Transforming Care at the Bedside for Nurse Faculty: Can Continuous Quality Improvement Transform Nursing Education?

I recently attended a National League for Nursing meeting of top nursing researchers, educators, and leaders. Among the purposes of the meeting was the need to identify gaps in and opportunities to create knowledge to improve nursing education.

Although meeting participants discussed several exciting efforts currently underway to improve nursing education, the journal editors attending lamented the fact that most of the articles published about nursing education innovations are based on single-site studies, making them unlikely to convince faculty or leaders of educational institutions to adopt new models of education or change the core curriculum.

The editors, educators, and researchers agreed that research linking teaching methods and curricular content to patient outcomes would bolster efforts to transform patient care in the United States. Evidence in this area is crucial because curricula are packed, faculty are overworked, change requires effort, and students don’t always know what’s best for them. Unfortunately, isolating the effect of educational innovations on patient outcomes is a difficult (and expensive) research task.

Producing more rigorous evidence is a strategy I often support as a member of the Department of Research and Evaluation at the Robert Wood Johnson Foundation (RWJF). The research initiative component of the RWJF’s Future of Nursing: Campaign for Action (http://www.thefutureofnursing.org/research) and the Evaluating Innovations in Nursing Education program (http://evaluatinginnovationsin nursing.org) rank support for rigorous studies that show which nursing education innovations have a measurable effect on important nursing-related outcomes as a high priority in a national nursing research agenda.

It occurred to me that rather than wait for this evidence to tell the nursing education system what to do, nursing schools might embark immediately on a parallel strategy to transform nursing education—looking to the RWJF’s flagship nursing program, Transforming Care at the Bedside (TCAB) (Hassmiller & Bolton, 2009) for inspiration.

I was a part of the RWJF and Institute for Healthcare Improvement team that developed the TCAB program, which teaches frontline nurses and their managers the skills and methods of continuous quality improvement and inspires and empowers them to make changes to transform care at the bedside. The idea was that although evidence should always inform policy and practice when it exists, things can be tried to improve outcomes that matter without first proving their effectiveness.

In the hospital units that embraced TCAB, it wasn’t enough for nurses to simply comply with prescribed continuous quality improvement initiatives related to shift change, medication management, or hand washing. TCAB nurses were responsible for driving, leading, and sustaining change. They were asked to generate and implement innovative practices and systems that would address the needs of the patients, not to improve nurse satisfaction. Rather than wait for approval from senior management before implementing a change, nurses were empowered and expected to take acceptable risks and to quickly abandon interventions that either failed or were shown to be no better than the status quo.

What does this mean for nurse educators? Nurse educators committed to engaging in continuous quality improvement, in addition to teaching about it (for RWJF-supported quality improvement curricula for nursing, access http://www.qsen.org), will stay current about the competencies most relevant for the future of nursing care in all settings and examine their students’ proficiencies in these areas.

Nurse educators engaged in continuous quality improvement will seek to continuously learn from colleagues and education leaders to identify ways to most effectively keep nursing students engaged and aid them in acquiring these competencies. More importantly, they will try new things that just might work, will frequently reflect on how these innovations are working by assessing short-term outcomes, and will seek opportunities to share success and failure stories with others.

In the same way that some TCAB hospitals decided to no longer cater to The Joint Commission’s assessors because they believed they distracted them from the most important work, nurse educators in universities that truly embrace continuous quality improvement would find themselves rewarded, not punished, for throwing traditional curricula out the window and drawing on their expertise and that of others to teach students what they really need to know.

Nurse educators who see class participation improve after implementing a strategy of having each person in the room vocalize something about their
weekend before class starts will continue with this practice and encourage others to try it. Faculty who see attendance drop after posting slides online in advance of the class will abandon that innovation immediately. A professor who notices variation in student satisfaction and performance with simulation methods would seek ways to tailor the use of the system to the needs of the students. By engaging students in the process of revising the curriculum and instruction to address their needs and preferences, teachers may find that long-held assumptions about how students learn are no longer relevant.

TCAB has fostered and sustained a culture of continuous improvement. In other words, continuous quality improvement has enabled transformational change, not incremental improvement. In true TCAB units, staff do not dread or resist change—they consider it a way of life—and it continues to drive improvements years after the consultants have left.

TCAB units reported decreases in turnover after embracing the program. Although other things about the nursing labor market and health care trends also affect turnover rates, the anecdotes and testimonies of nurses who are newly engaged and excited about their work and its effects are pretty convincing (access http://www.ihi.org/offerings/Initiatives/PastStrategicInitiatives/TCAB/Pages/ImprovementStories.aspx).

When nurse educators feel empowered to lead change in nursing education, to see their creative efforts result in improved student engagement, and to hear stories of their students using what they learned to enhance and improve patient care, the rewards may affect marginal decisions to stay in academia. Nurse educators who see themselves as leaders of transformational changes in education may raise the profile and stature of nursing faculty and attract more young nurses to the profession. In this way, continuous quality improvement in nursing schools may address the challenges of improving nurse competency and alleviating faculty shortages simultaneously.

In the time since I was involved with the day-to-day details of the TCAB, I have become familiar with the theories of researchers in the field of realist evaluation, who suggest that syntheses of small tests of change can (and should) produce relevant, actionable evidence over time. By capturing the unintended consequences and failures of innovations (as well as the successes) and cataloguing contextual factors that may affect successful implementation, such syntheses may produce knowledge that is more useful to inform decisions to spread innovations than randomized trials that demonstrate impact in a controlled environment.

Perhaps sometime soon detailed descriptions of implementation and outcomes of continuous quality improvement initiatives in nursing and medical education will be published in the Journal of the American Medical Association. In the meantime, I would love to see some intrepid faculty acquire continuous quality improvement expertise, teach it to their colleagues, and write about their contributions to transforming nursing education. A synthesis of educators’ experiences with transformational change may go a long way to convince other faculty to embrace continuous quality improvement in the academic setting.

Reference


Lori Melichar, PhD
Economist
Robert Wood Johnson Foundation
The author has no financial or proprietary interest in the materials presented herein.
doi:10.3928/01484834-20111020-01