Quality and Safety Education for Nurses Becomes Collaborative: Out of the Silo

The University of St. Francis Leach College of Nursing faculty has incorporated Quality and Safety Education for Nurses (QSEN) into the baccalaureate nursing curriculum in response to the Institute of Medicine’s 2003 report, *Health Professions Education: A Bridge to Quality*. This article describes how the assignment to develop projects based on QSEN competencies resulted in a collaborative effort to improve the safety and quality of care in a local medical center.

QSEN projects are assigned based on the six QSEN competencies during the first semester of the senior year of the university’s undergraduate nursing program; all of the clinical rotations occur at one medical center. Students work within their clinical groups, using evidence-based practice to identify, collect data, and research potential or existing safety issues on the clinical units.

Students used PowerPoint® presentations and role-playing to share their discoveries and recommendations with classmates and faculty at the college of nursing. The students gathered valuable information that could contribute to the continuous quality improvement approach to risk management at the medical center.

By arranging for the students to present their findings at the medical center, a collaborative relationship of shared responsibility between the students and clinical site was formed. The chief nursing officer, unit managers, and clinical education staff were invited to attend. These presentations allowed for the dissemination of information to the hospital administrators who were then able to spread the information to patient care providers.

When medical center staff attended the student presentations, the students realized that their QSEN projects have value beyond the grade book. For example, the new nurse manager may find out that isolation protocols are not being followed by staff or patient visitors. This information can serve as a launching pad for edu-
cating staff on the importance of signage on the patient’s door, the use of personal protective equipment, and the need to educate patients and their visitors related to isolation precautions. Aside from grasping the significance of the QSEN competencies, the students recognized how such competencies are the professional responsibility of all nurses in delivering safe quality care. As a result, the QSEN framework becomes a springboard for continuous quality improvement in their own professional lives.

The students realized that their projects and data collection contributed to the quality improvement of the medical center because the administrators were interested in their findings and grateful for their observations. In the semester prior to the implementation of the electronic medical administration record, the students documented numerous medication administration errors. The subsequent cohort of students followed up by watching for medication administration errors after the implementation of the electronic medical administration record. The students identified problems in the system that had gone unrecognized by the hospital education department: nurses were circumventing the system by not checking patient identifiers and leaving medications in patients’ rooms for patients to self-administer.

Thus, an assignment culminating in student presentations became an actual forum involving students, faculty, and the medical center’s administrative, clinical education, and risk management staff. Hospital staff respected the information gathered by the students, and unit managers initiated suggestions for future research and data collection. Thus, the silo of academia joined with the silo of practice to form a highway of collaboration.

Reference

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The authors have disclosed no potential conflicts of interest, financial or otherwise. doi:10.3928/01484834-20140220-22