



## Integrating quality and safety education into clinical nursing education through a dedicated education unit



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### ABSTRACT

The Institute of Medicine and American Association of Colleges of Nursing are calling for curriculum redesign that prepares nursing students with the requisite knowledge and skills to provide safe, high quality care. The purpose of this project was to improve nursing students' knowledge of quality and safety by integrating Quality and Safety Education for Nurses into clinical nursing education through development of a dedicated education unit. This model, which pairs nursing students with front-line nursing staff for clinical experiences, was implemented on a medical floor in an acute care hospital. Prior to implementation, nurses and students were educated about the dedicated education unit and quality and safety competencies. During each clinical rotation, students collaborated with their nurses on projects related to these competencies.

Students' knowledge was assessed using questions related to quality and safety. Students who participated in the dedicated education unit had higher scores than those with traditional clinical rotations. Focus groups were held mid-semester to assess nurses' perceptions of the experience. Five themes emerged from the qualitative data including thirsting for knowledge, building teamwork and collaboration, establishing trust and decreasing anxiety, mirroring organization and time management skills, and evolving confidence in the nursing role.

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### Introduction

The international call for reform in health care has focused largely on improvements in quality and safety (Institute of Medicine [IOM], 1999, 2001; World Health Organization [WHO], 2002). While nations have addressed these issues in various ways (Australian Commission on Safety and Quality in Health Care (n. d.); Emslie, Knox, Pickstone, 2002; WHO, 2002), an emphasis in the United States has been better education of healthcare providers (IOM, 2003). The IOM and the American Association of Colleges of Nursing (AACN) have established expectations specific to nursing that strongly encourage nurse educators to better prepare students in the development of core competencies related to quality and safety (AACN, 2008; IOM, 2010). The Quality and Safety Education for Nurses (QSEN) competencies were developed to align with IOM goals and guide integration of quality and safety at various levels of nursing education (Cronenwett et al., 2007). Establishment of

strong partnerships between health care organizations and academia was considered a critical factor in development of these competencies (AACN, 2008; IOM, 2010).

The nursing faculty in a private, mid-sized college with a large baccalaureate nursing program recognized the need to integrate quality and safety competencies to meet requirements set forth by the IOM and AACN regarding nursing education. Furthermore, faculty members were dedicated to optimizing students' learning experiences to adequately prepare them for the realities of clinical practice. In an effort to facilitate entrance into professional practice, a pilot project was developed by one faculty member to integrate quality and safety competencies into the clinical setting. The purpose of this quality improvement (QI) project was to improve nursing students' knowledge of quality and safety by integrating QSEN competencies into clinical nursing education through development of a dedicated education unit (DEU). The main project question was: Does integration of QSEN into clinical nursing education through development of a DEU improve students' knowledge related to quality and safety? A secondary question was: What are nurses' perceptions of the DEU experience?

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## Background

### *Quality and safety education for nurses*

In 2005, the Robert Wood Johnson Foundation funded a project with the goal of improving education of nurses about quality and safety (Cronenwett et al., 2007). The QSEN guidelines were subsequently developed to guide integration of quality and safety competencies across pre-licensure and graduate nursing education (Cronenwett et al., 2007; Sherwood and Barnsteiner, 2012). QSEN core competencies aligned with IOM aims for quality care and included patient centered care, teamwork and collaboration, evidence-based practice (EBP), QI, safety, and informatics. In phase II of the QSEN initiative, a group of 15 diverse nursing programs and associated faculty met to generate and share ideas for QSEN integration (Cronenwett et al., 2009). In response, the QSEN Institute website was developed as a method by which peer-reviewed teaching strategies could be shared to guide educators as they integrate QSEN into their curriculum ([www.qsen.org](http://www.qsen.org)).

Various strategies have been described to facilitate integration of QSEN competencies into clinical nursing education. Teaching toolkits and learning exercises have been developed with a focus on safe, high quality care in patient care environments (Brown et al., 2010; Day and Smith, 2007). Broader approaches for QSEN integration include student participation in unit and system-based safety, QI, and EBP projects and discussions with students about “Just Culture,” change management strategies, and effective team communication (Disch et al., 2013; Sherwood and Drenkard, 2007; Thornlow and McQuinn, 2010). A commonality among these teaching strategies was a shift from an individual to a system focus in the clinical care environment (Brown et al., 2010; Day and Smith, 2007; Debourgh, 2012; Disch et al., 2013; Sherwood and Drenkard, 2007; Thornlow and McQuinn, 2010).

While QSEN has been introduced into nursing curriculum, literature suggests that certain competencies are better integrated than others. Sullivan et al. (2009) conducted a study to assess student perspectives of quality and safety content in their nursing programs. In this study, QI, along with teamwork and collaboration, were reported by students as the least frequently covered competencies in undergraduate education. To address this variability, the University of North Carolina and the AACN collaborated in Phase III of the QSEN initiative to provide continued faculty support through QSEN Faculty Development Institutes and to investigate progress related to integration of specific QSEN competencies (Barnsteiner et al., 2012). Nursing faculty who were part of the initiative reported that while there was an increase in QSEN-related content in nursing curriculum, improved integration was still required for the QI, teamwork and collaboration, and informatics competencies (Barnsteiner et al., 2012; Disch et al., 2013).

### *Dedicated education units*

The dedicated education unit (DEU) is a clinical model of nursing education that pairs nursing students with front-line nursing staff to optimize the clinical learning environment (Edgecombe et al., 1999; McKown et al., 2011; Moscato et al., 2007; Mulready-Schick, Kafel, Banister and Mylott, 2009; Rhodes et al., 2012). Moscato et al. (2007) defines the DEU model as follows:

A dedicated educational unit (DEU) is a client unit that is developed into an optimal teaching/learning environment through the collaborative efforts of nurses, management, and faculty. It is designed to provide students with a positive clinical

learning environment that maximizes the achievement of student learning outcomes, uses proven teaching/learning strategies, and capitalizes on the expertise of both clinicians and faculty (p. 32).

Common characteristics of DEUs include

- Exclusive use by one school of nursing
- Use of staff nurses who want to teach as clinical instructors (CIs) and are prepared for the role through collaborative educational activities
- Continuity of students with the CI over the length of clinical rotation
- Use of faculty expertise as educators to support the development of the CI
- Commitment by all parties to work together to build an optimal practice environment for students and staff that aligns with the unit’s goal for patients and staff (Edgecombe et al., 1999; Moscato et al., 2007).

Researchers have studied the impact of the DEU model on nursing students and registered nurses. Nursing students who participated in DEUs reported higher quality clinical learning environments, improved student learning, higher student satisfaction, improved staff–student relationships, and stronger nurse-to-nursing student collaboration (Debourgh, 2012; Freundl et al., 2012; Gonda et al., 1999; McKown et al., 2011; Moore and Nahigian, 2013; Moscato et al., 2007; Moscato et al., 2013; Mulready-Shick et al., 2013; Nishioka, Coe, Hanita and Moscato, 2014b; Ranse and Grealish, 2007; Rhodes et al., 2012; Wotton and Gonda, 2004). Registered nurses who served as CIs on DEUs reported high levels of satisfaction, team effort, and support for nurses as well as improved clinical knowledge and opportunities for professional development (McKown et al., 2011; Moscato et al., 2007; Nishioka, Coe, Hanita and Moscato, 2014a; Rhodes et al., 2012). In addition, DEU nurses rated the quality of the unit’s welcoming atmosphere, commitment to teaching, quality of clinical education for students, and quality of clinical supervisory relationship higher than nurses on traditional units (Nishioka et al., 2014a). DEU nurses also reported concerns related to the DEU experience including uncertainty about performance, increased workload, and preceptor burnout (Jeffries et al., 2013; Moscato et al., 2007; Rhodes et al., 2012).

### *QSEN outcomes in DEUs*

Evidence describes opportunities for nursing students to learn about QSEN competencies in the DEU environment. Clinical logs and focus groups allowed students to share examples of ways in which QSEN competencies had been utilized or observed during DEU clinical experiences (McKown et al., 2011; Mulready-Schick et al., 2009). In both evaluations, students were able to describe specific instances of how each competency was integrated into the clinical environment. An additional study by Mulready-Schick et al. (2013) reported that DEU students had significantly more opportunities for development of the QSEN competencies of teamwork and collaboration, informatics, QI, and safety than did traditional clinical students. Debourgh (2012) utilized the Synergy Partnership Model to align safety and quality issues with nursing students’ outcome competencies. The Student Knowledge and Perceptions Assessment survey was completed prior to and at the completion of the clinical experience. Outcomes from the pilot study revealed an increase in students’ awareness of patient safety goals and knowledge gains for the concept of nursing care-sensitive patient outcomes after implementation.

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