

Faculty identification of competencies addressing quality and safety education in Alabama Associate Degree Nursing Education Programs¹



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KEYWORDS:

Faculty;
Quality and
safety education;
ADN education programs

Abstract

This study described the extent to which Alabama associate degree nursing faculty, implementing a standardized curriculum, implement the Quality and Safety Education in Nursing (QSEN) selected competencies of safety and teamwork and collaboration. Full-time nursing faculty with a minimum of three years teaching in the Alabama Community College System associate degree schools of nursing participated in a Web survey. The survey instrument was created to incorporate the two selected QSEN competencies' knowledge, skills, and attitude statements.

The participants were predominantly female, holding a master's degree in nursing with teaching responsibilities in both the classroom and clinical setting, and had 10 years of teaching experience on average. Faculty were asked to identify the hours of direct classroom and clinical instruction dedicated to each knowledge and skill statement and rate the attitude statements in relation to importance of inclusion in the curriculum.

The data reflected inconsistencies between hours of instruction and the importance rating for each attitude statement. The findings of this study did not indicate that QSEN knowledge, skills, or attitudes had current widespread inclusion in the Alabama associate degree nursing curriculum.

This was the first study to explore evidence of the QSEN knowledge, skill, and attitude statements within the Alabama standardized curriculum. Implications from this study suggest that the concepts of quality and safety, although familiar to faculty, are not identifiable nor taught at the complexity level, which relates to (a) safety and (b) teamwork and collaboration. A review of the statewide curriculum may be warranted.

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1. Introduction

Health care delivery in the United States is becoming increasingly complex, requiring not only the use of sophisticated technologies but also the need for systems

thinking for nurses to practice safely (National Council of State Boards of Nursing; NCSBN, 2010b). According to the Anderson (2010); Health Resources and Services Administration. (HRSA, 2010), nursing represents the largest sector of health care professions with greater than 3 million registered nurses in the United States. The U.S. health care system requires a workforce capable of meeting the demands of an aging and sicker inpatient population with necessary skills that ensure transition of patient care into individual homes and communities (Hassmiller, 2011). The Institute

¹ This article has been accepted for poster presentation at the STTI/NLN Nursing Education Research Conference, April 3–5, 2014, Indianapolis, IN.

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of Medicine (IOM) estimated that medical errors cost the United States approximately \$38 billion per year; an estimated 98,000 Americans die annually from medical errors (IOM, 2010). Clearly, medical errors are a national public health problem, and nurses are in a position to contribute to the resolution of this problem.

Current health care challenges such as outdated health care systems management and poor patient care system designs have created an urgent need to prepare health care clinicians for an increasingly complex patient population. The need for innovation in health care professions' education including nursing is more critical than ever (Dreher, 2008). The IOM report *Future of Nursing: Leading Change and Advancing Health* (2010) explored the nursing profession's role in addressing the need for high-quality, safe, and effective health services. One recommended strategy in the report was to ensure that nurses have the opportunity to practice to the full extent of their education and training. For this to be accomplished nursing education must improve by restructuring clinical education consistent with 21st century health systems and redesigning the manner in which health professionals are trained (IOM, 2010).

1.1. Quality and safety

An essential redesign called for in *Crossing the Quality Chasm* (2001) proposed quality aims to address improvement in health care systems as safety, effectiveness, patient centeredness, timeliness, efficiency, and equity. The committee on the quality of health care proposed that major gains in these six dimensions would promote health care at the high level required to meet patient needs. Health care delivery settings have begun to redesign processes to achieve outcome measures, which meet these six quality aims, yet redesign of the health care system requires changes in the preparation of health personnel including nurses (Sherwood & Drenkard, 2007).

The Carnegie Foundation for the Advancement of Teaching conducted a multiyear comparative study of professional education in the United States titled *Preparation for the Professions Program* (Sullivan & Rosen, 2008) as an approach to understand how professionals are prepared to practice. This study cites the inadequate preparation of nurses for management of complex medical regimens and the increasing complexity of community-based practice. Benner and et al. concluded that nurses entering the field are not equipped with the essential knowledge and skills for today's practice (Benner, Sutphen, Leonard, & Day, 2009).

The nursing profession does not have a consensus on competencies that apply to all nurses. Competencies distinguishing precise knowledge, skills, and attitudes (KSAs) suitable for all qualified nurses could contribute to the quality of health care. Nursing, historically, has demonstrated an incredible resolve to ensure quality and safety for patients. Evidence of quality and safety competencies is present in nursing publications, standards of

practice, and accreditation guidelines (Cronenwett et al., 2007); however, the extent of inclusion of these competencies in nursing education programs is not clear. Nursing students must be prepared with a different set of KSAs if quality and safety of health care is to improve (Bargagliotti & Lancaster, 2007).

The national nursing licensure examination for registered nurses includes components of these quality and safety competencies in the assessment of new graduates used to develop the licensure examination (job practice analysis) and the detailed National Council Licensure Examination for Registered Nurses (NCLEX-RN) test plan, which serves as a guide for item development and item selection for the licensure examination (NCSBN, 2012; NCSBN, 2010a). Education is regarded as the conduit for improved quality in the health care system providing the necessary link to create transformation (Sherwood, 2011).

Quality and Safety Education in Nursing (QSEN) was designed to address the gaps and facilitate execution of change in nursing education by embracing IOM competencies for all registered nurses (Sherwood & Drenkard, 2007). The initial three-member QSEN steering committee selected 10 faculty experts recognized for their proficiency as thought leaders in at least one of the IOM competencies or nursing pedagogy and a national advisory panel composed of groups who influence educational policy, nursing practice, and resident medical education-defined quality and safety nursing competencies. The six competencies identified for nursing education include (a) safety, (b) teamwork and collaboration, (c) evidence-based practice, (d) patient-centered care, (e) informatics, and (f) quality improvement. This esteemed group proposed targets for the KSAs to be developed in nursing prelicensure programs for each competency (Sherwood, 2011). These QSEN competency definitions serve as a resource to guide curricular development for formal academic programs, transition to practice, and continuing education programs. QSEN competencies cannot be mastered solely through a didactic approach or an individual course (Cronenwett et al., 2007). Implementation of QSEN competencies including KSAs in prelicensure nursing education requires detaching from intellectual models of the past to adopt a 21st century mindset. Nursing education requires more than a curriculum change because there exists a "disconnect" between what is taught and how graduates practice nursing (Bargagliotti & Lancaster, 2007; Sherwood, 2011).

1.2. Nursing education

The United States relies on 2-year and 4-year educational institutions to prepare the majority of registered nurses. A prospective registered nursing (RN) student may earn the educational credential required for RN practice in three types of programs, which vary in length. Associate degree nursing (ADN) programs are typically 2-year programs, and bachelor of science in nursing (BSN)

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