Explore learning strategies that make concepts learned in the classroom come alive in the clinical setting. Engage clinical faculty as partners in the planning and execution of activities that integrate QSEN concepts and clinical reasoning. Empower the clinical educator to infuse the QSEN competencies at every level of clinical learning. Examples for undergraduate and graduate level learning will be shared.

- Identify collaboration strategies to empower clinical educators.
- Develop learning activities that can be used in multiple clinical environments.
- Explore clinical assessment strategies to identify the efficacy of using QSEN in clinical teaching and learning.

Rx to Implement Active Learning

Agenda...

1. Manage Workload
2. Enhance Learning
3. Improve Outcomes
4. QSEN Competencies
5. Assessment

Active Learning

Manage Workload
Faculty
In addition to?
Instead of?
Students
Read these 4 chapters.
Complete this case study.

Click In...

Students prefer:
A. Active Learning
B. Passive Learning
QSEN and Clinical

Active Learning

Enhance Learning
“step out from behind the screen full of slides and engage students in clinic-like learning experiences”

Active Learning

Improve Outcomes – how do we know?
Measureable standardized testing.
Mapping the Lesson Plan and the Exam.
Blueprinting
Either it is clinical reasoning or it is not.

Active Learning

Clinical Reasoning Defined
“A complex process that uses cognition, metacognition, and discipline-specific knowledge to gather and analyze patient information, evaluate its significance, and weigh alternative actions.” (Simmons, 2010, p. 1151)

“By clinical reasoning, we mean the ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family.” (Benner, Sutphen, Leonard, & Day, 2010, p. 84)

Active Learning – Instructional Design

The Higher Order Thinking Learning Activity
Set up
Competency based / Evidence based
Mapping
Variety with clarity
Input
Process
Output

Why QSEN?

I use QSEN mostly in...
A. Class
B. Clinical/Lab
C. Exams
D. All of the above
E. I don’t use QSEN
Why QSEN?

- 1999: Institute of Medicine (IOM)
  - *To Err is Human*
- 2003: IOM – Integrate recommendations in practice and academia
- 2007: RWJ – Funding of the development, trialing of the QSEN competencies
- Define each competency
- Develop knowledge, skills and attitudes required to meet that competency
- Develop learning activities/strategies

Why QSEN for You?

- Review KSAs at QSEN.org
- FORM - QSEN Commit
  - Strengths/Weaknesses
  - Objective Data – Standardized Exam / Exam blueprints

Your QSEN Cards

Create your 6 Cards
- White – Patient-centered Care
- Pink – Teamwork & Collaboration
- Yellow – Evidence-based Practice
- Blue – Quality Improvement
- Orange – Safety
- Green - Informatics

Getting Carded

- Student carries them in clinical. Instructor randomly asks students for a card and direct application to the client.
- Simulation debriefing randomly focuses on a card.
- Lecture pause and pull a card.

QSEN: Patient-centered Care

- Partner with clients
- Respect for their preferences, values, needs is reflected in ALL parts of the care plan
- “Value the patient’s expertise with own health and symptoms”
- “Value continuous improvement of [nurse’s] own communication and conflict resolution skills”
**QSEN and Clinical**

### Client to Class

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective learning</td>
<td>Emotions help to emphasize the critical concepts</td>
</tr>
<tr>
<td>Interview during class</td>
<td>Their experience, Realistic if real client</td>
</tr>
<tr>
<td>Students respond</td>
<td>Small group discussion or one minute paper, What would this client say is the most important step in the process?</td>
</tr>
</tbody>
</table>

### Client to Class

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Create a scoring guide for the One Minute Paper</td>
<td>What % of the course grade? Could this assignment be the beginning of a bigger project?</td>
</tr>
<tr>
<td>Key indicators</td>
<td>I will maintain competency by… My attitude could be affected by… Others?</td>
</tr>
</tbody>
</table>

### Barriers and Empowerment

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student groups are assigned a case study.</td>
<td>Can be in any class/system.</td>
</tr>
<tr>
<td>Students develop a role play to highlight 2 barriers clients could experience to “active involvement in their own health care”</td>
<td>Then the other groups in the audience have to come up with empowerment strategies for the skit they just watched.</td>
</tr>
</tbody>
</table>

### Barriers and Empowerment

<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Create an audience participation sheet</td>
<td>Sheet might include: What group are you assessing? 2 compliments for the group. 2 suggestions for the group. What were the 2 barriers to client involvement? What are strategies for empowerment? Will the faculty grade the audience participation sheet, the role play, both, neither</td>
</tr>
</tbody>
</table>

### Click In...

What are some barriers to bringing clients to class?  
A. Time  
B. Geography  
C. Illness  
D. Administration  
E. Other

### Sue Sheridan’s Story

<table>
<thead>
<tr>
<th>Activity</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Click In…</td>
<td><a href="http://www.ahrq.gov/video/teamsteppstools/ts_Sue_Sheridan/Sue_Sheridan-400-300.html">http://www.ahrq.gov/video/teamsteppstools/ts_Sue_Sheridan/Sue_Sheridan-400-300.html</a></td>
</tr>
</tbody>
</table>

---
QSEN: Teamwork and Collaboration

Group work in class is:
A. Good
B. Bad
C. Ugly
D. All of the above

Click In

Teamwork and collaboration are on NCLEX.
A. True
B. False

Click In

Teamwork and Collaboration

- Benefits
- Nursing and inter-professional teams
- Shared decision making connected to quality care
- Respect unique attributes of all team members
- Integrate the contributions of others

SBAR

- Situation
  - Problem / concern / issue
- Background
  - Relevant history / treatments
- Assessment
  - Your assessment data / interpretation
- Recommendation
  - Your thoughts on what should be done

Create Your SBAR

- Students create an SBAR about a client situation that is related to their reading.
- They bring the SBAR as a ticket to class.
- Instructor lectures for 20 minutes, then students give report/handoff to another student. They give each other feedback.
- They take feedback and improve their card
- Instructor randomly chooses 3 to present.
Create Your SBAR

- Class votes on best of the 3, that person gets an extra point on their next exam
- Could your program have students complete SBAR a couple times a week as a synthesis activity?

Why is this Important?

QSEN: Evidence Based Practice

Evidence-based Practice

- Using your resources
- Resource neglect and the affect on patient care
- Data collection (at the unit level) and analysis
- My clinical limitations are __________

Click In

- Professional nurses avoid EBP because:
  A. They are busy
  B. They are comfortable
  C. They are unaware of the implications
  D. Other

The Great Confession

- You are the nurse caring for a client with COPD.
- Write a letter to the daughter, explaining why you chose not to spend anytime reading professional nursing journals for the past 4 weeks.
- Give at least 3 reasons and explain how this choice may affect her parent’s care.
- Share your letter with another student.
Confession Session

- Create a bulletin board somewhere in the nursing department.
- Title “Confession Session: A Lack of Evidence-based Practice”

QSEN: Quality Improvement

Quality Improvement

- Use data to make changes in health care processes
- Test change to discern true effects
- Value this process

QI Idol Icebreaker

- Every other week students submit ideas for QI in their clinical settings.
- The instructor picks the top 2-4
- The class votes anonymously (clicking, texting, paper ballot) at the beginning of lecture.
- Winner gets an extra point on the next exam and shares idea with group.

Cause / Effect – Concept Map

- The rehabilitation nurse discovers an undocumented stage 2 pressure ulcer on a 61 year old male with history of spinal injury and quadriplegia.
- As a team, develop a concept map of causes/effects for this situation.
- Poster board with postit notes and markers to connect the postits works well.

Map assessment strategies

- Encourage students to use one color post it for the cause and a different one for the effect.
- Can have direct/indirect cause/effect (solid lines/ dotted lines)
- Can have the team work on this and another team come up with the new processes to prevent future events
- Have yet another team come up with a follow up plan to evaluate the new processes
Click In

- How many pages is your student care plan?
  A. 1-3
  B. >3
  C. We do concept maps
  D. Other

One Minute Care Plan

- Develop a form for a one minute care plan
  - Use in multiple courses
  - Use in all levels
  - Quick
  - Quality Improvement focus
- Lecture for 20 minutes, have students use the form

QSEN: Safety

- Minimize risk of harm.
- Value vigilance and monitoring.
- Analyze errors and identify possible improvements in processes.
- Connect communication with safety outcomes

Click In

- National Patient Safety Goal discussions belong in:
  A. Fundamentals
  B. Medical surgical nursing
  C. Leadership
  D. Clinical

Safety

NPSG Pause

- We spent the last 20 minutes discussing the management of a client with cellulitis.
- Take a look at the NPSGs and pick 2.
- Discuss how those 2 goals directly apply to care for a client with cellulitis.
- http://www.jointcommission.org/assets/1/6/2012_NPSG_HAP.pdf
Click In…

- Students complete case studies during my lecture.
  A. Yes
  B. No
  C. Other

Click In…

- Synthesis and evaluate is at the top of the original Bloom's taxonomy. What is at the pinnacle of the revised taxonomy?
  A. Have fun
  B. Create
  C. Collaborate
  D. Self actualization

Pharm Map Relay

- Blank sheet of printer paper
- Write a medication in the middle of the paper
- Start a concept map focusing on assessment/interventions for a client using this medication
- When music stops pass to the right
- Continue the map of your neighbor

Pharm Map Relay

- Nurses experience 6.3 work interruptions per hour when passing meds
- How does this resemble real life
- Pass the maps back to the left until you get your own
- How did your colleagues interpret your developing care plan
  - Concerns

Case Study Creation

- Assign groups of students different National Patient Safety Goals.
- Case study applies to an area of study in the current course.
- Case study can emphasize variance in maintaining the NPSG or actions to promote the NPSG.
- Students should write 3 high level multiple choice questions that address the issue with the NPSG.

Case Study Creation

- Have students interview one nurse from the practice area of interest to speak into the case study and/or multiple choice questions.
- Have other students critique the case study and questions.
- Have students present their case studies during staff meetings/staff in-service days at a partner facility.
QSEN and Clinical

QSEN: Informatics

- Use high quality electronic resources
- Identify essential information
- Value technology’s role in clinical decision support
- Value the nurse’s role in technology integration and management
- See lifelong learning related to technology

Click In...

- My students facebook in class.
  A. Yes
  B. No
  C. So do I
  D. Other

Facebook Friend or Foe

- Students write two case studies
  - One demonstrating facebook as friend of healthcare
  - One demonstrating facebook as foe of quality healthcare
- Have them do a web search on “nurse facebook fired”

Evaluate the Web ‘for Patients’

- Students create a paper handout for patients that teaches how to evaluate the value of web sites for health information.
  - http://tinyurl.com/2dmngvyh

QSEN Across the Curriculum
**QSEN and Clinical**

### Evaluate and Plan

- Red Yellow Green – DOTS
  - Green – Good to Go
  - Yellow – Needs Improvement
  - Pink (Red) - Priority
- Commit to a plan

### QSEN Review

- One Color Per Competency
  - White – Patient-centered Care
  - Pink – Teamwork & Collaboration
  - Yellow – Evidence-based Practice
  - Blue – Quality Improvement
  - Orange – Safety
  - Green - Informatics
- Volunteer to share for each competency

### Consider

- Could we have each QSEN competency addressed in our program outcomes?
- Could we have each QSEN competency addressed in each class (outcomes, learning activities, both)?
- Could we have QSEN competencies in our exam test blueprints (unit exams, final exams, standardized exams)?
- Other?

### Strategies

- Have a professional visit faculty meetings 3 times a semester
  - What is the most pressing concern for your unit right now?
- Discuss a QSEN competency at each faculty meeting
  - 5 minutes
- Students evaluate the curriculum based on QSEN during an exit interview / capstone exercise

### Resources on the web

- [http://qsen.org](http://qsen.org)
- [http://www.ihi.org](http://www.ihi.org)
- [http://www.jointcommission.org/standards_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx)
- [http://teamstepps.ahrq.gov](http://teamstepps.ahrq.gov)
- [http://www.cochrane.org](http://www.cochrane.org)
- [http://www.nccmt.ca/index-eng.html](http://www.nccmt.ca/index-eng.html)

### References


References


The QSEN* Commitment Form

For each competency, evaluate your curricular/individual strengths/weaknesses. Then find a learning strategy that you could realistically implement related to that competency. Work with colleagues to expand your strategies and map QSEN outcomes, learning strategies and assessment activities across the curriculum.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Evaluation</th>
<th>Plan/Strategy/Rationale</th>
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<td>Patient-centered Care:</td>
<td>“Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.”</td>
<td>Strengths/Weaknesses</td>
</tr>
<tr>
<td>Teamwork and Collaboration:</td>
<td>“Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.”</td>
<td>Strengths/Weaknesses</td>
</tr>
<tr>
<td>Evidence-based Practice:</td>
<td>“Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.”</td>
<td>Strengths/Weaknesses</td>
</tr>
<tr>
<td>Quality Improvement:</td>
<td>“Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.”</td>
<td>Strengths/Weaknesses</td>
</tr>
<tr>
<td>Safety:</td>
<td>“Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.”</td>
<td>Strengths/Weaknesses</td>
</tr>
<tr>
<td>Informatics:</td>
<td>“Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.”</td>
<td>Strengths/Weaknesses</td>
</tr>
</tbody>
</table>

*Quality & Safety Education for Nurses – www.qsen.org