



Safety consciousness: Assignments that expand focus beyond the bedside



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SUMMARY

In order to stimulate safety consciousness beyond the bedside, a series of meaningful, practice-based learning activities were devised that compel students in a baccalaureate nursing program to consider safety issues beyond the obvious concerns at the point of care. The assignments emphasize systems level thinking and process evaluation of facility characteristics, team communication, and unit based improvement campaigns. Reflective components engage students in evaluation of their comfort level with being an agent of change, the climate for change on their unit, and their confidence in delegation and communication skills. Through these assignments, students demonstrated integration of concepts from lecture (change theory, systems theory, quality improvement, and process evaluation) and achievement of Quality and Safety Education for Nurses (QSEN) competencies. The reflective components stimulated critical reflection of practice. Examples of student responses are included in this article.

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Introduction

In accordance with QSEN, nursing programs must empower graduates with the knowledge, skills, and attitudes to identify gaps in safety, plan a change, and implement change. Nursing instructors must create learning activities to encourage students to think more in a systems/process mode (Cronenwett et al., 2007; Papastrat and Wallace, 2003). Through the Quality and Safety Education in Nursing (QSEN) pre-consortium survey, the faculty discovered a few safety focused program deficiencies (Cronenwett et al., 2007). The survey revealed that the curriculum met competencies for safe bedside care, yet did not provide students with the knowledge, skills, and attitudes for integration of a systems level culture of safety.

Traditionally, students focus on patient safety at the point of care. Fall risk assessments, correct patient identification, and the six rights of correct medication administration are just a few of the lessons learned early on in the program. Now additional skills are required to step back and broaden the assessment of safety to include the room, the unit, and the facility as well as the process functioning of the healthcare team and healthcare system (Cronenwett et al., 2007). The purpose of this article is to describe the construction of meaningful, practice-based learning activities that focus on safety beyond bedside care and also to relate preliminary findings on the effectiveness of the assignments.

Instructional Design

This section describes the construction of the assignments based on objectives that flow from QSEN competencies and program competencies appropriate for senior level BSN students.

Student Level and Course Description

The safety focused assignments were designed for a BSN management course in the final semester of the senior year. In the management course, students attend seven hours of lecture per week for eight weeks. The clinical rotation is divided into two four week sections: Management of the Unit and Management of Multiple Patients. During the Management of the Unit rotation students spend time with a unit manager observing budgeting, management styles, and unit based leadership and management responsibilities. The Management of Multiple Patients clinical rotation is spent providing patient care on a medical/surgical unit learning to manage a full assignment of patients. Clinical objectives for the patient care rotation focus on organization, prioritization, and delegation skills. The safety focus assignments occur during the Management of Multiple Patients clinical rotation.

Assignment Objectives

Assignments in a course must demonstrate course or program objectives. Specific QSEN competencies that match senior level objectives were selected as objectives and will be delineated in the section titled, Learning Activity. Application of theory content from class was required to complete the assignments and expand safety awareness. The intent was to emphasize a broader assessment arena such as facility characteristics, team communication, and unit based

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improvement campaigns. Use of critical reflection was another objective of the assignments. Students were directed to reflect on their comfort level and confidence regarding certain skills that are necessary in the management of care for multiple patients.

Teaching Strategy

In designing the learning activity, a teaching strategy was chosen that would aid the student in meeting the objectives. Problem-based learning (PBL) was adopted as a teaching strategy for the safety focused assignments. The safety focused assignments required application of theory learned in lecture to practice in the clinical environment. Based in constructivism, PBL requires that students bring forth prior knowledge and skills learned experientially to solve real problems (Brears et al., 2011; Jones, 2008). As seniors, the students can incorporate knowledge from all prior courses as well as experiences from previous clinical rotations to complete the safety focused assignments. PBL promotes student initiated inquiry and intentional learning by having the students identify, assess, and seek resolution of real world problems (Brears et al., 2011). All three of the safety focused assignments require student assessment, analysis, and synthesis of solutions. Very few rigorous research studies have been done that connect PBL with critical thinking (Oja, 2011). However, most of the studies established a positive relationship and support for student directed learning (Oja, 2011). Complexity theory is connected to PBL in that unpredictable, multilayered environments with multiple variables and interrelationships exist and pose problems (Hodges, 2011). Nursing care in contemporary hospital settings requires skills to manage unpredictable environments with multiple variables. Therefore PBL is an appropriate teaching strategy to adopt for students learning in a med/surg environment (Brandon and All, 2010; Oja, 2011). Activities that incorporate PBL equip the student with transferrable skills from school to profession; preparing the student to make informed choices in complex environments (Papastrat and Wallace, 2003). The PBL strategy complements the objectives of the safety focused assignments.

PBL has also been used as a successful strategy to engage the student in critical reflection (Brears et al., 2011; Williams, 2001). Critical reflection involves consideration of the content, context, and processes regarding the problem as well as the learner's part within the situation (Duffy, 2007; Williams, 2001). During the problem solving process, learners become engaged in higher cognitive level thinking such as "making inferences, associating and discriminating among relationships, synthesizing, predicting, evaluating, while considering context using professional knowledge and experience" (Williams, 2001, p. 29). Through the process of critical reflection, the learner gains new insights, new thought patterns, and sometimes new values (Duffy, 2007; Jones, 2008). The reflective component of the safety focused assignments reinforces full understanding and transformative learning through insights of how theory may be applied to practice (Duffy, 2007).

Learning Activity

A series of written assignments were created to engage the students in meaningful, practice based learning activities via PBL and critical reflection. Three QSEN foci were selected: Patient Centered Care and Safety, Teamwork, Collaboration and Safety, and Quality Improvement and Safety (Cronenwett et al., 2007). Each assignment contained two parts, a QSEN focus component and a reflective component. The first part included writing prompts for identification, assessment, and an evaluation of the specific safety focus. The second part contained writing prompts for critical reflection on a specific area of practice that impacts safety. One assignment was due each week. The students posted the assignments to the course management site. Clinical instructors provided feedback on each entry. No grades were given; only a complete/incomplete toward a pass or

fail in the clinical portion of the course. Each assignment was to be no more than two pages in length.

The first assignment, Patient Centered Care and Safety, directed students to analyze the physical features of the facility (hospital or unit) and identify a barrier to patient-centered care and safety, describe the barrier, and discuss how patient centered care or safety was impeded. After consultation with the unit manager and the staff nurses, students also had to provide ideas about how the barrier could be removed or modified.

The reflective part of the Patient Centered Care and Safety assignment asked the students to consider principles of change theory and analyze the climate for change in their work environment. Knowledge, skills and attitudes that support and effect change are necessary for a culture of safety. Students were instructed to include their perceptions of the unit manager's, the staff's, and the organization's attitudes toward change. One item asked the students if they thought change for safety's sake was embraced at the organizational level. The students were directed to reflect on their own attitudes for change and about their perceived capacity and empowerment to enact change.

The second assignment, Teamwork, Collaboration, and Safety, engaged learning about system barriers or facilitators of effective team communication. The student had to integrate knowledge of leadership styles and team mechanics to assess functioning on the unit. Staff input was required for the student to devise strategies for improved team functioning.

The reflective component of Teamwork, Collaboration, and Safety addressed student perceptions of delegation. Appropriate delegation skills are necessary for safe patient care and effective teamwork. In previous clinical rotations, students provided total patient care for one or two patients. They did not have to delegate many tasks to unlicensed personnel, because they had time to complete all the patient care tasks. In the senior level management, students take a full patient load. In order to care for a full patient assignment, students had to begin delegating tasks. They were asked to reflect on their personal feelings about this new role. After observing staff interactions on their unit, the students were required to relate if delegation principles were apparent in staff operations and then construct strategies for improvement in delegation both personally and among the nurses on the unit.

For the third assignment, Quality Improvement and Safety, students identified national patient safety initiatives that were in progress on the unit and then discussed the unit's progress in meeting goals or benchmarks. PBL was involved by having the students locate unit specific safety initiatives, analyze the figures, and apply the knowledge. Students were asked to elaborate how they intend to apply the knowledge of the safety initiatives to their own nursing practice and describe how their own nursing practice might be changed by the new knowledge.

The Quality Improvement and Safety assignments' reflective component directed students to think about safe patient hand offs. They had to describe the risks associated with hand offs and compare them with the method of giving report used on their unit. Students were expected to observe shift to shift handoffs and provide both positive and negative aspects of the process. Again, students were required to recommend improvements.

Results

The instructional design was implemented in the course with the assignment debut spring 2011. Based on the quality of the student responses at that time, an IRB approval was attained from the university to request 2012 student submission of their work for analysis and publication. At the beginning of the semester, an invitation email was sent out to all students enrolled in the course and the principal investigator issued an in class invitation to participate prior to

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