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To Q or not to Q: Engaging students in quality and safety in nursing education

QStudent lets students make a difference in healthcare quality.

By Rachel N. Jalowiec, BSN; Patricia A. Sharpnack, DNP, RN, CNE, NEA-BC, ANEF; and Laura Goliat, DNP, RN, FNP-BC

Every nursing student should strive to make a positive difference in health care. Through will, ideas, and execution, QStudent was created as a new component to the Quality and Safety Education for Nurses (QSEN) Institute. (See *What is QSEN?*) QStudent focuses directly on students—their perspectives on healthcare issues and how they can improve quality and safety for patients.

Making a difference

At Ursuline College's Breen School of Nursing, in Pepper Pike, Ohio, sophomore-level courses introduce and center on the importance of healthcare quality and safety as well as nurses' professional and moral responsibility for improving care. Students in a first-semester nursing course viewed the documentary film *Escape Fire: The Fight to*

Rescue American Healthcare, which chronicles the status of health care in the United States. In the film, medical journalist Shannon Brownlee states, "If I think about what health care could be like, it would have a lot more care in it."

This film fueled a passion for quality and safety in healthcare in coauthor Rachel Jalowiec, who sought to make a difference immediately, while still a student. To find out how she could become more involved, she contacted Dr. Mary Dolansky, director of QSEN, at Case Western Reserve University, Frances Payne Bolton School of Nursing, in Cleveland, Ohio. Their conversation led to the creation of QStudent.

QStudent is designed to give nursing students a way to make a difference in healthcare quality while still in a nursing pro-

gram. It allows them to take advantage of available quality and safety resources to become more educated and quality focused and to deliver more competent care. QStudent enables students to explore ways to incorporate QSEN into their education and discuss how positive changes can be made.

We hope QStudent encourages more students to become familiar with the QSEN program and more mindful of quality and safety concerns. The desired outcome of QStudent is to create future nurses who *want* and *know how* to be productive team members, use evidence in practice, and deliver high-quality, safety-based, patient-centered care.

What does Q have to do with it?

As we all know, society has become technology driven. We're

accustomed to getting immediate information on the Internet, smartphones, tablets, and other devices. To a great degree, this shift to electronic resources is replacing books and other hard-copy formats.

Aligning with this shift, QStudent is accessed electronically. It helps students establish practices that enable and encourage lifelong learning by providing resources that help them in these efforts. QStudent features a student resource page with links to resources that students and faculty have found helpful throughout their careers. It also provides news and information relevant to the nursing student world. Its interactive blog, generated by peers, promotes efforts to join in quality and safety conversations with peers; share workplace, classroom, and clinical experiences; and troubleshoot quality and safety issues together (with full observance of the Health Insurance Portability and Accountability Act).

To Q or not to Q?

QStudent advances the quality and safety movement and promotes a deeper awareness about QSEN competencies. Mindfulness regarding quality and safety issues must start early in nursing education. QStudent can easily be incorporated into nursing curricula through community blogs, by accessing resources in class, and by encouraging upper-division students to connect with new nursing students. All nursing students, regardless of program type, can use the website and resources. Faculty can use QStudent in the classroom to encourage students to discuss quality and safety issues and become involved through use of social media.

How can you get involved?

As a student-driven site, QStudent offers a level-appropriate

What is QSEN?

In 2005, a grant from the Robert Wood Johnson Foundation led to formation of the Quality and Safety Education for Nurses (QSEN) Institute. By providing comprehensive, competency-based resources, QSEN addresses the challenge of preparing future nurses with the skills, knowledge, and attitudes they need to continuously improve the quality and safety of health care.

QSEN comprises six essential quality- and safety-based competencies:

- patient-centered care
- teamwork and collaboration
- safety
- quality improvement (QI)
- evidence-based practice (EBP)
- informatics.

Each competency promotes a commitment to reducing errors in practice and improving healthcare outcomes. These competencies align with the core competencies that the Institute of Medicine has deemed critical for providing safe, high-quality care.

QSEN phases

Phases I through III (2005 through 2012) involved a team of 17 national nursing leaders collaborating to identify the essential knowledge, skills, and attitudes needed to promote the six essential competencies listed above. The process also involved introducing QSEN competencies into such educational arenas as textbooks, licensing, accreditation, and certification standards. An emphasis on nursing education and curricular integration proved crucial to the project's success. Annual conferences, renowned speakers, national forums, web modules, and QSEN website launch to promote adoption of the competencies supported integration.

In phase IV (2012 to the present), various nursing organizations collaborated to create a QSEN-ready workforce. They included the American Nurses Association (ANA), Tri-Council for Nursing, American Association of Colleges of Nursing, American Organization of Nurse Executives, and National League for Nursing. Phase IV has provided a new and exciting direction for QSEN, centering on student engagement through QStudent.

Mindfulness regarding quality and safety issues must start early in nursing education.

view of quality and safety in health care and serves to empower students. It encourages them to be transparent and develop a voice that advocates for patients. We invite you to check out QStudent on the QSEN website at qsen.org/category/qs/, on Facebook at QSEN Institute, or on Twitter at [@QSEN_Institute](https://twitter.com/QSEN_Institute). We encourage students to share

their experiences, learn from others, and have a voice. ■

When this article was written, the authors attended or worked at Ursuline College, the Breen School of Nursing, in Pepper Pike, Ohio. Rachel N. Jalowiec was a nursing student. Currently, Patricia A. Sharpnack is the dean and Strawbridge Professor. Laura Goliat is an associate dean of undergraduate nursing and an assistant professor.

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The doorway assessment: Reducing anxiety and promoting critical thinking in nursing students

Observing the patient from the doorway on the first clinical day helps ease students' fears.

By David Foley, PhD(c), MSN, RN, MPA

As a clinical instructor, I'm aware of my enormous responsibilities—to imbue nursing students with knowledge, teach them nursing skills, help them hone their critical thinking ability, and acculturate them to the profession by conveying what it means to be a nurse. These responsibilities are both challenging and rewarding.

As I meet each new clinical group, I often take the time to reflect on the clinical instructor's unique role in each student's educational experience. In the didactic classroom, students take exams and complete written assignments. In the nursing resource lab, they learn to master the psychomotor skills they'll need. This gives them an opportunity to integrate their knowledge and skills as part of their clinical field experience.

Teaching a clinical course can be stressful for the instructor—the early wake-up call, having to leave the comfort zone of the nursing school, dealing with “difficult” unit staff. Students, many of whom already are apprehensive about providing care to their first patients, may sense the instructor's stress and become even more



anxious. This could result in a negative first clinical day, which could affect their entire clinical experience. In this article, I describe my technique for reducing students' stress on this pivotal day in their nursing education.

One step at a time

Most clinical instructors who've been teaching for years become adept at assessing their students' anxiety level during the

preconference on the first clinical day. Some students appear confident and excited; others seem almost terrified. On this day, I focus more on the latter. After assigning the more confident students to a unit scavenger hunt, I take the fearful students one at a time to a patient's room to conduct what I call a “doorway assessment.” I start by giving the student a brief cursory report on the patient in that room. Then I step into the room alone to meet the patient; I tell the patient we'll be working with him or her shortly.

Then I step back into the hallway and ask the student to report everything he or she can observe about the patient. More often than not, students are amazed at how much information they can glean from this doorway vantage point. For example, the door to the patient's room may have a sticker or magnet signifying the patient is a fall risk; a nutrition document, such as a calorie count in progress; or a coded reference to an infection control standard (such as contact or droplet precautions). I ask the student to comment on how these items might relate to the patient's di-

agnosis. What did the student learn in the classroom and nursing skills lab about patient falls or infection control? As the patient answers, I provide reassurance and positive feedback. From the doorway, the anxious student has met the patient and begun an assessment.

Stepping into the room

Next, I enthusiastically ask the student to take a few steps with me into the room and report what he or she sees in the patient's bathroom and around the bed. Items might include a specimen container, a 24-hour urine specimen collection in process, or an adaptive device, such as an elevated commode seat in the bathroom. I ask the student, "What can you conclude about the patient from these observations?"

After we step back into the hallway out of the patient's earshot, I review with the student the process for obtaining specimens and discuss how adaptive equipment can help minimize the risk of patient falls. If the student reports seeing clutter or medications in the bathroom, we discuss the potential safety consequences and address how to communicate these findings to the appropriate staff.

Meeting the patient

I give more positive reinforcement, then tell the student it's time to meet the patient. We enter into the room and, after introductions, I tell the patient about the student's goals for the day—typically, taking vital signs, completing A.M. care, and performing a basic physical assessment.

I ask the student to observe everything he or she can about the patient. Usually, the student quickly discovers a wealth of information: oxygen delivery mode; urinary collection bag; hygiene status; indications of

the patient's ethical, cultural, or religious background (for instance, an accent or religious artifacts in the room); I.V. pole; visible wounds; and even clues to how long the patient has been in the hospital. (An admission folder visible on the bedside table may indicate a newly admitted patient.)

Again, we step back into the hallway (or the report room) and review the student's findings. Why does the presence of a falls magnet on the door indicate the need for an adaptive device in the bathroom? What's an appropriate nursing diagnosis for a patient at risk for falls, and where does this risk fit in with other nursing priorities for

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this patient? What evidence of falls precautions does the student see in the room? The student may report, for instance, seeing nonskid footwear, adequate lighting, lack of clutter, and a call bell within reach.

This conversation helps the student see the big picture, identify nursing care priorities, formulate a diagnosis, assess the environment, and speculate about the evidence-based interventions he or she learned in the classroom and lab that might be appropriate for this patient. It also underscores the importance of the nurse initiating the nurse-patient relationship by using therapeutic communication as well as clinical

assessment skills. This conveys to students that the electronic health record isn't the only window into the patient's world.

When I leave that student and move on with my day, the student knows he or she must carefully review the patient's health record, obtain vital signs, and complete the physical assessment—all the while keeping in mind our doorway assessment as a reference point. In the meantime, I may use the doorway assessment with other anxious students who need extra support in engaging their patients, or to challenge more confident, advanced students who've demonstrated greater mastery of clinical skills.

An energizing effect

This exercise energizes even the most reluctant students, who may excitedly check in with me throughout the rest of the clinical day to discuss how their "doorway" findings were confirmed (or, in some cases, disproved) by the physical assessment, health record review, and interdisciplinary collaboration.

Many of my colleagues reported their nursing school experience was marred by "terrifying" clinical instructors or teachers who seemed to thrive on unnerving their students. Clinical instructors have what can seem like an overwhelming responsibility: We must foster psychological resiliency in students to help them readily adapt to the demands of the nursing workplace. The doorway assessment is just one technique that can reduce students' anxiety as they work through their first challenging clinical day and proceed with the complex process of using critical thinking and nursing skills to care effectively for patients in the clinical setting. ■

David Foley is a college lecturer at Cleveland State University School of Nursing in Cleveland, Ohio.

Writing and reviewing NCLEX test questions

Find out how you can participate in creating or reviewing questions.

By Mary C. Knowlton, DNP, RN, CNE

All nurses can recall their experience taking the nursing licensure examination, whether they did it the old-fashioned way (paper and pencil) or used today's computer-adaptive testing method. This important rite of passage helps ensure competent individuals are entering practice as new graduate nurses.

Nurse educators are astutely aware of student preparation for the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) and the National Council Licensure Examination for Practice Nurses (NCLEX-PN®). But you may not know about the many ways licensed nurses can contribute to creating and reviewing NCLEX test items.

The National Council of State Boards of Nursing (NCSBN®) routinely analyzes the topic areas of most relevance to the practice of newly licensed RNs. It performs a practice analysis every 3 years through paper and electronic survey distribution, eliciting feedback on 139 nursing activities. The 2014 NCLEX-RN practice analysis survey was sent to 12,000 newly licensed RNs with an average of 3 months' workforce experience as an RN. Survey results are used to make changes to the test plan that guides content distribution of items on the licensure exams.

Participation of practicing nurses in the item-writing process is vital. Although Pearson Vue (the company that de-



velops and administers NCLEX) has a professional editorial staff that works with the items created, practicing nurses' knowledge and expertise are essential to the process.

How to participate

Are you interested in writing or reviewing questions for the NCLEX exam? Experienced nurses can participate on an item-development panel as either an item writer or an item reviewer by completing a volunteer application on the NCSBN website (ncsbn.org/exam-volunteer-opportunities.htm). *Item writers* create questions for the NCLEX exam. *Item reviewers* examine test items for relevance and appropriateness for an entry-level practitioner.

Requirements

Basic qualifications for item

writers and reviewers include:

- current licensure (RN for the NCLEX-RN exam or LPN/LVN (licensed practical/vocational nurse) for the NCLEX-PN exam)
- employment in the jurisdiction where they practice
- current knowledge of entry-level practice
- at least 2 years' experience working as an RN or LPN/LVN.

Item writers must have a master's degree or higher and must teach basic or undergraduate education students in the clinical setting. Item reviewers must be practicing nurses who work directly with new graduates in the clinical setting as preceptors or who serve in a supervisory role. (Nurses who've participated in nursing licensure preparation courses or creation of NCLEX-style written materials in the past 2 years aren't eligible to write or develop items.)

Giving back to the profession

Serving on the NCLEX item-development panel is a way to give back to the nursing profession and ensure that nurses passing licensure exams have demonstrated the knowledge and expertise essential for entry into practice. Practicing nurses' participation in creating NCLEX exams is so crucial that Pearson Vue covers all of their travel expenses.

Serving on the item-development panel has many benefits. Participants get the opportunity to collaborate with national and international nurses while developing test item-writing skills and earning continuing education hours. The NCSBN and Pearson Vue representatives provide presentations on the NCLEX exam creation process from the point of item creation to the item's appearance on a candidate's exam. Each item undergoes extensive review by editors, practicing nurses, non-nursing panels, and

regulatory representatives. Items are fine-tuned to ensure they are free of bias and stereotypes, and all items are written in a similar style and format. The exams also undergo a thorough psychometric performance analysis.

Experienced nurses can participate on an item-development panel as either an item writer or an item reviewer.

Satisfaction, gratification, and pride

What's the lived experience of participating on the NCLEX item-development panel? As a past item-writing panel member, I can tell you it's hard work—an extremely challenging cognitive

exercise. But as with most life events, the greater the challenge, the greater the reward. After 4 days of mentally stimulating work, I came away feeling proud of my contribution to the nursing profession. It was well worth the effort. For more information about participating on the NCLEX item-development panel, visit ncsbn.org/13_NCLEX_Item_Development_forweb_0613.pdf. ■

Mary C. Knowlton, a 2013 item-writing panel member for NCLEX, is an assistant professor and accelerated BSN program director at Western Carolina University in Cullowhee, North Carolina.

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Consider a career as a healthcare simulation educator

Simulation education roles offer exciting career opportunities.

By Deborah Lindell, DNP, RN, CNE, ANEF; Kathleen Poindexter, PhD, RN, CNE; and Debra Hagler, PhD, RN, ACNS-BC, CNE, CHSE, ANEF, FAAN

Simulations give healthcare professionals and students the opportunity to practice complex skills in realistic settings. According to David Gaba, MD, director of the Center for Immersive and Simulation-Based Learning at Stanford University School of Medicine, “Simulation is a technique—not a technology—to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.”

Simulation has rapidly become an integral part of clinical education in the health professions, from prelicensure programs through orientation, residencies, and professional development. Advancement of simulation in health care opens new career paths in teaching

with cutting-edge technology while contributing to healthcare quality and safety.

Healthcare simulation educators (HSEs) support healthcare professionals who are learning to manage clinical situations and provide care that’s safe, effective, efficient, timely, patient-centered, and equitable. This article describes the important roles HSEs can play and provides resources nurses can use to prepare for their new roles in educational simulation.

What HSEs do

HSEs may teach an individual learner or a group of learners practicing to work as a team. Simulation settings represent specific environments, such as an operating suite, a hospital unit, or an emergency response

site in the community. The fidelity level (degree of realism) and simulation education model chosen for a particular situation depend on the desired learning outcomes and available resources. Simulation delivery models include those that use task trainers, mannequins, standardized patients, computer-based settings, and virtual reality. (See *Models of simulation-based clinical education*.)

Simulation-focused theory and research provide the scientific basis, practice guidelines, educator competencies, and quality standards for this field. The International Nursing Association for Clinical Simulation and Learning has developed comprehensive standards of practice for simulation. In 2015, the National Council of State Boards of Nursing published guidelines for the use of simulation in prelicensure nursing education; the guidelines recommend special preparation for educators whose teaching will involve simulation.

Progress in the area of simulation has inspired advancement in other areas of nursing education and practice. For example, debriefing and reflection have proven so valuable in enhancing learning during simulation that nursing leaders are promoting a renewed integration of those teaching-learning strategies across the nursing curriculum.



Roles for HSEs

If you're interested in an expanded career role as an HSE, you have many options for getting involved. Roles, titles, and team members vary across settings. Some simulation centers are run by one educator and serve one healthcare profession, whereas larger centers may employ technical and educational specialists under the direction of a simulation director and support learners from multiple health professions.

Roles for HSEs may be direct or indirect. Direct roles and associated activities include:

- *academic program educator or faculty member*: teaching through simulation, designing simulations congruent with the curriculum, promoting reflection and debriefing, evaluating performance, and providing feedback

Progress in the area of simulation has inspired advancement in other areas of nursing education and practice.

- *clinical department educator*: teaching through simulation, designing simulations congruent with quality-improvement processes, promoting reflection and debriefing, evaluating performance, and providing feedback
- *operations specialist*: scheduling, managing equipment and technical support, and providing voice responses for mannequins and off-screen characters
- *center director or coordinator*: providing leadership for staff; managing budget, staffing, and facilities.

Indirect roles and corresponding activities include:

- *researcher*: conducting studies using simulation as a tool to investigate clinical practice questions or identify the most effective uses of simulation; designing optimal healthcare processes and equipment
- *corporate sales and education*: providing training and ongoing customer support related to simulation technology
- *entrepreneur*: providing simulation services to healthcare organizations that don't run their own simulation services
- *administrator*: supporting strategic planning and overall management of a simulation center
- *leader across roles*: serving on simulation center advisory boards or on professional organizations.

Resources for clinicians interested in developing simulation-based clinical education include professional organizations, certification, conferences, continuing education courses, and certificate and academic degree programs.

A new direction for you?

The continued development of simulation as a safe and effective method for practicing clinical skills will call for additional educators with expertise in healthcare simulation. HSE roles offer meaningful and exciting career opportunities for nurses and other healthcare professionals. Perhaps the role of HSE is in your future. ■

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For resources for healthcare simulation educators and a list of selected references, visit www.AmericanNurseToday.com/?p=23253.



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