The Institute of Medicine (IOM, 1999, 2001) reported that tens of thousands of Americans die each year because of medical errors. Current research indicates that number may be as high as 250,000 deaths per year (Makary & Daniel, 2016). The World Health Organization (WHO, 2017) reported that unsafe medication practices and medication errors are a leading cause of avoidable harm in healthcare systems globally. In response to these reports, the Quality and Safety Education for Nurses (QSEN) initiative was developed to prepare future nurses with the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of healthcare systems (Barnsteiner et al, 2012, Sullivan, Hirst & Cronenwett, 2009). Nursing programs must ensure that graduate competencies in quality and patient safety are sufficient to meet practice needs. These competencies should be integrated into theoretical and experiential learning using active, student centered methodologies.

This study was designed to measure student perceptions of the extent to which they acquired the knowledge, skills and attitudes as well as self-reported perceived importance and levels of preparedness associated with the QSEN competencies in their nursing program. It is the next logical step to initial research investigating faculty perceptions of QSEN competency integration across nursing curricula (Bryer & Peterson Graziose, 2014). Moving forward from the faculty development phase of investigation, assessment of gaps in student learning is warranted, supporting the need for additional inquiry regarding student perceptions of the QSEN competencies in nursing education.

Using a descriptive, cross-sectional design, a convenience sample of 73 nursing students from a suburban public college were surveyed using the Quality and Safety Education for Nurses (QSEN) Student Evaluation Survey tool (Sullivan, Hirst, & Cronenwett, 2009). Data were collected from generic, advanced placement, and RN to BS students enrolled in a three-track baccalaureate nursing program. Survey percentages, mean scores, and an ANOVA test were used to analyze study results to determine student perceived knowledge, preparation, and importance of QSEN competencies in the nursing curriculum.

Study findings indicating students’ perception of the most frequently included QSEN competency items in the nursing curriculum correspond to patient-centered care (90.3%). Items least frequently included in the curriculum corresponded to the quality improvement and evidence-based practice competencies (12.5% and 12.3% respectively). Knowledge objectives were most frequently learned in the classroom setting (90.4%). The overall mean of skill items was 3.2 (maximum score 4) indicating that students perceived they were somewhat prepared to very prepared to perform specific actions or skills based on all six QSEN competencies. ANOVA results show statically significant differences between groups for the patient-centered care (F(4.280) = 2.70, p=.018), informatics (F(2.93) = 2.70, p=.021), teamwork and collaboration (F(2.516) 2.70, p=.006, and quality improvement (F(5.090) 2.70, p=.009) competencies. Patient-centered care skills were rated most important for nurses to have in their first year of practice (3.83) and skills in the quality improvement category were rated least important (3.53).

Results reveal an opportunity for faculty to enhance student learning of all quality and safety competencies, not only in the classroom but in the clinical and laboratory settings as well. Overall, students perceived the QSEN competencies to be important and valuable to their professional nursing practice however, gaps remain in student learning, particularly in quality improvement competency.
An assessment of faculty knowledge of current quality improvement practices may be necessary. Focusing faculty education on teaching strategies that address this specific competency would be beneficial. Student participation in unit based quality improvement projects may narrow the gap in knowledge, skills and attitudes regarding quality improvement. Faculty analysis identifying where in the curriculum quality improvement teaching takes place and where it can be added may increase student perceptions of content in this competency area.

Implications for education include redesign of curricula emphasizing quality improvement and evidence-based practice competencies. Assessment of faculty understanding of QSEN competencies may help assure that students graduate with the knowledge, skills and attitude to enter the workforce prepared to provide safe, quality care.

Title:
Measuring Student Perceptions of Quality and Safety Competencies in Baccalaureate Education

Keywords:
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References:


**Abstract Summary:**

Nursing programs must ensure that graduate competencies in quality and patient safety are sufficient to meet practice needs. Student perceptions were measured to determine the extent to which they acquired the knowledge, skills and attitudes as well as importance and levels of preparedness associated with the QSEN competencies.

**Content Outline:**

I. Introduction

A. IOM report lead to the development of Quality and Safety Education for Nurses (QSEN)

B. QSEN focus is to prepare future nurses with the knowledge, skills and attitudes (KSAs) to improve quality and safety in healthcare

II. Body

A. Main Point #1 – The initial focus of QSEN was on faculty development

1. Supporting point – Integrate QSEN competencies throughout the baccalaureate curriculum

   a) Monthly workshops were held to educate faculty on QSEN

   b) QSEN resources were identified to help integration process

   c) Results indicated perceived faculty incorporation of QSEN competency into courses

B. Main Point #2 - Determine student perception of the extent to which they acquired the KSAs associated with the QSEN competencies in their nursing program

1. Supporting point #1 – Survey students about their perceptions

   a) Instrument – QSEN Student Evaluation Survey
b) Descriptive, cross-sectional design
   a. Measures student perception of quality and safety content in the curriculum
   b. Organized by KSAs

C. Main Point #3 – Survey Results
   1. Supporting point #1 – Means, percentages, and ANOVA used for data analysis
   a) Knowledge – measured by student perception of quality and safety in curriculum
      a. Most included competency – patient-centered care
      b. Least included competency – quality improvement
   b) Skills – measured by student perception of their preparation to perform skills based on competencies
      a. Most prepared – Patient-centered care skills
      b. Least prepared – Quality Improvement
   c) Attitudes – measured by perceived importance of competencies
      a. Most important – Patient-centered care
      b. Least important – Quality Improvement

III. Conclusion

   A. Gaps in student learning, particularly in Quality Improvement
   B. Need to assess faculty knowledge of Quality Improvement content
   C. Identify where in the curriculum Quality Improvement teaching takes place
   D. Identify where Quality Improvement can be added to the curriculum
   E. Reach out to clinical partners to educate practicing nurses

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