

Integrating Quality and Safety (QSEN) Content into Skills and Simulation Curricula

Carol F. Durham MSN RN

Clinical Associate Professor

Director, Clinical Education & Resource Center

The University of North Carolina at Chapel Hill

The Context: Institute of Medicine Quality Chasm Series

- To Err Is Human: Building a Safer Health System (2000)
- Crossing the Quality Chasm: A New Health System for the 21st Century (2001)
- Health Professions Education: A Bridge to Quality (2003)
- Patient Safety: Achieving a New Standard for Care (2004)
- Identifying and Preventing Medication Errors (2006)

Challenge for Educators. . .

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)*

Why rethink our approach?

- People become nurses in order to relieve suffering and contribute to the overall health of communities and individuals
- Quality care is an essential value
- As nurses work in systems where quality is eroded, joy in work diminishes
 - Less joy in work leads to work force shortages
- Health professionals run our systems -- they can *improve* our systems if they possess the competencies required to make improvement a part of daily work

The University of North Carolina at Chapel Hill School of Nursing



*Quality and Safety Education for
Nurses (QSEN)*

Linda Cronenwett, Principal
Investigator

Gwen Sherwood, Co-Investigator

Denise Hirst, Project Manager

Jean Blackwell, Librarian

John Carlson, Statistician

Funded by The Robert Wood
Johnson Foundation

Goals

- To alter nursing's professional 'identity' so that when we think of what it means to be a respected nurse, we think not only of caring, knowledge, honesty and integrity....
- But also commitment to the development and assessment of quality and safety competencies

Lecture *alone* will not create the behavior change required



QSEN Assumptions

Cronenwett, Sherwood, Barnsteiner et al, 2007 *Nursing Outlook*

Each competency can be, indeed *needs* to be, taught or reinforced in multiple methods and sites

Classroom

Skills/simulation Lab

Clinical Teaching Sites

Inter-professional Courses

Nursing Courses

Web
Modules

PBL

Papers

Readings

Case
Studies

Reflective
practice

Integrating QSEN competencies

- Re-envision fundamental skills
- Integrate electronic medical records
- Patient safety and quality incorporated into every simulation – QSEN competencies
- Examine lab and simulation activities
- Minor changes can highlight patient quality and safety
- Use terminology – *think out loud*

Human Patient Simulator

- *Patient-Centered Care*
- *Safety*
- *Teamwork and Collaboration*

- *Unfolding case – pre-admission to critical care*
- *SBAR*
- *Handoffs*

Integrating Concepts into Simulation

- communication
 - use of SBAR (situation, background, assessment, recommendation)
 - handoff
 - check-back
 - call out
- teamwork
 - situational monitoring
 - replacing the *culture of blame* with *safety culture*
 - delegation
- cultural considerations
- use of herbal medications
- how to use an interpreter
- HIPPA
- critical thinking
- patient safety
- evidenced based practice
- prioritization
- decision making
- skill proficiency
- professional behavior
- patient centered care
- patient teaching

Structured simulations
encourage students to think
as opposed to memorize.

Olesinski, R. (1998)

Teamwork & Communication



Significance of issue

- 60% of all sentinel events are caused by ineffective communication (JCAHO, 2005)
- Compelling argument for healthcare educators to teach teamwork and communication

QSEN Teamwork & Collaboration Competency Definition

Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care

Cronenwett, Sherwood, Barnsteiner et al, 2007 *Nursing Outlook*

QSEN Example: Teamwork and Collaboration

Cronenwett, Sherwood, Barnsteiner et al, 2007 *Nursing Outlook*

Knowledge	Skills	Attitudes
<p>Describe examples of the impact of team functioning on safety and quality of care</p> <p>Explain how authority gradients influence teamwork and patient safety</p> <p>Identify system barriers and facilitators of effective team functioning</p>	<p>Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care</p> <p>Assert own perspective (using SBAR or other team communication models)</p> <p>Participate in designing systems that support effective teamwork</p>	<p>Appreciate the risks associated with handoffs among providers and across transitions in care</p> <p>Value the influence of system solutions in achieving effective team functioning</p>

Healthcare and Communication

- Health care complex
- Human behavior has inherent limitations
- Communication failures account for the majority of adverse events
- Effective communication can prevent mistakes



Adapted from TeamSTEPPS is Team Strategies and Tools to Enhance Performance and Patient Safety

Joint Commission Communication Goals

- National Patient Safety Goals
- Improve the effectiveness of communication among caregivers
 - read-back
 - handoff
- Reconcile medications and treatments
- Encourage active involvement of patients and their families

<http://www.jointcommissionreport.org/results/safetygoals.aspx>

Integrating Teamwork & Collaboration

- *TeamSTEPPS* curriculum used
 - Evidenced-based teamwork curriculum
 - Aim to optimize patient outcomes by improving communication and teamwork skills among healthcare professionals (TeamSTEPPS, 2006)

Integrating Teamwork & Collaboration

SIDE project - Simulation in Inter-Disciplinary Education

- Students expected to demonstrate Teamwork & Collaboration in simulations
 - High Fidelity Simulators
 - Standardized Patients

Integrating Teamwork & Collaboration

- Should be in all simulations
- Allows students to apply over and over what they have learned
- Arrange interdisciplinary when possible
 - If not possible
 - Create realistic role play
 - Use vignettes
- Clinical faculty model competency
- Use reflection to determine how situation might have been handled differently

QSEN Example: Patient-centered care

Knowledge	Skills	Attitudes
Examine common barriers to active involvement of patients in their own health care process	Remove barriers to presence of families and other designated surrogates based on patient preferences	Respect patient preferences for degree of active engagement in care process
Describe strategies to empower patients or families in all aspects of the health care process	Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management	Respect patient's right to access to personal health records

Patient as Team Member

- Listen to patients
- Involve them in their care
- Identify patient concerns before beginning
provide them with information
- Speak in clear terms they can understand
- Provide patient and family with information
- Ask patient and family for feedback
- Encourage patient and family to be an active
member of team



Adapted from TeamSTEPPS is Team Strategies and Tools to Enhance Performance and Patient Safety

Adapted from TeamSTEPPS is Team Strategies and Tools to Enhance Performance and Patient Safety



TeamSTEPPS Home

About TeamSTEPPS

National Implementation of TeamSTEPPS

Readiness Assessment

Training Eligibility

Tools and Materials

Webinars

Contact Us

You are here: TeamSTEPPS Home > Tools and Materials

TeamSTEPPS™: National Implementation

TeamSTEPPS Curriculum Tools and Materials

Core TeamSTEPPS Training Curriculum Materials

TeamSTEPPS is presented in a multimedia format, with tools to help your health care organization plan, conduct, and evaluate its own team training program. It includes:

- An Instructor Guide that explains how to conduct a pre-training assessment of an organization's training needs, how to present the information effectively, and how to manage organizational change. The Guide also provides an evidence base for each lesson. Availability.
A Multimedia Resource Kit with contents of the Instructor Guide in electronic form plus high-quality video vignettes of teamwork situations. This comes as a CD-ROM with the printable files (Word, PDF, and PowerPoint) that comprise the Instructor Guide and the Pocket Guide, plus a DVD that contains nine video vignettes about how failures in teamwork and communication can place patients in jeopardy, and how successful teams can work to improve patient outcomes. Availability.
A spiral-bound Pocket Guide that summarizes TeamSTEPPS principles in a portable, easy-to-use format. Availability.
PowerPoint presentations that convey basic TeamSTEPPS principles. Available online and on CD-ROM.
17- x 22-inch poster that tells your staff you are adopting TeamSTEPPS. Availability.

Return to Top

How to Order TeamSTEPPS Materials

Instructor Guide: A limited number of assembled toolkits (including the CD, DVD, and printed materials in a 3-inch looseleaf binder) are available from the AHRQ Clearinghouse, on a single-copy basis, at cost.

- Phone: 800-358-9295.
E-mail: (Civilian Orders) ahrqpubs@ahrq.hhs.gov; (DoD/TRICARE Orders) dodteamstepps@ahrq.hhs.gov

Multimedia Resource Kit, Pocket Guide, and Poster: You may obtain single copies of the CD-ROM and DVD disks (distributed in a disk wallet as the Multimedia Resource Kit), the Pocket Guide, and the poster free from the AHRQ Publications Clearinghouse. DoD requests should indicate the order is "DoD/TRICARE."

- Online: Civilian Orders, DoD/TRICARE Orders
Phone: 800-358-9295.
E-mail: (Civilian Orders) ahrqpubs@ahrq.hhs.gov; (DoD/TRICARE Orders) dodteamstepps@ahrq.hhs.gov

Return to Top

Additional TeamSTEPPS Tools and Materials available for download

QSEN Example: Safety

Knowledge	Skills	Attitudes
<p>Discuss effective strategies for reducing reliance on memory</p> <p>Describe processes used in understanding causes of error and allocation of responsibility (such as root cause analysis)</p>	<p>Use appropriate strategies for reducing reliance on memory (such as, forcing functions and checklists)</p> <p>Use organizational error reporting systems for near miss and error reporting</p> <p>Engage in root cause analysis rather than blaming when errors or near misses occur</p>	<p>Appreciate the cognitive and physical limits of human performance</p> <p>Value own role in preventing errors</p> <p>Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team</p>

Cronenwett, Sherwood, Barnsteiner et al, 2007 *Nursing Outlook*

Just Culture

- When things go wrong
- IHI
- <http://www.ihi.org/IHI/Topics/PatientSafety/SafetyGeneral/Literature/WhenThingsGoWrongRespondingtoAdverseEvents.htm>

QSEN Example: Evidence-based Practice

Cronenwett, Sherwood, Barnsteiner et al, 2007 *Nursing Outlook*

Knowledge	Skills	Attitudes
Demonstrate knowledge of basic scientific methods and processes	Read original research and evidence reports related to area of practice	Appreciate strengths and weaknesses of scientific bases for practice
Describe EBP to include research evidence, clinical expertise and patient/family values	Question rationale for routine approaches to care that result in less than desired outcomes or adverse events	Appreciate the importance of regularly reading relevant professional journals
Differentiate clinical opinion from research and evidence summaries	Consult with clinical experts before deciding to deviate from evidence-based protocols	Value the need for continuous improvement in clinical practice based on new knowledge

Evidenced Based Practice

Safe Patient Handling and Movement



Did you know??

- Nursing injury rate
 - one of highest of all industries
 - ranks worse than
 - auto manufacturing
 - mining
 - construction

- Participated in ANA *Handle with Care* pilot project to integrate SPHM into nursing curriculum – Audrey Nelson at Patient Safety Center and Tampa VA

ANA's Handle with Care program <http://www.nursingworld.org/handlewithcare/>

Risks in Nursing

- Awkward postures
- Lifting heavy loads
- Excessive pushing/pulling
- Frequent/repeated lifting and moving
- Tasks that last a long time (duration)
- Reaching

VA Patient Safety Center:

<http://www.visn8.med.va.gov/patientsafetycenter/>

Body Mechanics??

- body mechanics alone not effective in preventing job-related injuries
- original body mechanics studies
 - male subjects who lifted boxes with handles
- does not compare with lifting a patient
 - whose body mass and shape
 - level of consciousness
 - disease state

all influence the difficulty of movement
- **AND, patients don't have handles!!**

Menzel, N., Hughes, N., Waters, T., Shores, L., & Nelson, R. (2007). Preventing musculoskeletal disorders in nurses: Development of a safe patient handling curriculum module for nursing schools. *Nurse Educator, 32*, 130 – 135.

SPHM Equipment

- Development of patient handling equipment has made manual lifting essentially unnecessary in nursing
- Many types and brands of patient handling equipment
- Each maker has specific operating instructions for its equipment
- Be sure to ask about infection control strategies before using a piece of patient handling equipment

Improved Patient Outcomes

- Devices provide a more secure means of lifting, transferring, and repositioning patients
- Patient safety improved
 - Falls and skin tears reduced
- Activities such as toileting and skin care also easier with the use of SPHM devices
- Comfort and dignity of patients are drastically improved

Nelson, A. (Ed.) (2005). *Safe patient handling and movement: A guide for nurses and other health care providers*. Ordering information: www.springerpub.com

SPHM Curriculum

- Designed to teach nursing students:
 - Risks involved in manually lifting patients
 - How to perform safe patient handling and movement
- Moves away from traditional curriculum of body mechanics and manual lifting
- Evidence-based curriculum that focuses on specific patient assessment and the use of algorithms to determine the safest way to lift and move each patient
- Extensive research findings
- Unsafe manual lifting methods are no longer acceptable

Prepare graduates who:

- Practice based on inquiry
- Uses evidence based standards and interventions
- Investigates outcomes and critical incidents from a system perspective



Teaching Resource: QSEN Website

- www.qsen.org
 - Competency definitions and KSAs
 - Annotated references by competency
 - Teaching strategies for classroom, clinical, skills/simulation labs, and interprofessional learning
 - Opportunity for all faculty to upload ideas and evaluations of teaching strategies

Share your teaching strategies NOW



Quality and Safety Education for Nurses

Funded by the Robert Wood Johnson Foundation

HOME

CONFERENCES

SITE MAP

Search

About QSEN

Quality/Safety Competencies

Teaching Strategies

Faculty Resources

Pilot Schools

QSEN Consultants

Related Links

Contact Us

Welcome

Welcome to QSEN, a comprehensive resource for quality and safety education for nurses! Faculty members worldwide are working to help new health professionals gain the knowledge, skills, and attitudes to continuously improve the health care systems in which they work. This website is a place to learn and share ideas about educational strategies that promote quality and safety competency development in nursing.

Faculty Development

Faculty resources on this website include [annotated bibliographies](#) and [teaching strategies](#) submitted by faculty like you who are attempting to help students develop the knowledge, skills and attitudes essential to the development of quality and safety competencies. Faculty from 15 nursing schools participated in the QSEN Learning Collaborative in Phase II. You can view a list of our pilot schools [here](#).

We invite you to use this website to share with other nursing educators your ideas for improving quality and safety education for nurses. To upload a teaching strategy, please click [here](#).



News and Opportunities

[RWJF Profiles QSEN Faculty Amy Barton](#)

[New Phase III QSEN Grant Awarded](#)

[Read all News](#)



- Search
- About QSEN
- Quality/Safety Competencies
- Teaching Strategies
- Faculty Resources
- Pilot Schools
- QSEN Consultants
- Related Links
- Contact Us

Competency Definitions

Overview

The overall goal for the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work.

Using the Institute of Medicine¹ competencies, QSEN faculty and a [National Advisory Board](#) have defined quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs for each competency. These definitions are shared in the six tables below as a resource to serve as guides to curricular development for formal academic programs, transition to practice and continuing education programs².

Note: This content is reprinted with permission from the "Quality and Safety Education for Nurses" article originally printed in *Nursing Outlook Special Issue: Quality and Safety Education*. For guidelines on use of this material, please read our [terms and conditions](#).

Definitions and KSAs

- Patient-centered Care
- Teamwork and Collaboration
- Evidence-based Practice (EBP)
- Quality Improvement (QI)
- Safety
- Informatics

Patient-centered Care		
Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.		
Knowledge	Skills	Attitudes



Carol_Durham@unc.edu

