareni  NLN
- Phase II: Jeanne Floyd ANCC
2007-2009 QSEN Phase II

<table>
<thead>
<tr>
<th>Would it work? Call for early adopters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed 15 school pilot collaborative with exemplars posted on web site and expanded teaching strategies</td>
</tr>
<tr>
<td>Delphi study for placement of competencies in nursing education</td>
</tr>
<tr>
<td>Student Evaluation Survey of competencies</td>
</tr>
<tr>
<td>QSEN facilitator panel N = 40</td>
</tr>
<tr>
<td>Continued work with NONPF on graduate competencies</td>
</tr>
</tbody>
</table>

11
Delphi Study for placement of competencies in the curriculum

(N=18 QSEN experts)

Implement as curricular threads

Early curriculum: individual patient

Later: teams and systems

Advanced courses: complex concepts

- Teamwork and collaboration
- Evidence-based practice
- Quality improvement
- Informatics

Barton et al. Nov-Dec 2009 Nursing Outlook
Student Evaluation Survey (SES)

17 schools ADN, BSN, diploma, students = 575

Need to improve:

- **Knowledge** for Teamwork and collaboration, Quality improvement

- **Attitude** for using quality improvement tools, locating evidence reports for clinical practice guidelines, and evaluating the effect of practice changes using QI

- **Skills** to Consult experts before deviating from EBP protocols, Evaluate the effect of practice changes using quality improvement methods and measures and Use organizational systems for near-miss and error reporting

from Hirst & Sullivan, Nov-Dec 2009 Nursing Outlook
Phase III: UNC-CH and AACN

- Faculty Development to Achieve Curriculum Integration
  - 11 regional workshops for train the trainer through AACN
  - National forum 2010, 2011

- 40 expert Facilitators

- Continue VAQS Scholars

- Website Learning Resources: Lewis Blackman Videos, Learning Modules, Teaching strategies

- Textbook integration, publications
Phase IV 2011-2012

- AACN team continued Regional Faculty Development Workshops
- Fully subscribed QSEN National Forum
- Published landmark textbook as comprehensive reference (Sherwood & Barnsteiner, 2012)
To Learn more: QSEN Publications

- Special topic issues:
  - Phase I *Nursing Outlook* May-June 2007
  - Quality in Nursing *Urologic Nursing* Dec 2008
  - Applying QSEN *Journal of Nursing Education* Dec. 2009
  - Book chapters, additions to textbooks
  - Book due early 2012 (Sherwood & Barnsteiner)
  - www.qsen.org
QSEN in Publications

2007

2009

2009
QSEN in Publications

2012

2012

2012

2013

by 2015 Cited 197 times


- Cited 31 times
The Lewis Blackman Story

A. The Lewis Blackman Story

1. Why does Helen Haskell start her story by talking about Lewis?
2. What is Keterolac (indications, side effects, normal dosages for 15 year old, risks and benefits)?
3. What was the significance of lack of urine output (to underlying problem, amount of Keterolac, and need for fluids)?
4. What are possible reasons why health care providers dismissed implications of undetectable blood pressure? Why would they think it was equipment failure?
5. Do you agree that it was significant that Lewis's crises developed on the weekend? Explain why or why not.
6. Lewis died from septic shock. Describe the incidence, signs/symptoms, and appropriate interventions for this problem.

B. A Mother's View of 'Lessons Learned'

1. Create a list of the characteristics Helen Haskell ascribes to a "good" or professional nurse/physician.
2. When Helen Haskell says "patients need to be empowered and nurses need to embrace it", how do you react to her suggestion?
3. What does Helen Haskell mean by "misplaced professionalism"?
4. In her story, did you think of other examples of "misplaced professionalism"?
5. What is professionalism in your view?
Average Users/Day

2008-2011
Transition to CWRU

- Addition of practice and research resources
- Evaluation tools for each competency
- Teaching strategies
- More videos
- MOOC
- Student blog

Since October, 2014

- 194,911 users
- 37% returning visitors and 63% new visitors
- Average 900-1,000 users per day
QSEN: Bolstered by Many Initiatives

- Interprofessional Collaborative Practice Competencies (IPEC)
- AACN revision of Essentials of Baccalaureate Education
- Massachusetts Future of Nursing Education and Practice Initiative
- NCSBN inclusion of QSEN in new graduate residency program planning
- Changes in JCAHO accreditation
Research: Did QSEN Faculty Development Make a Difference?

Findings

• Most schools have instituted many of the knowledge, skills, and attitudes for the six competencies
• Significant curricular change is occurring
• Academic–clinical partnerships have been strengthened
• Students were impressively conversant in the QSEN competencies and how they would demonstrate them.
Nurses work redefined

A Quality Culture: “A new way of thinking like a nurse”

- Engages in their work with the patient as the focus
- Encourages inquiry
- Applies evidence based standards and interventions
- Investigates outcomes and critical incidents from a system perspective
- Continually seeks to improve care
Changes in pedagogical perspectives: Integration using a variety of pedagogies will yield more effective change

Thread through nursing and interprofessional courses: class, technology, simulation/skills lab, clinical learning

New Questions

Narrative pedagogies

Unfolding case studies

Web Modules

PBL

Papers

Readings

Clinical Partners

Reflective Practice
Unfolding Case Studies

- Use theory bursts for content
- Outline case and learning objectives
- Develop scenario, characters, setting, clinical situation, symptoms, and details included or omitted such as lab data, physician orders, medications, diet, treatments
- Establish directed questions for students as well as give time for their questions
- What assessments can students contribute?
- How will you evaluate?
Integrate QSEN competencies

- Patient centered care: concern for patient and family and their wishes
- Teamwork and collaboration: interdisciplinary communication, hand-offs, safety huddles
- Evidence based practice: strength of evidence guiding care, choice of interventions, bundles
- Quality Improvement: how does the care given compare with benchmarks?
- Safety: risk awareness, check lists, error recognition and reporting
- Informatics: EHR, search for evidence, decision support, system alerts
National Initiative - VA Quality Scholars

Interprofessional Education in Action: The VA Quality Scholars Fellowship Program

- Patricia Patrician, Mary Dolansky, Carlos Estrada, Caitlin Brennan, Rebecca Miltner, Jeremiah Newsom, Danielle Olds, Mark Splaine, & Shirley Moore


- 93% - IP learning will facilitate future collaboration with professionals from other disciplines, changed my approach to working in teams, and led to me seek the opinions of faculty outside my own discipline

- 86% - thought improved patient care resulted from their IP learning
Regulatory Requirements

State Boards of Nursing and the Bridge to Quality

- Geralyn Meyer, Vicki Moran, Karen Cuvar, & Judith Carlson

- U.S. state boards of nursing regulations (in late 2013) reveal that the competencies called for in the Bridge to Quality report (IOM, 2003) are not uniformly evident

- Eight states have fully incorporated the competencies (innovators and early adopters)

- PCC (+4), TC (+6), EBP (+6), Inform (+6), QI (+5), Safety (+30)

- The NCSBN (2012) has included the competencies in their model rules
SON Safety Cultures (Cooper,)

- 43% students strongly agree – there are safety problems on this unit
- Both students and faculty are involved in errors and near-misses, so discomfort can be present on both levels
- Changing a culture of safety reporting takes patience, time, and persistence
Assessing QSEN Integration

- 34% faculty comfortable with teaching informatics, and only 15% comfortable teaching QI
  - PCC (81%), TC (75%), Safety (77%)

- Websites, particularly the QSEN website, were identified as a preferred source of information because of the easy accessibility and currency of the information presented

- CONCLUSION: QSEN has been embraced, but QSEN knowledge, skills, and attitudes need further amplification in pre-licensure nursing curricula within the state.
International Work

- Sweden
- Spain
- United Kingdom
- Finland
- Japan
- France
- China
- Thailand
- And many more…