

Engaging the Learner by Bridging the Gap Between Theory and Clinical Competence

The Impact of Concept Mapping and Simulation as Innovative Strategies for Nurse-Sensitive Outcome Indicators

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KEYWORDS

- Nurse-sensitive indicators
- Clinical competency
- Meaningful learning
- Simulation
- Concept mapping

KEY POINTS

- Nurse-sensitive indicators have been determined to be an integral part of quality initiatives; these performance measures are a means to highlight competency in relation to nursing care.
- The strength of combining the 2 learning strategies of concept mapping and simulation provides theoretical support for enhancing the construction and assimilation of knowledge related to nurse-sensitive indicators as a means to develop meaningful learning.
- A concept map is a visual representation of knowledge with pathways that connect ideas in ways that make sense to the learner.
- Simulation provides translation of theory knowledge into practice and has the potential to augment cognitive thinking and ultimately problem-solving, thus supporting clinical competence.

INTRODUCTION

The American Nurses Association¹ contends that the public has a right to expect competence from professional nurses, and the profession has a responsibility to guide and develop this competency.¹ Ultimately, the main purpose for ensuring competence is for public protection. The protection of the public is in direct alignment with the call

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by the Institute of Medicine^{2,3} for quality and safety in the health care system. Nurse-sensitive indicators have been determined to be an integral part of quality initiatives; these performance measures are a means to highlight competency in relation to nursing care.⁴

Quality and safety in the health care system depend on the complex interactions of competent individuals and competent systems. Developing and understanding this complexity must begin in the academic setting and continue on in the professional workplace. Quality, in itself, is not a simple construct. Quality is a complex process that is difficult to take apart. If nurses view quality as a simple entity or task, then they are not likely to understand all of the pieces that impact a particular quality measure. The quality measure becomes viewed as a task instead of a process. Nurse-sensitive indicators are the claim of nursing as a profession.⁴ To make this happen, emerging nurses and practicing nurses must learn and appreciate the importance of nursing outcomes and how their contributions can offer a claim to the profession. Understanding the implications of nursing outcomes and developing ownership of the process must begin in the early onset of professional nursing education and carry through into the practice environment. The purpose of this article is to appreciate innovative education strategies to understand and develop best practice as related to nurse-sensitive indicators.

NURSE-SENSITIVE INDICATORS/CLINICAL COMPETENCY

As indicated, nurse-sensitive indicators are determined to be the best-quality benchmark to evaluate nursing practice. Nurse-sensitive indicator or nursing-performance outcomes are defined as “those that are relevant, based on nurses’ scope and domain of practice and for which there are empirical evidence linking nursing inputs and interventions to the outcomes.”⁵ The National Quality Forum delineates nurse-sensitive indicators as not only an outcome, but also a process as well, that is impacted by many factors.⁶ The idea of process implies that there may be several variables that need to be considered in order for a particular outcome to occur. An outcome is not achieved in isolation. If an outcome measure is viewed as simply a task that needs to be accomplished, versus a process that impacts an outcome, there is likely to be little “buy in” from the staff to recognize the importance of achieving a particular outcome, and even more concerning, not achieving the outcome at all. If outcomes are not achieved to a satisfactory level, then it is likely that the nursing care could be considered less than satisfactory or even incompetent. Furthermore, if outcome achievement is equated with quality, and quality is equated with competence, ultimately, nurse-sensitive indicators can be conceptualized as a direct reflection of clinical competence.

Although clinical competency is difficult to define, ideas intrinsic to understanding clinical competency include clinical depth and breadth of knowledge, critical thinking and analytic skills, clinical inquiry, synthesis of data, clinical judgment, and clinical decision-making.⁷ The attributes associated with clinical competence reflect higher cognitive processes. Lasater⁸ supports the idea that nurses will require a higher level of knowledge to enter the work force.

Finkleman and Kenner⁹ denote that critical thinking, clinical reasoning, and clinical judgment are important to effective nursing practice. Critical thinking enables nurses to create and examine questions and problems, use intuition, clarify and evaluate evidence, and become a change agent.⁹ Critical thinking allows the nurse to question a particular outcome, use experience to offer suggestions on how improvements might occur, and review the evidence for “fit” to a particular patient situation. It is imperative for the nurse to remember that not all evidence will fit every patient. Critical thinking

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