Concurrent Session A: Research in Clinical Training

**Progressive Clinical Performance Evaluation Tools Incorporating the QSEN Competencies: Two Years Later**

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Members of the baccalaureate research and evaluation committee developed a set of Clinical Performance Evaluation Tools incorporating the knowledge, skills, and attitudes for each of the Quality and Safety Education in Nursing (QSEN) competencies. Eight course/level specific tools were developed demonstrating progression throughout the program. Remediation strategies for each course were addressed with a separate tool, the Clinical Performance Remediation (CPR) Tool. Walsh (2010) and University of Portland (2011) shared clinical evaluation information and contributed to the development of the tools. Input from faculty representing all levels within the program was also welcomed and considered. In addition to incorporating the QSEN competencies, the faculty felt strongly about including a professionalism section within the tools. This presentation describes the process and outcome for creating an evaluation tool that blended an effective combination of QSEN's core competencies, the BSN Essentials, and the baccalaureate program's conceptual model.
The tools were piloted spring of 2012 and have been in use since this time. This presentation will discuss suggestions regarding implementing the tools, faculty and administration experiences with implementing the tools, and many benefits of implementing the tools. Nursing programs can enhance evaluation of students' clinical performance by incorporating the newly developed clinical performance evaluation tools. The tools are available on the QSEN web site for use by other nursing faculty interested in incorporating the QSEN competencies into their clinical evaluation process.

**Innovative Community Placements: Enhancing Students' Experiences of Teamwork and Collaboration and Patient Centered Care in Community Health Nursing**

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**Ivy Tuason**, RN, MSN, FNP-BC, Assistant Professor, Assisant Director, MSN-E Program, Western University of Health Sciences, Pomona, CA
**Stephanie Cornett,** RVT, the Animal Emergency Clinic, Hesperia, CA

Problem/Background:
Student nurse enrolment has increased annually but budget cuts have led to reductions in many traditional community health services, limiting availability of student placements and experiences. Research has shown that Innovative community placements (ICP) increases students' engagement, initiative, critical thinking, and ability to apply concepts of interprofessional collaboration and patient centered care through community action, social justice, and diversity.
Purpose:
To evaluate students' community health nursing experiences and perceptions of their opportunity to enhance their teamwork and collaboration skills, and patient centered care in ICP setting.
Methods:
Eight out of the 58 MSN-E students were assigned to transitional housing complex for their 2-unit Community Health Nursing clinical. Activities included tutoring, starting a community garden, health promotion, safety education, and interprofessional collaboration with the College of Dentistry and local community based organizations to promote wellness activities.
A 10-item Likert scale survey to evaluate clinical experiences including the QSEN competencies of teamwork and collaboration and patient centered care was developed and validated by two faculty members. The first three questions pertained to opportunities in dealing with diverse populations and collaboration with other disciplines. The rest of the questions asked students' perceptions regarding patient centered care and respect for culture and differences, collaboration skills, and safety.
Results: Total of 48 students responded, 42 from traditional sites and 6 from the ICP site. Overall, the ICP group scored higher than the traditional clinical groups. ICP group scored slightly lower on the last three questions pertaining to perceptions of patient centered care.
Limitations:
Small sample size of ICP group may have affected the mixed findings of the study. Survey tool may need to be retested for reliability and validity.
Implications:
ICP may provide similar experiences as traditional sites to fulfill Community Health Nursing requirements. In addition, ICP experiences may provide better opportunities to enhance collaboration, team work, and patient centered competencies. This is the first implementation of ICP experience, on-going evaluations and integrating all QSEN competencies to current Community Health Nursing evaluations tools are in progress. Additional ICP sites are needed to provide more students with these types of diverse learning experience.

**Undergraduate Nursing Students' Perceptions of Authority**

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**Linda Moore**, PhD, RN, CNS, CNL, Professor, Xavier University, Cincinnati, OH
**Mark Nagy**, PhD, Associate Professor, Xavier University, Cincinnati, OH
**Cheryl McCracken,** MSN, RN, Clinical Faculty, Xavier University, Cincinnati, OH
**Tom LeMaster,** RN, MSN, Med, NREMT-P, Program Director for the Center for Simulation and Research, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
**Deborah Davis,** MSN, Med, RNC, CNL, Women's Clinical Quality Improvement Consultant, TriHealth, Cincinnati, OH

Purpose: The purpose of this presentation is to describe a mixed methods study conducted to explore nursing students' perceptions and their subsequent behaviors when confronting authority in the event patient safety is at risk. The specific research questions included: (1) What are nursing students' perceptions and behaviors when confronted with receiving physician orders, that if carried out, may harm the patient? (2) What are nursing students' perceptions and behaviors when confronted with a physician who has committed an error? (3) How does communication apprehension affect functioning within an authority gradient?

Significance: Numerous adverse events in healthcare institutions, including death, arise from poor communication. Failed communication between healthcare providers is not simply providing misinformation but can include the absence of communication, especially in the event patient safety is at risk. Healthcare providers on lower rungs of the hierarchical ladder hesitate to communicate problems that may threaten their relationship with the physician. Nurses have described themselves as "prudent" when dealing with authority, reporting that they often do not confront a physician even when patient safety is at risk. Consequently, hierarchical relationships, known as authority gradients, existing between physicians and nurses threaten patient safety.

Little is known about best teaching strategies to prepare students for authority gradients. Prior to developing these teaching strategies, it is important to explore nursing students' perceptions and behaviors when confronted with authority gradients. Determining nursing students' perceptions and behaviors will inform future teaching practices.

Methods: An exploratory mixed method study of senior nursing students was conducted. The quantitative phase included the Communication Anxiety Inventory (CAI). The qualitative phase included a debriefing period in which structured focus group questions were asked. Participants also completed a reflection journal. The focus group transcriptions and the reflection journal information served as data.

Findings: Preliminary results of this study suggest students experience difficulty with intervening appropriately due to intense pressure, multiple distractions, lack of knowledge, and thoughts of inferiority. Students suggest taking a time out, utilizing resources, increasing confidence, and increasing knowledge as strategies for delivering safe care in the face of an authority gradient.

Concurrent Session B: Academic Clinical Partnerships

## Integrating Quality and Safety Education into Clinical Nursing Education through a Dedicated Education Unit

**Kelli Masters,** RN, MSN, CCRN, Associate Professor of Nursing, York College of Pennsylvania, York, PA

Nursing programs are challenged to prepare nursing students with requisite knowledge and skills to provide safe, high quality care in today's complex healthcare environment. Innovative curriculum redesign and service-academic partnerships have been established to address these issues. Specific strategies include development of dedicated education units (DEUs) and integration of Quality and Safety Education for Nurses (QSEN) into nursing curricula. The practice question for this evidence-based practice project was: Does integration of QSEN into clinical nursing education through development of a DEU improve students' knowledge related to quality and safety?

The Johns Hopkins Nursing Evidence-based Practice (JHNEBP) model guided collection and evaluation of evidence. Evidence revealed that strong partnerships between service and academia were critical for successful DEU and QSEN integration. DEU-related outcomes included improved student learning, student satisfaction, and staff-student relationships. Students also described how QSEN competencies were integrated into the clinical environment. Recommendations included development of DEUs to pair nursing students with front-line nursing staff to address quality and safety competencies in the clinical setting.

Translation of this project was development of a DEU on a medical unit in an acute care hospital. Seven nurses recommended by the nurse manager mentored nursing students during two junior level clinical rotations. Prior to implementation, nurses attended a workshop that provided education related to DEUs, QSEN competencies, and principles of clinical education. Students were introduced to DEUs and QSEN during clinical orientation. During clinical rotations, students collaborated with the nurses on a project related to one of the QSEN competencies.

Evaluation of students' quality and safety knowledge was assessed using ten pilot questions included on two nursing examinations. All junior-level nursing students took these examinations and DEU and non-DEU student responses were compared. Nurses' perceptions of the experience were evaluated using focus groups. Outcomes will be available at time of conference.

Evidence supported use of DEUs to improve students' clinical learning environment and enhance professional nurse development. The innovation associated with this project was collaboration between nursing students and practicing nurses to apply QSEN to "real life" clinical situations in an effort to improve student knowledge related to quality and safety.

**Transforming Care Transitions: Implementing Project RED at a VA Medical Center (VAMC)**

**Jeanette Broering,** RN, PhD, MPH, Nursing Post-doctoral Fellow, San Fransico Veterans Administration Medical Center (SF-VAMC), VA Qaulity Scholar (VAQS)

Purpose/Aim: To evaluate the first three months post-implementation of an evidence-based transitional care model, Re-engineered Discharge or Project RED (PR), on 30 and 90-day readmission rates; length of stay; and seven process measures of care transition, among high-risk Veterans at a VAMC.

Rationale/Background: Implementation of the RED transitional care model has been shown to reduce preventable readmissions by 30%. Local VAMC data suggests that Veterans over age 65-years have a 16.8% and 28.6%, 30 and 90-day readmission rate, respectively.

Methods: A total of 333 Veterans were managed by 5 PR nurse case managers from December 2012 to March 2013. One-hundred and twenty-seven (38%) electronic medical records were randomly selected for in-depth review. Five charts were excluded (3 died and 2 left against medical advice) with a final sample of 122 (96%) reviewed. Veterans acted as their own control for history of hospitalization in the 6-months prior to index event for PR intervention.

Outcomes Achieved: Veterans were on average 68 years-old (±12); 97% male; 33% with mental health comorbid condition; and 22% with poly substance abuse. Thirty-day readmission rate was 59% pre-intervention versus 20% post-intervention ($p<0.00$). Ninety-day readmission rate was 72% pre-intervention versus 30% post-intervention ($p<0.00$). Average length of stay was higher among PR recipients (6.5 versus 5.7 days) when compared to all Veterans admitted from January to November 2012. Process measures (target goal versus actual achieved) were: Medication reconciliation (100% vs. 98%); handoff note to primary care team (80% vs. 81%); Veteran reached by phone call follow-up within 48-hours (95% vs. 83%); discharge summary completed within 48-hours (80% vs. 74%); 14-day follow-up appointment scheduled (90% vs. 65%); 14-day follow-up appointment attended (80% vs. 54%); after hospital care plan in place (80% versus 46%).

Conclusions: Early data suggests Project RED was successful in reducing 30 and 90-day readmissions. Challenges remain for nurse case managers in follow-up care (i.e., scheduling and attendance at post-hospital primary care visit); and with the timely creation of the after hospital care plan. Future directions will aim to improve process measures to at least 80% or greater in all categories in order to achieve sustained improvement.

**The Student Safety Coach Project: A University-Agency Partnership**

**Billie Phillips**, PhD, RN, Associate Professor and Chair, BSN Program, Lincoln Memorial University, Knoxville, TN

**Claudia Duncan**, MSN, RN, Student Clinical Coordinator, University of TN Medical Center, Knoxville, TN

Patient Safety is a significant nationwide problem. Each member on a nursing unit must be aware of and uphold safety norms on their unit through a culture of safety program. (Agency for HealthCare Research and Quality, 2001; IOM, 2005; Pronovost, et. al, 2005; Donnelly, Dickerson, Goodfriend, and Muething, 2009; Quality and Safety Education for Nurses (QSEN, 2012).

In health care facilities, units may designate a person as a safety representative, who reports to a safety council. These representatives may be referred to as safety coaches, safety liaison nurses, or safety/infection control link nurses (Horton, 1988; Cadwalladar, 1989; Dawson, 2003; University of Tennessee Medical Center, 2012).

In a partnership meeting with the University of Tennessee Medical Center, (UTMCK) in Knoxville, TN, Duncan (2012, personal communication) identified that while students are aware of safety measures as they relate patients, students did not understand the breadth of the culture of safety program embraced by the hospital. Increasing awareness of safe practice measures is essential.

In a project funded by the National Student Nurses Association (2012), Lincoln Memorial University and UTMCK, a Magnet designated hospital, became partners to conduct a pilot project. The goals of this project were:

1) Establish a program for staff nurses to mentor students and utilize those students at a higher capacity.
2) Foster a culture of safety through increased awareness of a system safety program.
3) Increase the clinical competency of new nurses related to safety.

This project was piloted with junior and senior students in Medical Surgical courses in spring and fall of 2013.Student volunteers viewed the Safety Coaches orientation video, and were assigned to practice with a unit Safety Coach. Students used the QSEN Quality and Safety Monitor Assignment (Palmer, 2012).

In summary, this project revealed new ways in which students can be mentored to role model safety as part of a unit culture, and students mastered essential competencies related to safety prior to orientation and practice. Student participants realized and valued that everyone must own safe practice. In addition, this project supports a call for responsiveness to establish new partnerships among students, faculty, and clinicians.

Concurrent Session C: Program Integration

## Furthering the QSEN Institute through a DNP Educational Course

**Elizabeth Madigan**, PhD, RN, FAAN, Professor of Nursing, Associate Dean for Academic Affairs, Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, OH

As part of a DNP educational testing and evaluation course, DNP students identified and developed projects to further QSEN competencies in two areas: providing a review of the available instruments for QSEN domains and surveying nurse practitioners on the relevance of the QSEN competencies. For the first project, the DNP students reviewed the literature for instruments that could be used in the following domains: teamwork and collaboration, patient safety, QI and patient-centered care. Each project, based on the state of the science, had its own challenges. In some domains, there were many instruments and the challenge was how to organize the results. In other domains, there were too few instruments. Each student then provided a matrix of the instruments in their domain for the QSEN Institute to use on its web site and the student's work is attributed/cited. For the second project, the student surveyed NPs on the relevance of the QSEN competencies for primary care practice. As the QSEN competencies have been designed for pre-licensure and graduate students, the intent was to survey practicing NPs for relevance. There were 5 respondents to this survey and the findings will inform future QSEN work. There are multiple benefits for the student including attribution on the QSEN website, application of the QSEN competencies and understanding of the scope of the existing instrumentation, to better understand how QSEN may integrate into existing practice and as groundwork for DNP scholarly projects. For the QSEN Institute, the benefits are in furthering the materials available for use by educators and others. In summary, educators can contribute to the further development of the QSEN initiatives through working with DNP students taking education courses by making assignments that benefit the QSEN Institute.

**Evaluating Quality and Safety Competency Development on Dedicated Education Units in a Randomized Controlled Study**

**JoAnn Mulready-Shick,** RN, EdD, CNE, ANEF, Clinical Professor, College of Nursing and Health Sciences, University of Massachusetts, Boston, MA

The purpose of this presentation is to share findings from an evaluation research study which examined student perceptions of their opportunities for developing quality and safety competencies on Dedicated Education Units (DEUs), comparing this innovative clinical education model to the traditional model of clinical education. Additionally, exemplars of students' quality improvement projects on DEUs will be highlighted.
Particular findings from the randomized controlled study component of this mixed methods design will primarily be presented. Four consecutive cohorts of junior level students (255) were randomized into the two models on acute, adult health clinical units and completed an online survey, including measuring opportunities for growth in quality and safety competency development. Multivariate analyses were used to examine the impacts of outcomes in both groups. Additional data was also collected which allowed for triangulation of study results.

Sixty-five percent, or 165 students, completed surveys; participants were commuter students who attended an urban public university and managed multiple responsibilities outside of school. DEU participants had significantly higher mean scores on the opportunities for quality and safety competency development measures ($p<.05$).
While both groups reported positive clinical education experiences, DEU students reported significantly more positive clinical learning outcomes; these results were consistent across all cohorts. The DEU model of clinical education provides students with a greater perception of experiential learning achievement, particularly in areas essential for contemporary practice, particularly quality and safety competency development. Benefits of the DEU model for optimizing clinical learning and staff satisfaction were also confirmed by staff nurses. Additional research is warranted to further explore the DEU's positive impact on nursing practice and patient care and to further develop quality and safety competency survey tools. The DEU model is a promising response to the national issues of education reform, including, quality and safety competency development, faculty shortage issues, and preparation for contemporary nursing practice and professional nurse formation.

**The Wright Tool Kit: QSEN Competency Integration in an On-line RN-to-BSN Program**

**Ann Stalter**, PhD, RN, Associate Professor & RN-BSN Director, Wright State University Miami Valley College of Nursing and Health, Dayton, OH

**Patricia Martin**, PhD, RN, FAAN, Dean Emerita, College of Nursing & Health, Wright State University, Dayton, OH

**Ximena Chrisagis,** MS, MA, Nursing Librarian, Wright State University, Dayton, OH

**Deborah Ulrich**, PhD, RN, Associate Dean for Undergraduate Programs, Wright State University, Dayton, OH

**Kathy Keister**, PhD, RN, Associate Professor and Director, Accelerated BSN Program, Wright State University, Dayton, OH

Colleges across the nation are working to transform nursing education and to integrate QSEN competencies into program curricula. This paper presentation is a Quality and Safety in Education of Nurses (QSEN) Pilot School contribution resulting in a tool kit developed specifically for faculty of on-line RN-to-BSN programs to integrate QSEN competencies across the curriculum. Strategies to implement system level thinking and to bridge academic-clinical practice gaps in order to promote quality and safety are addressed. An overarching model for this tool kit is The Wright Model for RN-to-BSN to Lead Change and Advance Safe Practice, focusing on the already licensed ADN/Diploma-prepared RN. It guides RNs to critically reason and apply QSEN concepts to practice. Curriculum change is accomplished using Deming's (1986) continuous and rapid cycle Plan, Do, Study and Act Model, an iterative process whereby specific questions are answered to guide curriculum change. Users are directed how to: (1) create a political path to successful QSEN integration, (2) develop faculty in terms of QSEN and on-line teaching competency, (3) facilitate administrative support of QSEN, and 4) collaborate with academic-clinical partners to deliver best and safe practice. A plethora of resources from landmark documents to publications describing best practices and success stories across the nation are provided for the reader's use. A timeline and step-by-step gap analysis offers curriculum crosswalks between feeder schools and practice settings and guiding documents, such as the American Association of Colleges of Nursing Baccalaureate Essentials and accreditation standards of the Commission on Collegiate Nursing Education and the National League for Nursing. The tool kit may help to identify small, moderate, or large gaps in a program curriculum. If a thriving program is producing QSEN-competent graduates, the tool kit can validate the curriculum is current. Where small to large gaps are identified, the tool kit provides strategies that faculty may adopt or adapt, as curriculum delivery is a dynamic, on-going process. Metrics for annual reporting and strategic planning are provided. Pearls of Wisdom are shared for those resistant to curriculum changes specific to QSEN integration.

Concurrent Session D: Interprofessional Education for Quality and Safety

**Interprofessional education: Talking to patients and families after a medical error**

**Marianne Baernholdt,** PhD, MPH, RN, FAAN, Associate Professor, University of Virginia School of Nursing, Charlottesville, VA
**Margaret Plews-Ogan,** MD, MS, Chief of General Medicine, University of Virginia, Charlottesville, VA

Background: Medical errors remain common events in health care. Despite a National Quality Forum endorsed guideline on disclosure both nurses and physicians report difficulty in how to disclosure an error to patients and families. At the University of Virginia schools of medicine and nursing as part of the core curriculum an Interprofessional education (IPE) session teaches clinical nurse leader (CNL) and 2nd year medical students how to disclose an error. This innovation in curricular design addresses several of the QSEN pre-licensure and graduate competencies related to knowledge, skills and attitudes(KSAs) which will improve quality and safety.

Objective: To teach pre-licensure and graduate CNL students and medical students' KSAs related to disclosure of a medical error to patients and families.

Method: A physician and nurse faculty developed a two hour seminar with lecture, discussions, role play using case studies, and objectives for knowledge, attitudes, and skills related to disclosure and IPE (communication, professionalism, shared problem solving, shared decision making, and conflict resolution). Lecture content included safety culture dimensions in the organization, the work-unit and interpersonal. The 150 medical students and 40 CNL students were in groups of 8-10 with even numbers of nursing students in each group.

Evaluation: Using clickers 3 pre and post questions on error disclosure knowledge and attitudes were assessed. Since there were uneven numbers of medical and nursing students a separate debrief with the nursing students were done.

Results and future plans: Knowledge and attitudes related to who should talk with patient and family, when to start the conversation and when to say you are sorry all showed an increase in correct answers after the session. The nursing students expressed they learned a lot from the content but more so from discussions and working through role plays with the medical students. Learning together with medical students gave them insight into their education and the difference in nurse and physician's roles they had observed in their clinical rotations. Questions measuring IPE KSAs will be developed for the next seminar.

**Addressing QSEN Competencies and Creating a Center for Interprofessional Education**

**Barbara Hoerst,** PhD, RN, Director of Undergraduate Nursing Program, LA Salle University School of Nursing and Health Sciences, Philadelphia, PA

This presentation describes a program for Interprofessional education (IPE) initiated by nursing faculty at a private university in response to curricular challenges in helping students to learn ever-increasing content and to develop the essential skills and values needed for entry-level practice in a complex healthcare system. The Quality and Safety Education for Nurses (QSEN) competencies and the Interprofessional Education Collaborative Expert Panel report (2011) served as frameworks for the initial IPE program and for ongoing development of an IPE center within the School of Nursing and Health Sciences (SONHS).

Most work in IPE has focused on nursing students and medical students within academic medical settings. This IPE program is unique in that the SONHS does not have a medical education program, but does include the academic disciplines of nursing, nutrition, speech, language, and hearing science, and public health. Faculty advanced informal conversations about IPE to a school-wide faculty development program and eventually to weekly meetings for a core planning group. Since many healthcare errors relate to breakdowns in communication between providers, faculty selected the main focus of the presentation to be communication and collaboration between various healthcare team members. Scenarios were developed that offered students opportunities to identify the roles and responsibilities of various team members and recognize the strong influence that communication has on safety and quality care.

The presentation will describe the teaching-learning strategies used in the QSEN/IPE stroke case and describe the development of an IPE center, with emphasis on reframing conversations about barriers related to limited resources, conversations of accepting challenges, and developing opportunities given existing resources. Details of identifying a framework for the center, developing a mission statement and goals, and engaging faculty interest and participation will be shared. The IPE school-wide initiative includes plans to involve other programs within the university, such as counseling, social work, and business. Suggestions for future programs include focusing on other QSEN competencies (e.g., evidence-based practice, informatics), other populations of interest (e.g., veterans, developmentally disabled children) and other clinical healthcare issues (e.g., end-of-life care, dementia). Faculty development is identified as a key component for ensuring success for this initiative.

**Real World Applications of QSEN: Immersion Experiences to Create Safety Champions**

**Gwen Sherwood,** PhD, RN, FAAN, Professor and Associate Dean for Academic Affairs, School of Nursing, University of North Carolina at Chapel Hill, NC

**Jan Boller,** PhD, RN, Associate Professor, Director (DNP Program), Western University of Health Sciences, Ponoma, CA

**Carol Durham**, EdD, RN, ANEF, FAAN, Clinical Professor of Nursing, Director EISLE, School of Nursing, University of North Carolina at Chapel Hill, NC

Improving quality and safety outcomes has proven a challenge; even more than 10 years since To Err is Human (2000), report cards show only small improvements to our systems of care (Wachter, 2010). To propel system change, we share curricula models for two innovative immersion experiences for interprofessional education to improve quality safe patient and family care. The interactive presentation demonstrates innovative curriculum designs engaging participants in case analysis, narrative pedagogy, and simulation for developing QSEN competencies for developing commitment to change.

We will demonstrate patient and family centered strategies from the Telluride Patient Safety Summer Camp now in its fourth year of integrating nursing, medical, and pharmacy students and faculty in an immersive experience. Using the Colorado Mountains as a backdrop for developing teamwork competencies, participants learn from family members who experienced the loss of a loved one to medical error, and learn/practice effective communication among the health care team using case studies powerfully guided by family members.

The Interprofessional Quality and Safety Immersion curriculum is designed to transform mindsets for practitioners and educators to improve quality and safety outcomes. Using fast paced interactive learning, the experiential curriculum helps all members of the health care team develop QSEN competencies, model interprofessional communication and learning, and develop an action plan for improving safety in their local setting. An optional experience in Equine Assisted Learning offers a cutting edge transformative approach to teamwork behaviors working with horses to better understand leadership strengths and challenges.
Both curricula utilize adult and reflective learning for translating the experiences into each participant's local work through an action plan for follow up so each participant departs with a commitment to lead and model change. To encourage momentum, continued follow up with alumni demonstrates the effectiveness of immersive learning with/from/about other health care professionals can have lasting effects. By learning together, we develop interprofessional, patient and family centered champions for leading in their home settings .This interprofessional immersion/reflection model for safety training has potential for replication and dissemination through intercollegiate as well as academic/service collaboration, and finally showing an improved report card for improving systems of care.

Concurrent Session E: Graduate Education and RN-BSN

## Moving QSEN into the Next Frontier: Community-Based Interprofessional Safety and Quality Education, Practice, and Research

**Jan Boller,** PhD, RN, Associate Professor, Director (DNP Program), Western University of Health Sciences, Ponoma, CA

**Gwen Sherwood,** PhD, RN, FAAN, Professor and Associate Dean for Academic Affairs, School of Nursing, University of North Carolina at Chapel Hill, NC

What would happen if all patients, family caregivers, health advocates, and health professionals across our local communities become proficient in the QSEN competencies? The emerging focus of the Affordable Care Act, with an emphasis on high-quality patient-centered, interprofessional, and population-based health care provides new opportunities to meet this goal. Through collaborative, community-based, patient-centered safety and quality education, practice, and research we can achieve the triple aim of better care, better health, and lower cost-per capita.

In 2011, our College of Graduate Nursing received a generous endowment from a private foundation to develop a program of education, practice, and research to advance patient safety and quality. Our aim is to take a collaborative, coordinated, community-based, interprofessional approach to integrate a consistent patient safety and quality curriculum across the care continuum. The goal is to eliminate harmful patient care errors and meet the “triple aim” of better care, better health, and lower cost-per-capita.

At a previous QSEN National Forum, members of our faculty met with a QSEN co-principal investigator to discuss how to move the work of QSEN to the next level. She continues to serve as a mentor for our projects. Her advice was to “wrap the QSEN competencies” around all topics we teach and in all settings. Curriculum has been developed and presented for a care coordination course and a course for first-year medical students using this approach. A curriculum for pain assessment and management is in progress.

This presentation summarizes our projects so far, providing preliminary data and a discussion on what we have learned. Projects include a conference on patient safety and quality; integration of the QSEN competencies in the interprofessional curriculum and throughout out our pre-licensure, MSN, and DNP programs; engaging patients, families, and consumer advocates in advancing patient safety and quality; developing academic/service partnerships; participating in a collaborative interprofessional research project to prevent falls in community-dwelling older adults; developing a community engagement website that provides information and gathers ideas from the community; and development of a curriculum on selected topics incorporating QSEN competencies.

**1200 People Are Talking About Quality Improvement: Using Active Training to Facilitate Change**

**Pamela Senesac,** PhD, SM, RN, Senior Director, Performance Improvement, Commonwealth Medicine University of Massachusetts, Shrewsbury, MA

The consulting arm of a state university established the use of a Quality Improvement methodology as its # 1 Strategic Goal. Exposure to QI concepts and the use of QI practices varied across the organization. Our aim was to become a high performance organization, demonstrating progressive improvement toward exceptional performance over five years.

A 5-pronged approach was developed:
• Provide basic QI training for 1200 staff
• Implement an organization-wide QI communication structure
• Develop skills for QI champions
• Provide direct facilitation to accomplish QI objectives
• Share QI best practices across the organization.

We used two models that promote desirable change in the workplace: Diffusion of Innovation, and Knowledge, Attitudes and Skills.

The QI champions created nine, 15-minute online learning modules about basic QI principles and activities, and their use within our organization. Based on adult learning principles and multi-media methods, the modules were designed to engage cognitive, affective, and psychomotor. Diffusion of innovation principles were incorporated used in the implementation structure: use of QI champions, and the introduction of content and discussion at the local level.

The modules are designed for presentation at unit staff meetings and posted to our intranet. Each module contains 2 -3 facilitated discussions, highlighting readiness to act and use of the skill within the unit. Organizational examples and humor help learners connect affectively. A written facilitator's guide promotes consistent delivery. A handout accompanies each module.

The hypothesis is that training will result in changes in staff knowledge, attitudes and skills, which will result in changes in observable behaviors and internal beliefs.

1200 employees are now engaged in an ongoing discussion about QI. We will report on the mid-course evaluation of the implementation process. Focus groups and surveys gather perceptions about the presentations and the discussions from staff of units with various levels of QI experience, and from the QI champions.

This knowledge will further the development of our own culture of quality, and our abilities in providing consultancy to organizations interested in the implementation of QI in complex organizations.

**Fostering Future QSEN Leadership in Health Care through Systems Thinking**

**Janet Phillips**, PhD, RN, ANEF, Clinical Assistant Professor and Director, RN to BSN Program, Indiana University School of Nursing,

There is a critical need for QSEN leadership to redesign systems of care to better serve patients in today's complex health care environment. Nurse graduates of degree completion programs (RN-to-BSN) are poised for leadership due to their recent education and nursing practice experience. We propose that integration of system level thinking into RN-to-BSN curricula is essential for developing these much needed leadership skills. Innovations in curricular design related to the development of the QSEN competencies and systems thinking will be presented. A cutting-edge systems thinking tool for measuring learning outcomes in the RN-to-BSN curriculum and a future research study will be highlighted. An interactive discussion with session attendees will provide opportunities for planning innovative curricula to include systems thinking to accelerate change through QSEN competency development to improve quality and safety in health care. Teaching strategies for RN-to-BSN curricula regarding systems thinking in the clinical, classroom and simulation learning environments will be highlighted.

Concurrent Session F: Transition to Practice and the QSEN Competencies

## Bridging the Theory-Practice Gap in Quality and Safety Work in a Nursing Administration Program

**Rebecca Miltner,** PhD, RN, CNL, NEA-BC, University of Alabama at Birmingham, Birmingham, AL
**Patricia Patrician,** PhD, RN, University of Alabama at Birmingham, Birmingham, AL

Background:
Front line managers are critical to organizational success, yet many do not have formal preparation in the improvement and implementation skills needed to improve quality within the complex healthcare environment. Mentored learning by doing can facilitate this skill acquisition. Advanced quality and patient safety didactic and practicum courses were created to develop nursing administration graduate students' competence in the use of improvement methods. Course assignments were redesigned to focus student work on actual quality projects in their work setting.

Strategy and Implementation:
We revised our course assignments to enhance integration between the theory and practicum courses. Students identified a quality gap in their work setting, and either joined an existing team or implemented a new quality improvement project to address the quality issue over the course of the semester. Faculty and preceptors served as mentors and facilitators to the projects. Class assignments reflected key components of improvement methods including developing aim statements and data measurement plans. Ongoing progress reports were reported in the practicum log. Final course outcomes included an abstract, poster presentation, and a scholarly paper summarizing the work completed. The quality projects selected were varied and included implementing a new falls prevention bundle of care for inpatients, reducing wait time for pain medications for long bone fractures in the ER, reducing hospital readmissions at a rural hospital, and improving sedation safety in critical care.

Evaluation:
Students developed structured, data driven projects. Students reported a range of outcomes from these projects including positive data trends and more involvement of the interprofessional team in the improvement activities. Most planned to continue the project work to reach aims and sustain progress.

Implications for Practice:
Course assignments are not always relevant to the student's practice setting, so restructured assignments allowed students to apply the concepts to real issues in their work settings. Learning by doing in the practice environment enhanced student understanding of quality and safety concepts.

**Socialization of Pre-Nursing Students to QSEN Culture of Care**

**Patricia Adler,** PhD, RN, CNS, LMT, Assistant Professor, Division of Nursing, Notre Dame Colllege, South Euclid, OH

The primary purpose of the assignment was to socialize baccalaureate pre-nursing students to the QSEN culture of care at an annual safety conference sponsored by the division of nursing and presented by senior nursing students. The secondary purpose was to create an opportunity for pre-nursing students to interact with peers and provide support to their senior classmates in a professional setting.

Participants: Fifteen pre-nursing students who were enrolled in a freshman academic transitions course had the opportunity to attend an annual safety conference as an assignment and service learning event. The theme of the conference was nurse advocacy of patients and families.

Assignment: Students were expected to attend the conference, participate in service learning, and complete a form with specific objectives demonstrating their participation at the conference. These objectives included: identification of speaker and name of presentation, name one thing that you learned from the presentation, meet and greet three upper classmen (one sophomore, junior, and senior), identify three posters that you liked and give the reason why, and identify how you made a difference by attending the conference through your service.

Outcome: Unsolicited feedback from most students identified this assignment as “worthwhile” and that the conference was “something to look forward to” in the future. Students’ favorable feedback was substantiated in their response to a course assessment survey item on the “usefulness” of the safety conference assignment. Seventy-three percent reported the assignment was “very” to “extremely” useful. The general consensus was that students made a difference by attending the conference and providing direct and indirect support.

In particular, three themes emerged from responses to the second objective, i.e. name one thing that you learned from the presentation: new knowledge of kidney disease, importance of nurse-patient-family relationship, and incidence and danger of medication error.

Plans include pre-nursing students in the next annual safety conference and perhaps expanding their participation for the course assignment. It is important that baccalaureate pre-nursing students have an opportunity to learn about the culture of safety in nursing as a means of socialization into the profession of nursing.

**Engaging Undergraduate Nursing Students in Quality-Safety Projects to Foster QSEN Competency Development**

**Elizabeth Murray,** PhD, RN, CNE, Assistant Professor, Florida Gulf Coast University School of Nursing, Cape Coral, FL

Purpose:
The purpose of the Quality-Safety Project is to engage senior level nursing students in: 1) identifying quality-safety problems/issues in practice; 2) exploring clinical problems/issues in terms of the QSEN core competencies and National Quality and Safety Initiatives; 3) using quality tools to analyze clinical problems/issues; and 3) determining realistic action plans to address the issues/problems.
Strategy Overview:
In a senior level course students collaborate on a quality-safety project, develop a poster, and present posters to students and faculty each semester. The overall goal is to engage students in the quality improvement process and foster development of QSEN knowledge, skills, and attitudes (KSAs). Student learning outcomes and related QSEN competencies include:
1.Examine how safety, quality, and cost-effectiveness of health care can be improved through the active involvement of patients and families. (Patient-Centered Care)
2. Analyze the clinical environment and collaborate with team members to identify quality and safety problems/issues. (Teamwork and Collaboration, Quality Improvement, Safety)
3. Use quality improvement tools to analyze processes of care, sentinel events, and improve care. (Quality Improvement)
4. Participate appropriately in analyzing errors and designing system improvements. (Quality Improvement, Safety, Informatics)
5. Value the need for continuous improvement in clinical practice based on new knowledge. (Evidence-based Practice)
6. Demonstrate commitment to team goals. (Teamwork and Collaboration)
7. Demonstrate awareness of own strengths and limitations as a team member. (Teamwork and Collaboration)
The poster session is scheduled during the last week of classes. Nursing faculty release students from classes so all students on campus that day can attend. Faculty and students attending the poster session complete an evaluation for each QI team's poster. Each student in the course conducts a self-assessment of the overall process, their contribution to the team effort, and evaluation of other posters.
Evaluation of Teaching Strategy:
Feedback from faculty has been positive and several state they always learn something new. Beginning students say they appreciate the sessions because the posters help them understand the QSEN competencies more. Students in the course say they have a much better understanding of the QI process, importance of safety, and how QSEN competencies are interrelated.

Concurrent Session G: QSEN in Clinical Practice

**Knowledge is Power: A Standardized Method to Educate Clinical Nurses on Quality Data.**

**Kathryn Farrell,** MSN, RN, Coordinator of Nursing Quality and Safety, University of Pennsylvania Health System, Philadelphia, PA
**Courtney Cassidy**, MSN, RN, Manager of Nursing Performance Program Improvement, University of Pennsylvania Health System, Philadelphia, PA
**Bruce Boxer,** PhD, MBA, MSN, RN, CPHQ, Director of Nursing Professional Practice, Education, and Quality, Pennsylvania Hospital, Philadelphia, PA

Knowledge is Power. Clinical nurses have an immense ability to change patient outcomes. However, if these nurses do not understand quality data they will not know where to focus their efforts. With the many changes in healthcare, achieving high quality outcomes is not only important for the patient, but also affects hospital reimbursement. At a 400 bed teaching hospital, through the partnership of nursing quality and a clinical nurse shared governance council, nurses in all departments were educated on nurse sensitive quality data using a standardized method. The implementation of standardized unit based quality boards displaying specific quality data allowed a consistent framework for disseminating quality data. Prior to the creation of these quality boards, clinical nurses had varying levels of understanding of which areas of their practice needed improvement or how to focus their efforts. Each quality board displays unit level and hospital level data with national benchmark data. This allows the clinical nurses the ability to focus on their individual unit level data while not losing sight of its effect on the overall hospital performance. Each metric includes a trending graph and table with eight quarters worth of data. The use of red and green boxes is an easy visual aide to show if the unit is performing better (green) or worse (red) then the national average. Prior to implementation of the quality boards, the nursing quality department visited every unit and educated the nurses on their unit specific indicators, how to understand the data, the value of benchmarking, and how to use the data to focus improvement efforts. In addition to the data, each board includes an action plan for a chosen “Metric of the Quarter”. Using evidence, clinical nurses develop an action plan to improve the chosen quality metric. The Quality Boards allow simple interpretation of quality data and have empowered clinical nurses to take ownership of their data and implement evidence based quality improvement initiatives.

**How to Integrate the IHI Open School into you Curriculum**

**Wendy Madigosky, MD, MSPH,** Associate Professor of Family Medicine, University of Colorado School of Medicine, Faculty Network Advisor, Institute for Healthcare Improvement (IHI)

**Michael Briddon,** Senior Managing Editor, IHI Open School for Health Professionals, Institute for Healthcare Improvement

The Institute for Healthcare Improvement's Open School — a collection of online courses and a growing Chapter network — began as a resource for students who wanted to learn about quality improvement, patient safety, and leadership. In the last few years, faculty within various health care disciplines have started using the Open School, too, integrating the asynchronous learning modules and complementary resources into existing courses at their schools.

With its entrenched commitment to education about safety and quality, the nursing profession is leading the charge toward putting this important content into its curricula. This presentation will review IHI Open School resources and share examples of how nursing schools are integrating the content to create engaging new learning opportunities for students.

**Taking It to the Next Level: Integrating QSEN (Quality and Safety Education for Nurses) and Magnet to Improve Health Outcomes**

**Teri Chenot, EdD, RN,** Associate Professor, Jacksonville University, Jacksonville, FL
**Roberta Christopher,** EdDc, MSN, APRN, NE-BC, CHTS-CP, Director of Nursing Research and Magnet, UF Health Jacksonville, Jacksonville, FL

Patient safety is cited in numerous studies as a critical issue in health care outcomes. Professional and regulatory agencies have indicated that patient safety education should be provided to health care workers to improve outcomes. This presentation will provide a historical overview of the QSEN (Quality and Safety Education for Nurses) and Magnet initiatives, including online resources and knowledge, skills, and attitudes (KSA's). Interactive discussions will include implementation of QSEN and the relationship to Magnet standards for innovation, quality, and safety. Nurse leaders will learn how to leverage innovative academic/clinical partnerships to integrate QSEN competencies and Magnet sources of evidence in the acute care setting for practicing nurses to expand access to expert resources.

Concurrent Session H: Simulation and the QSEN Competencies

# Using Simulation to Promote Effective Communication with a Diverse Student Population

**Arlene Spinner,** MS, RN, Assistant Professor, LaGuardian Community College, CUNY, Long Island, NY
**Lisa O'Donnell,** MS, RN, Assistant Professor, LaGuardian Community College, Long Island, NY

This strategy focused on introducing high fidelity patient simulation (HFPS) as a teaching/learning method to develop and practice effective oral and therapeutic communication with the linguistically diverse student. A newly established HFPS communication exercise was introduced to associate degree registered nursing students in their psychiatric–mental health nursing laboratory course. Students participated in unrehearsed interactive interviews with simulated clients in an effort to improve their verbal and therapeutic communication skills. Skilled communication is essential to the professional work of nurses, and of the six pre-licensure competencies defined by the Quality and Safety Education for Nurses (QSEN), four of them have communication threaded through them as essential skills required to prepare future nurses with the knowledge, skills, and attitudes necessary to their professional work (Cronenwett et al., 2007).

To address the needs of the culturally and linguistically diverse student, educators must provide opportunities for students to practice their linguistic skills and analyze, interpret, and evaluate abstract concepts to become competent in oral communication (Cummins 1979–1996). During this activity, student pairs interacted during 5–10 minute unique scenarios that were formulated so they could safely practice their verbal and therapeutic communication skills during a simulated therapeutic encounter. Experienced faculty members assumed the role of the client, spoke through a microphone connected wirelessly to the simulator, out of view of the students, beginning with simple conversation, while prompting the student towards more complex language and symptomatology.

At completion, during debriefing, three objectives were addressed: increasing awareness of effective communication via listening, speaking and observational skills, clinical application, and reflective learning. Finally, evaluation of the activity was in done via student feedback and how students performed on a written paper, guided by prompts. From student self evaluations it was clear that certain objectives were met. Responses demonstrated recognition of certain skills as identified in the competencies by QSEN. Namely, provide patient-centered care with sensitivity and respect for the diversity of human experience, assessment of own level of communication skill in encounters with patients and families and recognition of the boundaries of therapeutic relationships (Cronenwett et al., 2007).

**Building rapport between student nurses and nurses**

**Renee Biedlingmaier,** MSN, BSN, ADN, Assistant Clinical Professor, The College at Brockport (SUNY), Brockport, NY

The Assistant Clinical Professor of students in their first clinical rotation collaborated with the administrator of a 120 bed long term care facility in upstate New York to identify an evidence based practice project to benefit the nursing team at the facility as well as the education of the students. The administrator identified utilization of standardized communication as needing improvement. Objectives for the students included: application of an evidence based project in the clinical setting; collaboration with the facility nursing team; and teamwork and collaboration among the clinical students to create and present a professional poster and presentation for the facility nurses. An additional objective of the Assistant Clinical Professor was to enhance the collaborative relationship of the college and the clinical site's nurses. Students conducted a brief literature search to support the use of the Situation Background Assessment Recommendations (SBAR) communication tool. The group of seven clinical students created a professional poster to promote the understanding of the importance of structured, standardized communication among interdisciplinary and/or inter-facility healthcare teams. Students identified what the SBAR communication tool is, outlined the benefits of the use of the tool, defined the components of each section, and developed a brief case study to exemplify how to utilize the tool. The students were required to work as a team to divide themselves into groups to present the poster and information to the nurses on each of the three floors within the facility. Students created an outline of the information to be presented to ensure delivery of a consistent message throughout the facility. During the final day of the clinical rotation students presented the poster and a live presentation to the nurses on duty. The facility's nurses were active participants in the educational sessions and expressed many positive comments and gratitude toward the students for introducing them to the SBAR communication tool.

**QSEN Competencies: A Framework to Hardwire Health Literacy Concepts and Strategies**

**Carol Klingbeil,** MS, RN, CPNP-PC, CNS-Educational Services Children's Hospital of Wisconsin, Milwaukee, WI
**Carolyn Ziebert,** MS, RN, Clinical Nurse Specialist, Children's Hospital of Wisconsin, Milwaukee, WI

Health literacy in the context of patient-centered care is one of the most prominent and perhaps challenging issues within health care today. An estimated 90 million Americans are affected and struggle to understand what health care professionals have told them or to follow recommendations such as taking medications, lifestyle changes or follow-up appointment instructions. Low health literacy has been associated with an array of poor health outcomes, including higher hospitalization rates and emergency room use, extended length of recovery from illness and increased illness complications. As Medicare implements cost reducing penalties for hospitals with increased readmission rates for patients with certain conditions, health literacy is gaining more attention from hospital leaders, providers and the public. Nurses play a significant role in educating patients and their families, and effective communication is a cornerstone in the preparation for discharge, prevention of errors and prevention of chronic health conditions overall. There is currently a significant opportunity for all nurses in regards to demonstrating improved patient outcomes through quality improvement and research efforts to address health literacy across a variety of health care settings.

Specific knowledge, skills and attitudes across all QSEN competencies are identified as facilitators of change and critical for the successful implementation of strategies to promote health literacy for all patients and families. Patient-Centered Care anchors the strategies, while teamwork and collaboration facilitates consistency and coordination of care to promote safety and quality. Improvement efforts must include a focus on health literacy as projects involving patient care and processes are often hindered without this perspective. Informatics can incorporate best practice alerts and concepts in patient education assessments and learning evaluation. Teach back is a core evidence based strategy for safety and quality patient care processes.

Health care reform must capitalize on all disciplines focusing on improving understanding of all patients and families. High quality and improved safety outcomes will never be realized without paying attention to improved health literacy of patients and families. Nurses can lead the way for all disciplines to hardwire health literacy strategies in everyday practice.

Concurrent Session I: BSN Education

**Undergraduate students' perceived confidence with quality and safety activities in a high-dose clinical simulation teaching model**

**Donna McCabe,** DNP, APRN-BC, GNP, CWCN**,** Clinical Assistant Professor, NYU College of Nursing, New York, NY

Background: High-fidelity simulation is a particularly powerful method for teaching quality and safety concepts; faculty has a degree of control to ensure students are exposed to certain experiences and mistakes are allowed to occur in real time so to reinforce students' learning. In 2009 New York University College of Nursing implemented an innovative clinical teaching model that uses high-fidelity simulation for fifty percent of the clinical teaching hours in the four core undergraduate medical-surgical courses.

Purpose: To report data assessing undergraduate students' perceived confidence with performing nursing activities associated with clinical quality and safety in a high-dose simulation clinical teaching model.

Method: A survey assessing students' confidence was administered at the mid-point and end of the program over a 24 month program evaluation period. Data were gathered using the Assessment of Nursing Education, a 43 item scale measuring five quality and safety practice domains. Interviews were conducted to explore students' perceptions about the value of simulation as a clinical teaching method.

Results: 756 students responded to the survey at the two time points. 82% of respondents were in the accelerated bachelors program, were predominately female (87%), Caucasian (61%), and an average age of 26 years (range 19-57). Overall, respondents reported greater confidence in all quality and safety domains at end-program when compared to mid-program. At both points in time, the highest ratings were reported for Professionalism and Professional Values domain (mean = 4.9 and 5.4; max 7) and Information Management and Application of Patient Care Technology domain (mean = 5.6 and 5.8; max 7). The 62 students interviewed perceived "promoting critical thinking in a safe environment" and the ability to learn from "making a mistake" as the most valuable aspects of simulation as a clinical teaching method.

Conclusions: Data suggest positive trends in students' perceived confidence with carrying out activities associated with clinical quality and safety at the mid-point and end of the program. Nurse educators can use these findings to more confidently integrate high-dose simulation into clinical teaching models.

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**The Evidence-Based Knowledge Assessment in Nursing (EKAN): An Objective Instrument to Measure EBP Knowledge in Prelicensure Nursing Students to Facilitate the Development of Curriculum, Faculty, and Teaching Strategies**

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**Darrell Spurlock Jr.,** PhD, RN, NEA-BC, Associate Professor of Nursing, Mount Carmel College of Nursing, Columbus, OH

Providing effective, evidence-based nursing care requires an assortment of knowledge, skills, and attitudes related to locating, evaluating, and integrating research evidence into nursing practice. Prelicensure nursing education programs have accepted the challenge of preparing students with the knowledge, skills, and attitudes for EBP but have lacked an effective, objective way to measure educational outcomes students achieve from these efforts. Though several tools are available to measure students' attitudes toward EBP, existing instruments to measure EBP knowledge (one component of competence) are limited and rely predominantly on self-reports of achievement. Other instruments are designed for specific populations such as medical students (Anderson, & Stickley, 2002; Frohna, Gruppen, Fliegel, & Mangrulkar, 2006; Illic, 2009; Ramos, Schafer, & Tracz, 2003), and have yet to be tested in nursing. The National Council Licensure Examination for Registered Nurses (NCLEX-RN) is the current standard for prelicensure nursing competency assessment for entry into practice in the United States. Yet this exam does not test students' knowledge of EBP principles per se (NCSBN, 2009), leaving nursing education programs with virtually no method to evaluate the effectiveness of their curricular revision and instructional activities at their school or to compare their students' achievement with other programs nationally or internationally.

The newly developed Evidence-based Knowledge Assessment in Nursing (EKAN) is an objective instrument derived from the Quality and Safety Education for Nurses (QSEN) competencies and the American Association of Colleges of Nursing (AACN) Essentials of Baccalaureate Education for Professional Nursing Practice. The EKAN instrument provides a way for faculty to objectively assess students' learning. A multi-site pilot study is currently underway to establish initial validity and reliability evidence for the EKAN. This presentation will focus on the process of instrument development and implications for nursing education, faculty development, and future research. Dialogue among session participants will focus on identifying innovative strategies to foster continued student EBP knowledge development and how attendees might become involved in further research with the EKAN.

**Transforming Nursing Education in a Senior Leadership and Management Course**

**Kathleen Peterson,** PhD, RN, PNP-BC, Chair/Professor, The College at Brockport (SUNY), Brockport, NY

Quality and Safety Education for Nurses (QSEN) has become the model for nursing education. In addition, the 2010 Report: Educating Nurses: A Call for Radical Transformation (Benner, Sutphen, Leonard, & Day), calls upon nursing educators to change the learning process so that students are more engaged in the learning process, and make a greater connection between classroom and clinical. This poster/presentation will present three assignments that have been integrated into a senior Management and Leadership course to meet these needs based on QSEN competencies.

A Leadership Simulation Assignment utilizes the QSEN competencies of Teamwork and Collaboration and Safety. Each senior student spends one-three hour session in the nursing resource center, assisting the laboratory coordinator with junior simulation, open laboratory hours, and medication laboratory. Senior students need to prepare to assist in this experience, utilize effecting communication while interacting with junior students, teach and guide junior students as needed throughout the leadership simulation assignment, discuss factors that create a culture of safety during this leadership simulation experience, and describe how any unwanted variation that occurred during this experience would affect patient care.

The Leadership Interview Assignment utilizes all six of the QSEN competencies. The student is asked to interview a nurse leader during their 128 hour capstone/preceptor experience during the same semester. Students are provided with questions that pertain to each QSEN competency and write a synopsis of the answers provided to them in a paper using APA. Students are able then to validate how the QSEN competencies are formalized in an acute care unit.

A Chart Audit Assignment utilizes three of the QSEN competencies, Quality Improvement, Safety, and Informatics. Students are asked to develop a chart audit tool on the unit in which they are completing their capstone/preceptor experience on. Students are then asked to complete the chart audit on at least 10 patients in the clinical area, analyze the chart audit results, and provide a plan for improvement.

Evaluation of how these new assignments assist in meeting student outcomes has begun and will be reported. All materials developed for these assignments will be shared with colleagues.

Concurrent Session J: Teamwork/Collaboration

**Partnering to Practice: Creating Work Environments focused on Quality and Safety**

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**Gwen Sherwood,** PhD, RN, FAAN, Professor and Associate Dean for Academic Affairs, School of Nursing, University of North Carolina at Chapel Hill, NC

As new graduate nurses emerge in practice, being responsive to the dynamic work environment is critical for effective transitions and influences retention. Seeking integration of QSEN competencies across both education and practice settings involves change, particularly in shifting organizational systems and evolving team relationships. Developing a safety culture embodies a workplace in which all can thrive and is both the responsibility and challenge for everyone in the environment. How we develop, manage, and influence relationships within nursing and inter-professional teams determines our professional effectiveness and the quality and safety of care provided. This presentation goes the next step in QSEN integration to practice alternative perspectives to facilitate personal transformation of health care team members to develop and expand leadership capacity and influence for a safety culture. First, we will model appreciative inquiry as a reflective change model that instills habits of the mind to reinforce openness and inclusion by asking a central question about achieving QSEN competencies in the workplace so that together the group creates the elements of a safety culture and a healthy environment. A second approach applies methods from Liberating Structure (e.g., TRIZ, 1-2-4-all, Conversation Café) as a means of engaging team members in open conversations to explore assumptions that limit our visioning the work place we desire. By practicing dialogues on difficult questions we offer a tool kit for developing effective ways of working together. Appreciative Inquiry and Liberating Structures provide nurses with the means to effectively partner with interprofessional teams in safe, healthy work environments built on the QSEN competencies. Grounded in reflective practices, these tools enhance the ability for interprofessional teams to build safety culture and develop practice partnerships where members work together to discover, design and implement innovations in health care while simultaneously realizing personal power and potential.

**The Impact of handoff practice in simulation on quality and safety competencies**

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Purpose/Aims: To report research findings from a simulation learning activity designed to improve novice nurses ability to implement quality and safety standards in patient care and develop clinical judgment through practice of handoff communication.

Rationale / Background: Handoff of information between shifts of nurses caring for hospitalized patients is of paramount importance in providing safe patient care. The assumption supporting the handoff process is that information is accurate and complete enough to support a nurses' ability to plan care efficiently and effectively. Historically, novice nurses' near miss and adverse events are associated with poor handoff communication and interpretation of information when planning care. This research presents the results of a teaching strategy using the conceptual frameworks of deliberate practice and clinical judgment model to develop novice nurses' ability engage in handoff communication and then use the information to prioritize and implement safe patient care.

Methods: Study design was a non-experimental, treatment group only pilot project. The sample of 45 pre-licensure students in their first medical-surgical nursing course was split in half with each attending a four hour simulation session with three patient scenarios. Each scenario started with a handoff using a faculty role model demonstrating the process and application of clinical judgment model to the interpretation of the patient data. Then three students participated in the active simulation while the remaining completed an observational guide. The handoff practice was evaluated through student ability to capture salient data, organization, errors, legibility and anticipatory thinking. Implementation of QSEN competencies during the active simulation was evaluated using the Oregon Simulation Clinical Competency Rating scale (OSCCRs).

Results: Analysis of student handoff forms from the three scenarios demonstrated significant reduction of error, improvement in organization, and in anticipatory thinking with their understanding of context and background. There was no significant improvement in identification of salient data. OSCCRs performance analysis demonstrated satisfactory standard of care was met in safety measures, patient centered care, evidence based and teamwork.

Implications: This quality and safety simulation provides preliminary evidence supporting student learning of QSEN competencies through the mechanism of role modeling of handoff communication and application of clinical judgment.

**Building Team Competency: Using TEAMSTEPPS® RESOURCES to Enhance Teamwork Attitudes in Nursing Students**

**Laura Goliat,** DNP, RN, FNP-BC, Medical-Surgical Coordinator, Undergraduate Nursing Program, Ursuline College, The Breen School of Nursing, Pepper Pike, OH
**Patricia Sharpnack,** DNP, RN, CNE, NEA-BC, Associate Dean, Undergraduate BSN Programs and Associate Professor, Ursuline College, The Breen School of Nursing, Pepper Pike, OH

Background
Healthcare professionals lack the teamwork skills needed to achieve successful patient outcomes (AHRQ, 2006). The failure to work in teams has been associated with nearly 70% of all sentinel events in healthcare (TJC, 2008). Lack of formal teamwork and instruction leads to widespread systems failure and severely threatens patient safety. In response to team failures, TeamSTEPPS®, an evidence-based teamwork training system for healthcare, was developed (AHRQ, 2006). While the evidence suggests that implementing TeamSTEPPS® programs decreases the amount of medical errors, length of stays, and sepsis rates in hospitals, teamwork instruction is rarely integrated in the curricula of healthcare professional training programs, including nursing (Musson & Helmreich, 2004). Teamwork and collaboration are necessary competencies for health professionals to possess in order to deliver quality and safe care to patients (QSEN, 2007; AACN, 2011). The aim of this project was to examine the effectiveness of a modified TeamSTEPPS® program on the teamwork attitudes of senior level nursing students.

Methods/Sample
This was a quasi-experimental study with a pretest/posttest design. The TeamSTEPPS® Fundamentals program was delivered as a one-day/6-hr workshop to 47 undergraduate nursing students enrolled in a baccalaureate nursing program.

Results
The TeamSTEPPS® Teamwork Attitudes Questionnaire was administered to evaluate effectiveness of the instructional program and measured student attitudes toward (a) team structure, (b) leadership, (c) situation monitoring, (d) mutual support, and (e) communication. A paired samples t-test demonstrated statistically significant results in all constructs ($p < 0.001$).

Implications for Practice
Implementing TeamSTEPPS® in nursing education promotes positive teamwork attitudes in students that are needed to become effective team players and meet the increasingly complex needs of patients in healthcare today. The tools and strategies in the TeamSTEPPS® program help to facilitate the development of team knowledge, skills, and attitudes necessary for optimizing healthcare operations, communication, and handoffs. As a result, TeamSTEPPS® has important implications for nursing education in cultivating high-functioning teams and achieving a future with fewer medical errors, higher quality care and greater patient safety. Prescriptively-developed TeamSTEPPS® modules are currently being developed for integration across nursing curricula with a projected institutional roll out in January, 2014.

Concurrent Session K: Quality Improvement

# An NP Student Quality Improvement Project: Implementing QSEN Competencies and Meaningful Use Using HIT

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Abstract

Background: Nurse practitioner (NP) students at our university had little understanding of the Meaningful Use objectives that are part of The Affordable Care Acts effort to emphasize the use of health information technology (HIT). Our NP students are also not required to take an informatics course, limiting their understanding of clinical applications to HIT.

Methods: NP students were asked to complete a quality improvement project during their second clinical semester. The project incorporated the QSEN competencies and required them to choose one core objective and one clinical quality measure from stage 1 of Meaningful Use (MU) that was currently not being met in their clinical setting. The students discussed the safety implications of not meeting the MU objectives and then developed an evidence-based plan using HIT and interprofessional collaboration to meet the objectives.

Results: Twenty-three NP students completed the project and nineteen students participated in the project evaluation. Students felt that the project did enhance their understanding of MU core objectives and clinical quality measures and the safety implications to not meeting these. The students also felt that the project was effective in preparing them to assist in meeting the MU objectives at their future place of employment. Although less convincing, students still felt that the project enhanced their understanding of using HIT and interprofessional collaboration and prepared them to conduct a quality improvement project in their future practice setting.

Conclusion: The project was effective in meeting the objectives. Lessons learned during the semester and from the project evaluation will enhance faculty's ability to use this project for future semesters and possibly expand the project as stage 2 of MU is implemented.

**Improving Quality and Patient Safety through a Lean, Nurse-driven Interdisciplinary Rounding Process**

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**Patricia O'Brien**, MSN, CRNP, MICU Nurse Educator, Penn Presbyterian Medical Center**,** Philadelphia, PA
**Wendy Rines,** MSN, RN, MICU Nurse Manager, Penn Presbyterian Medical Center, Philadelphia, PA
**Edna Santana,** BS, RN, Clinical Nurse, Penn Presbyterian Medical Center, Philadelphia, PA

Background: Communication among health care providers is essential in the provision of safe, high quality care. Interdisciplinary rounds are an effective means of gathering the entire team to discuss a patient's plan of care. Evidence demonstrates that process-oriented interventions increase efficiency, satisfaction, and shared agreement of patients' daily goals. A medical intensive care unit at a large academic medical center sought to improve and standardize interdisciplinary rounds through Lean and Six Sigma methods.
Purpose: Our goal was to increase value added time, decrease duration of rounds, and decrease indwelling urinary catheter device (IUC) per patient days.
Methods: Through process observation, video recording, individual interviews, and value vs. non-value added time analysis, changes were made to the interdisciplinary rounding process through multiphase methods. The first phase was the introduction of a standardized framework through a rounds script and the second phase was moving rounds to the patient's bedside to promote inclusivity in planning care. Nurses developed a nurse-driven rounding tool that standardizes the process and increases the "voice" and empowerment of the nurse.
Results: The duration of rounds stayed the same, but perception of value added time increased from 57% to 98% three months post-intervention. IUC device per patient days decreased by 15% six months post-intervention, while 69% of nurses were satisfied with the communication of the plan of care during bedside rounds, and 76% of nurses felt that bedside rounds helps facilitate interdisciplinary collaboration for formulating the patient's plan of care.
Conclusions: Improving quality and patient safety may be achieved through process-oriented interventions, while increasing satisfaction and communication among health care providers.

**Using Concept Maps to Enhance Clinical Judgment in Simulation Experiences**

**Janie Dennis,** MS, RN, Nursing Lab/Simulation Coordinator, The College at Brockport (SUNY), Department of Nursing, Brockport, NY

Development of nursing clinical judgment is critical in promoting patient quality and safety. It has been well documented that this thought process needs to be intentionally promoted in nursing education curriculum. Clinical judgment formation can begin when students are presented with patient scenarios, make decisions about interventions and then see the consequences of their interventions. This naturally occurs during simulation activities. Simulation is a valid nursing educational tool which is widely used to augment clinical learning and reinforce didactic instruction. The debriefing process is a staple in the simulation experience. In an effort to elevate clinical judgment and a higher awareness of patient quality and safety, clinical mapping was used in place of traditional debriefing. Immediately after the simulated experience students develop a clinical concept map connecting all aspects of the patient scenario. Also, included in this mapping experience are the QSEN competencies. Students use this activity to see how orders, tests, assessment, and interventions affect the quality and safety of patients. The combination of these two educational activities has been very successful in helping students realize the impact that teamwork, collaboration, communication, current nursing evidence, and assessment skills have on safe, quality patient care. The focus is truly patient centered and allows students to openly discuss patient safety issues which arose, or were averted, during the simulation. Student feedback has been overwhelmingly positive and many students have asked that this activity be a part of every simulation. Nursing educators must begin to find new and creative ways to bridge the gap between didactic, skill, and clinical judgment. This activity does that. It allows students to begin development of clinical judgment in an environment which is safe for student learning with no harm to actual patients. Simulation needs to continue to expand beyond just a skill and knowledge assessment or experience. To truly embrace patient centered, quality care, nursing students need to be challenged to see the totality of the impact our profession plays in patient care outcomes. This presentation will disseminate this innovative educational combination to others who are interested in promoting patient quality and safely education.

Concurrent Session L: Innovative Pedagogy

**An Innovative Pedagogy to Facilitate Nursing Student Formation**

**Edilma Yearwood,** PhD, PMHCNS-BC, FAAN, Associate Professor, Georgetown University School of Nursing, Washington, DC
**Joan Riley,** MS, MSN, FNP-BC, FAAN, Associate Professor, Georgetown University School of Nursing, Washington, DC

Aim: To present a cumulative body of work that uses innovative classroom pedagogy to promote nursing student formation, well-being, and intent to address quality care indicators of Quality and Safety Education for Nurses (QSEN).
Methods: Critical analysis of select studies and study results in this area since 2005 was conducted. Data sources included: study findings, student reflections, case analyses, and narrative evaluations.
Findings: There were several noteworthy results from this research. First, classroom environments that are intentionally constructed to support student "voice," student exchange, safety, and faculty support provides a space for learning about the self, which in turn fosters formation of the professional nurse. In addition, students who were taught using curriculum infusion demonstrated an ability to apply QSEN competencies in the following areas: safety, patient-centered care, teamwork and collaboration, quality improvement, and evidence-based practice. Lastly, students also demonstrated intention to provide quality care as evidenced in their case analyses and personal reflections.
Conclusion: Students confirmed awareness and valuing of the need for care of self in order to be safe and effective practitioners. Students demonstrated intent to provide quality-nursing care in five of the six QSEN competencies. Authors recommend examination of self as an additional competency in the QSEN framework.

**Using Standardized Patients during Mental Health Scenarios: Experiences from the NCSBN National Simulation Study**

**Kristen Zulkosky,** PhD, RN, CNE, Assistant Professor, Pennsylvania College of Health Sciences, Lancaster, PA
**Mary Fetter,** MSN, RN, Instructor, Pennsylvania College of Health Sciences, Lancaster, PA
**Debbie Arndt,** MSN, RN-BC, Instructor, Pennsylvania College of Health Sciences, Lancaster, PA

This presentation will provide participants with an opportunity to learn about innovative methods to embrace mental health concepts in a safe simulation setting. Presenters will share their successes and challenges when incorporating standardized patients (SPs) in acute mental health simulations as a part of the NCSBN National Simulation Study.

The Background: Our College was chosen as one of the ten colleges to participate in the NCSBN National Simulation Study. Simultaneously, the college was also infusing the QSEN competencies throughout the ASN curriculum. Because of these concurrent endeavors, faculty explored ways to enhance the simulation experiences by using SPs while also focusing on the QSEN competencies.

The Innovation Strategy: Students participating in the study spent up to 50% of their clinical time in the simulation lab and 50% in an inpatient mental health setting. The college simulation study team and mental health faculty looked for opportunities to provide students the ability to practice safe management of acute behavioral crises such as violent psychosis, acute suicidal ideation, active alcohol withdrawal, gender identity issues, and lithium toxicity. Without simulation, students would not be directly involved in these emergent situations in the inpatient setting and therefore miss these unique learning experiences.

The team also looked for opportunities for students to provide patient-centered mental health care. Realizing the limitations of simulators in demonstrating the affective components and behavioral complexities of mental illness, the team embarked on a mission to utilize SPs to create a realistic learning situation. During the scenarios, the students collaborated with multidisciplinary team members to implement appropriate interventions based on the rapidly changing moods and behaviors encountered.

After completing the scenarios, the SPs remained in character and were active participants in the debriefing process. They shared their feelings and reactions about the encounter. The affective component of hearing directly from the patient's perspective provided invaluable, credible feedback. This provided an opportunity for increased engagement in the debriefing process since students could ask the SPs questions regarding their perceptions. Incorporating SPs in acute mental health scenarios provided students the benefit of being able to value the mental health situation through the patient's viewpoint.

**Standardized Patients in Psychiatric Nursing: Emphasizing Quality Patient-Centered Care and Safety while Teaching Communication**

**Debra Webster**, PhD, RN, Associate Professor and Associate Chair, Salisbury University, Salisbury, MD

There is limited research into the effectiveness of standardized patient experiences (SPEs) to teach therapeutic communication skills to undergraduate nursing students. During this presentation, I will discuss how students are introduced to QSEN and how concepts are threaded throughout the curriculum. While communication is first presented in an introductory course, Standardized Patients (SPs) are used to teach therapeutic communication skills during the senior year. Emphasis is placed on therapeutic communication skills, safety and patient-centered care while working with individuals with mental illness.

This session will describe how a quasi-experimental, one-group, pre-post evaluation design was used to examine the effectiveness of the use of SPEs to teach therapeutic communication skills, safety assessment, and patient-centered care in psychiatric nursing. Study participants included 89 senior nursing students enrolled in a psychiatric nursing clinical course in a baccalaureate nursing program. Faculty provided formative evaluation on 14 criteria and group feedback early in the semester for students' first interaction with a standardized patient (SP). During a second interaction with an SP, summative feedback was used to evaluate the student using the same 14 criteria. Significant differences were noted in 12 of the 14 criteria demonstrating improvement in therapeutic communication skills, assessment of safety, and provision of patient-centered care. Although further research is needed, findings suggests that the use of SPEs is an effective methodology for promoting therapeutic communication in skills in undergraduate nursing students while promoting the QSEN competencies of patient-centered care and safety.

Concurrent Session M: Evidenced Based Practice

**QSEN in Haiti: The first BSN program**

**Tim Bristol,** PhD, RN, ANEF, CNE, Faculty, Walden University, Minneapolis, MN
**Hilda Alcindor,** RN, BS, FAAN, Dean-FSIL Nursing Program, Leogane, Haiti

This session will describe the use of QSEN in the first BSN program in Haiti. Implementing the 6 competencies proved to be challenging yet very effective in helping the program graduates change healthcare thinking in a variety of settings. Discussions will highlight examples from the classroom, lab, and clinical learning. Lessons learned include the need for a focus on patient-centered care. This helped the students and faculty move into more of a holistic focus on many levels. Teamwork became vital as many of our BSN graduates are the only healthcare providers for thousands of people. Evidence-based practice through technology is being explored with health strategies. Quality improvement and safety have been highlighted as the BSN students look to collect nursing related data (in many cases for the first time ever). First-hand accounts will be shared of how student outcomes were affected by using QSEN.

**Promoting a culture of medication safety: An engaging, focused e-Learning approach for nursing students**

**Remi Hueckel,** DNP, CPNP-AC, Assistant Professor, Duke University School of Nursing, Durham, NC

**Margaret "Peggy" Bush,** PhD, MBA, RPH, Assistant Professor, Duke University School of Nursing, Durham, NC

Medication safety instruction for pre-licensure nursing has historically been limited to content delivered in a pharmacology course or focused on concepts related to the task of medication administration and delivered intermittently throughout the clinical courses. Our objective was to design a comprehensive, engaging, learner-centered, web-based instruction for pre-licensure nursing students that increases their knowledge, skills and attitudes about medication safety. Aligning with the QSEN competency for Safety, we designed four online modules with the overall goal of enabling learners to adopt strategies that promote a culture of medication safety. The online modules are designed to be self-paced and initiated when students begin their first clinical experience. Using the QSEN quality and safety competencies as a framework, content for the modules focuses on exploration of the broader context within which medication errors occur and related concepts of safety science. Students' progress through modules sequentially in a linear format. Learning outcomes address the following four major areas: recognition of the culture or context within which medication errors occur; common causes and types of medication errors; resources and strategies to prevent medication errors; and the impact of medication errors on patients, families, nurses and the healthcare system as a whole. In contrast to traditional didactic instruction, these medication safety modules have been developed to engage learners and empower the learner to participate actively in simulated scenarios and case based analysis of simulations.

A medication safety digital badge is being developed as a credential or certification for students who successfully complete the online modules. The digital badge serves as motivation for the student to engage in the online learning activity, as well as providing the individual with documentation of extracurricular learning that can be incorporated within a professional e-portfolio, resume, or employment record. Future directions for the project include expanding the audience to include other nursing and health professional students, as well as engaging health system partners to recognize the value of a digital badge to represent a standard level of knowledge, skills and attitudes about medication safety.

**Evaluating the effectiveness of real time feedback on the bedside hand hygiene behaviors of nursing students**

**Lora Ott,** PhD, RN, Assistant Professor, Indiana University of Pennsylvania, Department of Nursing and Allied Health Professions, Indiana, PA

Background: Nursing students need to acquire the knowledge, skills and attitudes to promote safety culture in healthcare. Hand hygiene (HH), an essential nursing skill, prevents the spread of potentially fatal organisms. Traditionally teaching of HH is done using a combination of lecture, skills lab practice, hospital based competency modules, and faculty reinforcement. Research shows traditional teaching methods have short term effectiveness; however they lack long term effectiveness. Objectives: To evaluate the innovative teaching pedagogy of (i) providing personal microbe feedback concurrently with (ii) a real time critical thinking exercise providing patient outcomes of HH decision, on undergraduate nursing student HH behavior. Site/Sample: Rural Pennsylvania university, undergraduate nursing students (n=68) between 9/3/2013 and 11/19/2013, providing care on community hospital medical/surgical units. Methods: Longitudinal within-subject experimental design. Students received standard HH instruction at week 1 of the semester. Students hand swabs were collected during direct hospital patient care week 1, week 6 and week 11. Hand swabs were tested for general bacterial flora and methicillin-resistant Staphylococcus aureus (MRSA). Students received microbe's colony count feedback after each culture collection and analyses. Week 6, student were directed to complete the Health and Human Services' Partnering to Heal (PTH) interactive online exercise on hospital acquired infection prevention decisions. Results: Data analyses are in progress. Although preliminary analyses have shown a downward trend in general bacterial colony counts quantitatively, there is an increase in MRSA+ cultures: week 1 (5%), week 6 (13%) and week 11 (15%). Isolation patients were cared for by 25% -week 1, 29% - week 6, 21% - week 11. Less than half of students with MRSA+ cultures reported caring for an isolation patient (2%, 6% and 4% respectively). Students who completed PTH (55%) showed a trend toward higher colony counts for week 1 and week 6. Conclusions: Microbe feedback may have influenced some student HH and microbe colony counts may have motivated students' to participate in PTH. MRSA contamination is occurring outside the isolation care areas. Further analyses are in progress to determine the effectiveness of real time feedback on the bedside HH behaviors of nursing students.

Concurrent Session N: Informatics

## An Innovative QSEN Teaching Strategy for Health Promotion: The Development of a Mobile App

**Pamela Kohlbry,** RN, PhD, CNL, Associate Professor, California State University San Marcos, School of Nursing, San Marcos, CA

Nursing informatics is integral to promoting quality and safety in healthcare. At California State University San Marcos (CSUSM) School of Nursing, innovative classroom teaching and the use of technology has been part of the culture since it opened in 2006. At the School of Nursing the faculty in the Health Promotion course embraced this wave of the future and integrated an assignment for students to develop a mobile app technology for adolescents and children with Thalassemia. Thalassemia is an inherited genetic disorder that, in the most severe form, becomes a chronic illness across the lifespan. There is no cure for the disease so treatment management is a lifelong process.

The purpose of this presentation is to describe the innovative teaching strategy of a student led class project to develop a mobile app for health promotion. This teaching strategy helped students to apply the QSEN concepts of nursing informatics, collaboration, and patient centered care.

Students collaborated with the lead Thalassemia nurse practitioner at Children's Hospital in Los Angeles to determine the self-management needs of young Thalassemia patients. Early and late adolescent patients experience challenges in the transition from parental management to self-management of the disease. One solution was to develop a mobile app to support this transition. Mobile applications are an underutilized tool for Thalassemia health promotion. Through a collaborative relationship with students and faculty in the computer science department, the nursing students started the process of creating a health promotion application for mobile devices. Many children have mobile devices and this has paved the way for mobile device application creation in order to facilitate more positive health outcomes for this patient population. Nursing students' understanding of the use of informatics and technology in health promotion are crucial to quality healthcare.

**Designing a Graduate Informatics Course to Meet QSEN Competencies**

**Beth Vottero,** PhD, RN, CNE, Assistant Professor, Purdue University Calumet, Hammond, IN

Creating new courses at both the undergraduate and graduate levels can be a trying experience for educators. This is especially true about Informatics, as newer students are required to take an undergraduate Informatics course while for other students; this is a new topic that was not part of their undergraduate education. Creating a graduate Informatics course that meets the learning needs and the QSEN competency level for graduate students poses unique challenges and opportunities.

A graduate Informatics course was created with the intent to meet the new graduate level QSEN informatics competencies. The course was designed with attention to evidence-based teaching and learning strategies and mapped to the QSEN informatics competencies. Formative assessment data was gathered during the course offering to enable data-driven decision making. This presentation will share the mapping process, leveling of teaching strategies and learning activities, assessment methods (including rubrics) and outcome data. Attendees will:
1. Describe the mapping process for graduate informatics course design.
2. Differentiate leveled teaching strategies for QSEN graduate informatics competencies.
3. Identify methods to level teaching to meet the learning needs of students with varying informatics backgrounds.

**Moving from meaningful use …to meaningful care: Helping Students gain informatics competencies**

**Patricia Sharpnack,** DNP, RN, CNE, NEA-BC, Associate Dean, Undergraduate BSN Programs and Associate Professor, Ursuline College, The Breen School of Nursing, Pepper Pike, OH
**Laura Goliat,** DNP, RN, FNP-BC, Medical-Surgical Coordinator, Undergraduate Nursing Program, Ursuline College, The Breen School of Nursing, Pepper Pike, OH
**Bonnie Fellows**, MSN, RN, Coordinator Second Degree Accelerated Program, Ursuline College, The Breen School of Nursing, Pepper Pike, OH
**Kathleen Rogers,** MSN, RN, CNE, Assistant Professor, Coordinator of Nursing Resource Center, Ursuline College, The Breen School of Nursing, Pepper Pike, OH
**Kimberly Dillon-Bleich,** MSN, RN, CEN, Coordinator of Specialty Nursing and Instructor, Ursuline College, The Breen School of Nursing, Pepper Pike, OH

This presentation will highlight current health trends in information technology and information management. Information technology literacy will be discussed and the presentation will highlight information technology skill sets required of all nurses for future roles in technology enhanced work environments. Nurse educators will learn ways in which they can redesign nursing education strategies to prepare students with essential information technology skills that promote digital wisdom. Health Information Technology (HIT) meaningful use criteria will be explored with a summary of implications for nursing education. Information technology initiatives specific to nursing, nursing informatics will be reviewed. Those initiatives include the Quality and Safety Education for Nurses (QSEN), Technology Informatics Guiding Education Reform (TIGER), and the 2010 Institute of Medicine (IOM): Future of Nursing Education report. Exemplars on how to integrate information technology and informatics skills into learning experiences for students will be presented. At the conclusion of this presentation, participants will possess expanded knowledge regarding health information technology and possess the necessary tools to select, integrate and appropriately level electronic health record assignments into the curriculum in order to better prepare future nurses for active participation in the advancement of health information technology implementation.

Concurrent Session O: Innovative Teaching Strategies

## Teamwork and Collaboration: Teaching Students Strategies to Manage Challenging Communications

**Geralyn Altmiller,** EdD, APRN, ACNS-BC, Associate Professor, La Salle University, Philadelphia, PA

The purpose of this teaching strategy is to equip nurses to manage conflict and resolve situations where difficult communication creates a challenge to achieving safe and effective outcomes. Educators know that there is increasing potential for their nursing students to encounter difficult situations, difficult colleagues, and negative behaviors in the workplace. Hierarchal relationships and oppressive communication patterns can distract from a patient-centered focus, negatively affect outcomes, and place patients at risk. The Joint Commission has identified communication as the root cause of many sentinel events and now requires accredited agencies to uphold an appropriate code of conduct and to address disruptive behaviors. Educators are in a unique position to influence both a healthy work environment and a culture of safety by teaching their students strategies that de-escalate aggression and promote communication and teamwork.

This presentation highlights a classroom activity focused on having students “tell the story” of an event they were involved in or witnessed where communication influenced patient safety. After participating in a presentation focused on communication strategies that include cognitive rehearsal, reframing communication using safety strategies, and de-escalation techniques for aggressive behaviors, they are asked to rewrite their story. In sharing their story with peers, students recognized that they have the ability to develop communication skills that can positively affect outcomes and address safety concerns. As they transition from student to nurse or move between practice areas, during the interview process students will be asked not only about what actions they would take in particular patient care situations, but also about what measures they would take in difficult interactions with colleagues. Educators need to see the value in helping students develop behaviors that promote effective communication and teamwork.

This has been adapted to be an effective teaching tool at the pre-licensure level, at the new-to-practice level, and at the graduate education level. It has been implemented in the classroom and as an on-line activity.

**An Online Capstone Course Effective in Promoting Patient Safety and Quality Improvement Systems Applications**

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**Ellen Ray,** DNP, CNM, Assistant Professor, Johns Hopkins School of Nursing, Baltimore, MD

Innovations in curricular design that accomplish Quality and Safety Education in Nursing (QSEN) competency development in pre-licensure nursing curricula are needed. The challenge to nursing educators is to engage students in practicing and reflecting upon their critical roles in safe, high quality patient care.

Hence, the Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety was designed to provide broad, evidence-based quality improvement (QI) and patient safety (PS) education and leadership skills, based on QSEN core competencies. The program spans the 4-semester baccalaureate curriculum for selected students (20 per cohort) and includes an introductory blended course; blended two-semester service-learning course; and online capstone course.

The purpose of this presentation is to describe the online capstone course, including evaluation. The objective of the online capstone course is to use a systems perspective to integrate and apply the QSEN core competencies into clinical settings and course work.

The online capstone course builds on the prior three semesters which focused on teamwork, communication, human and system factors and the culture of safety. The course modules are: ineffective and effective communication among healthcare professionals, speaking up in difficult situations, leadership characteristics in creating unit-level change, reflecting on making a mistake, responding to difficult situations, and decision-making processes. Finally, student teams complete evidenced-based scholarly projects on specific healthcare acquired infections (HAI), discuss prevention specific to that HAI, and propose communication strategies to promote compliance.

Evaluation data from this first Cohort demonstrated that students (n=18) reported that the course content was well-organized(83%), intellectually stimulating(100%), contributed to their sense of professional identity(100%), helped them to identify issues central to PS and QI (100%) and directly related to their role as professional nurses(100%). Students also reported that the instructors were respective of student views (100%) and fair in student evaluations (100%). The innovative, online capstone course is effective in facilitating student learning and application of the patient safety champion role.

**Promoting interprofessional practice-academic partnerships through student-led quality improvement projects**

**Alice Bernet, PhD,** PMHNP-BC, Post-Doctoral Fellow, Vanderbilt University School of Nursing, Nashville, TN
**Samuel Younger,** RN, MHA, FACHE, Adult/Gerontology Nurse Practitioner Student, Vanderbilt University School of Nursing**,** Nashville, TN
**Heather Davidson,** PhD, Assistant Professor, Medical Education and Administration, Vanderbilt University, School of Medicine, Nashville, TN

Background: Interprofessional education (IPE) efforts are driven by the need for improved clinical outcomes and optimal care through patient-centered, collaborative practice. There are unique challenges to creating mutually valuable interprofessional learning experiences for students, faculty and clinical preceptors. The objectives of this presentation are 1) to describe lessons learned through the development of an innovative practice-academic partnership that supports the ability for interprofessional student teams to design and implement improvement projects, and 2) to discuss strategies to evaluate, at the practice level, the capacity to support interprofessional learning and to promote system change and improvement.
Setting: The Vanderbilt Program in Interprofessional Learning (VPIL) is a two-year pre-professional program representing four disciplines (medicine, nursing, pharmacy, social work) across five academic programs in Nashville, TN. Together, interprofessional student teams gain clinical experience in community and hospital practices and participate in classroom activities. One curricular focus is learning patient safety and quality content, including the design and implementation of an improvement project within their clinical site. Multiple evaluation strategies inform its ongoing development, including assessments of knowledge, feedback from a student steering committee, and surveys of preceptors and faculty. The program culminates with student presentations describing their practice change projects.
The Practice-Academic Partnership: The interrelated roles of faculty, clinical preceptors and quality improvement (QI) coaches are central to maintaining this partnership. Interprofessional faculty members rotate among practice sites to mentor students and to facilitate communication between the academic program and the preceptors. Preceptors mentor students in clinical skill-building, and promote interprofessional learning through mentorship across disciplines. QI coaches guide the student teams in their practice improvement projects.
We propose that two key factors strengthen these practice-academic partnerships: 1) “adding value” to the clinical practice through student-led practice improvement projects, and 2) ensuring successful “modeling” of interprofessional collaborative practice. Presenters will discuss how to evaluate the presence of these two factors. Examples of challenges include guiding interprofessional preceptors towards enhancing the team experience through the lens of quality efforts, instead of only teaching clinical skills; and filling the gap between student knowledge and motivation for system change and that of their clinical practice site.

Concurrent Session P: Faculty Development

## Quality and Safety Competencies in Undergraduate Nursing Education

**Jennifer Bryer,** PhD, RN, CNE, Chairperson, Associate Professor, Farmingdale State College, Farmingdale, NY
**Virginia Peterson-Graziose,** DNP, CNE, ANP-BC, RN-BC, Assistant Professor of Nursing, Farmingdale State College, Farmingdale, NY

Ensuring quality and safety for patients is essential to nursing practice. The Institute of Medicine (IOM) has indicated that significant improvement in current health care practices related to quality and patient safety are needed. The foundation for these changes begins with health care education, in particular, strengthening undergraduate nursing curricula to provide students with the knowledge, skills, and attitudes needed to practice within the existing health care system. 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. In addition, students need to develop competencies over time, threaded through multiple courses in the nursing curricula.
A series of workshops designed to provide quality and safety content and innovative techniques for teaching this content to faculty and students was implemented in a northeastern baccalaureate nursing program. Based on goals of the QSEN Faculty Development Institute to train faculty, enhance curricula, and improve patient care, methods for implementing change in entry level nursing courses as well as program philosophy and objectives were developed.
A pre-workshop survey was distributed to all faculty to determine the extent to which they incorporate QSEN competencies in theoretical and clinical courses. Information about course assignments, course objectives and teaching tools were solicited. Opportunities for improvement in each competency area were determined based on survey results and monthly workshops were held to deliver content and creative student-centered learning activities.
A post-workshop survey was conducted the following semester to elicit information from nursing faculty about their use of quality and safety concepts and activities in theoretical and clinical courses. There was a significant change in course design with a focus on the integration of QSEN competencies and strategies to thread these competencies throughout the curricula. In addition, faculty shared innovative teaching techniques they developed and implemented based on knowledge gained from the workshops.
Improving quality and safety competencies of new nursing graduates can ultimately lead to improved patient outcomes in the clinical setting.

**A Statewide Initiative Integrating Quality and Safety Education for Nurses (QSEN) Through Academic/Clinical Partnerships to Improve Health Outcomes**

**Teri Chenot,** Associate Professor, Jacksonville University, Jacksonville, FL
**Roberta Christopher,** EdDc, MSN, APRN, NE-BC, CHTS-CP, Director of Nursing Research and Magnet, UF Health Jacksonville, Jacksonville, FL

The presentation will provide an overview of a statewide initiative to create a QSEN training program with collaboration among Florida stakeholders to identify academic/clinical partnerships for four QSEN training workshops which will be conducted throughout the state. A capstone experience for all participants will be conducted at a Florida QSEN Summit. Program participants will provide presentations at the Summit based on outcomes from integrating QSEN in their individual academic/clinical partnership institutions. The Florida QSEN Summit will provide leadership in advancing the nursing profession so that state residents have access to safe, high-quality healthcare. The state model will be examined as a potential pilot program for replication across the country.

**Nursing Faculty Development: Implementation of QSEN competencies for clinical faculty development**

**Kimberly Silver-Dunker,** RN, DNP, UMASS Graduate School of Nursing, Worcester, MA

Background & Significance:
It is currently estimated that 48% of nursing faculty are over the age of 55 years old, and one half of today's faculty are anticipated to retire by 2015. This aging workforce is one factor contributing to the overall faculty shortage. As a result, there is an emerging need to develop strategies to attract and also retain new generations of nurses within key academic roles. One strategy is to provide novice faculty with orientation to help them transition into the educational setting.

Purpose:
The purpose of this project was to design an online self-paced continuing education program for novice faculty, which includes strategies to foster a successful transition into the academic clinical educator role. Eight modules were designed and created to provide novice clinical faculty with both a core knowledge base in nursing education and guidance in applying these principles in the clinical setting.

Module Content:
The orientation program's core curriculum is based on the National League of Nursing (NLN) nurse educator and the Quality and Safety in Nursing Education (QSEN) competencies. Within each module, the integration of both the NLN and QSEN competencies are highlighted and discussed in relationship to the core content. Each module includes objectives, audio PowerPoint's, self-study questions and video-taped simulated vignettes to illustrate key concepts and student-faculty interactions. The eight modules focus on:
1. Cultural Competency in Nursing Education
2. How to Measure Clinical Competency
3. Clinical Feedback
4. Clinical Evaluation
5. Safety with Medication Administration
6. Stimulate Critical Thinking in Clinical
7. Reflection of Novice Faculty
8. Curriculum Design

Program Implementation and Evaluation:
The faculty development program was designed and created as part of a DNP capstone project in 2011. In 2012, the modules were converted to an on-line platform and 7.5 continuing education credits were granted to those who completed the program. From August 2012 to January 2013 faculty were invited to access the on-line program. An optional demographics worksheet, pretest, and posttest worksheet was collected to examine aggregate data to improve the program. In 2013 the developer will analyze the data and present for conferences, publication, and improving program.