

Essential II: Safety in the Clinical Setting

The Joint Commission has spent more than six decades defending and supporting patient safety, and it established the National Patient Safety Goals (NPSGs) to specifically highlight serious patient safety issues in health care organizations (The Joint Commission, 2015). Essential II in the American Association of Colleges of Nursing's (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) focuses on student participation in quality and patient safety initiatives. Introducing nursing students to NPSGs provided the opportunity to incorporate quality and safety initiatives in clinical settings based on Dr. Linda Caputi's (2009) critical thinking activities for teaching nursing students about the health care system.

Method

This targeted learning activity met Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety by allowing students to "participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals, families, groups, communities, populations, and other members of the healthcare team" (AACN, 2008, p. 14). The assignment was implemented with second-semester traditional baccalaureate nursing students, who completed a fundamentals clinical course and enrolled in the first adult health clinical course.

To accommodate all students in a clinical group, students worked in pairs to complete the assignment each clinical

day, but were not assigned patient care. First, the pair acquainted themselves with the NPSGs Hospital Program through the Joint Commission Web site and a short introduction to the concept of a gap analysis. They completed a worksheet by listing the NPSGs that are appropriate to their current clinical environment and summarized the process and significance of hospital accreditation. This portion could be completed the day prior to or on the morning of the clinical experience while other students receive report and complete physical assessments. Second, the pair assessed charts and individual patient environments for patients assigned to fellow students. They completed a questionnaire, based on the NPSGs, concerning prioritization, communication, assessments, and precautions relative to each patient.

During postconference, the pair presented and facilitated discussion with fellow students about their formulated gap analysis and other findings. Finally, the assignment culminated with each individual student journaling about his or her thoughts on the assignment related to nursing practice, key lessons learned, and how to apply what they learned in the future. The activity occupied most of the clinical rotation day, but it allowed the pair involved to assist their peers with patient care.

Student Results and Reactions

Instructor and student evaluations of the assignment were positive during postclinical conference and discussion. Students identified breakdowns in patient safety and improved the environmental safety, essentially decreasing risks

that could contribute to a sentinel event. Examples included correctly identifying patients and replacing identification bands when assessed as missing, ensuring the implementation of deep vein thrombosis prophylaxis for surgical patients, identification of central catheters in need of dressing change or discontinuance, and identifying medication incompatibilities.

Of interest is that students disclosed feelings of anxiety in assessing the physical clinical environment in the absence of providing patient care. It is essential that the students are prepared in advance by completing the preclinical portion of the assignment. In the future, a simulation in the clinical learning resource center might decrease the students' anxiety.

References

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Jodie C. Gary, PhD, RN
gary@tamhsc.edu

Regina Bentley, EdD, RN, CNE
Texas A&M University Health Science Center

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