Graduate QSEN Competencies-2009

OVERVIEW

The overall goal for the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work.

Using the Institute of Medicine [1] competencies, QSEN faculty, a National Advisory Board, and 17 representatives from 11 professional organizations representing advanced nursing practice defined quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing graduate programs for each competency. These definitions are shared in the six tables below as a resource to serve as guides to curricular development for formal academic graduate programs and for use as criteria for certification and continuing education of advanced practice nurses [2].

For information on applying the competencies at a prelicensure level, see the Prelicensure KSAs page.

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DEFINITIONS AND GRADUATE KSAS

- Patient-centered Care
- Teamwork and Collaboration
- Evidence-based Practice (EBP)
- Quality Improvement (QI)
- Safety
- Informatics

Patient-centered Care

Definition: 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.

Knowledge	Skills	Attitudes
Analyze multiple dimensions of patient centered care: • patient/family/community	Elicit patient values, preferences and expressed needs as part of clinical interview, diagnosis,	Value seeing health care situations 'through patients' eyes'. Respect

preferences, values • coordination and integration of care • information, communication, and education • physical comfort and emotional support • involvement of family and friends • transition and continuity. Analyze how diverse cultural, ethnic, spiritual and social backgrounds function as sources of patient, family, and community values. Analyze social, political, economic, and historical dimensions of patient care processes and the implications for patient-centered care. Integrate knowledge of psychological, spiritual, social, developmental and physiological models of pain and suffering	implementation of care plan and evaluation of care. Communicate patient values, preferences and expressed needs to other members of health care team. Provide patient-centered care with sensitivity, empathy and respect for the diversity of human experience Ensure that the systems within which one practices support patient-centered care for individuals and groups whose values differ from the majority or one's own. Assess and treat pain and suffering in light of patient values, preferences, and expressed needs	and encourage individual expression of patient values, preferences and expressed needs. Value the patient's expertise with own health and symptoms Honor learning opportunities with patients who represent all aspects of human diversity Seek to understand one's personally held attitudes about working with patients from different ethnic, cultural and social backgrounds Willingly support patient-centered care for individuals and groups whose values differ from own Value cultural humility Seek to understand one's personally held values and beliefs about the management of pain or suffering
Analyze ethical and legal implications of patient-centered care. Describe the limits and boundaries of therapeutic patient-centered care	Respect the boundaries of therapeutic relationships. Acknowledge the tension that may exist between patient preferences and organizational and professional responsibilities for ethical care. Facilitate informed patient consent for care	Value shared decision-making with empowered patients and families, even when conflicts occur
Analyze strategies that empower patients or families in all aspects of the health care process. Analyze features of physical facilities that support or pose barriers to	Engage patients or designated surrogates in active partnerships along the health illness continuum. Create or change organizational cultures so that patient and family preferences are	Respect patient preferences for degree of active engagement in care process. Honor active partnerships with patients or designated surrogates in

patient-centered care. Analyze reasons for common barriers to active involvement of patients and families in their own health care processes	assessed and supported. Assess level of patient's decisional conflict and provide access to resources Eliminate barriers to presence of families and other designated surrogates based on patient preferences	planning, implementation, and evaluation of care. Respect patient's right to access to personal health records Value system changes that support patient-centered care
Integrate principles of effective communication with knowledge of quality and safety competencies. Analyze principles of consensus building and conflict resolution. Analyze advanced practice nursing roles in assuring coordination, integration, and continuity of care Describe process of reflective practice	Continuously analyze and improve own level of communication skill in encounters with patients, families, and teams. Provide leadership in building consensus or resolving conflict in the context of patient care. Communicate care provided and needed at each transition in care Incorporate reflective practices into own repertoire	Value continuous improvement of own communication and conflict resolution skills. Value consensus. Value the process of reflective practice

TEAMWORK AND COLLABORATION

Definition: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Knowledge	Skills	Attitudes
Analyze own strengths, limitations and values as a member of a team. Analyze impact of own advanced practice role and its contributions to team functioning	Demonstrate awareness of own strengths and limitations as a team member. Continuously plan for improvement in use of self in effective team development and functioning. Act with integrity, consistency and respect for differing views	Acknowledge own contributions to effective or ineffective team functioning
Describe scopes of practice and roles of all health care	Function competently within own scope of practice as a member of	Respect the unique attributes that members

team members. Analyze strategies for identifying and managing overlaps in team member roles and accountabilities	the health care team. Assume role of team member or leader based on the situation. Guide the team in managing areas of overlap in team member functioning Solicit input from other team members to improve individual, as well as team, performance Empower contributions of others who play a role in helping patients/families achieve health goals	bring to a team, including variation in professional orientations, competencies and accountabilities. Respect the centrality of the patient/family as core members of any health care team
Analyze strategies that influence the ability to initiate and sustain effective partnerships with members of nursing and inter-professional teams. Analyze impact of cultural diversity on team functioning	Initiate and sustain effective health care teams. Communicate with team members, adapting own style of communicating to needs of the team and situation	Appreciate importance of inter-professional collaboration. Value collaboration with nurses and other members of the nursing team
Analyze differences in communication style preferences among patients and families, advanced practice nurses and other members of the health teamDescribe impact of own communication style on others	Communicate respect for team member competence in communication. Initiate actions to resolve conflict	Value different styles of communication
Describe examples of the impact of team functioning on safety and quality of care. Analyze authority gradients and their influence on teamwork and patient safety	Follow communication practices that minimize risks associated with handoffs among providers, and across transitions in care. Choose communication styles that diminish the risks associated with authority gradients among team members. Assert own position/perspective and supporting evidence in discussions about patient care	Appreciate the risks associated with handoffs among providers and across transitions in care. Value the solutions obtained through systematic, inter-professional collaborative efforts

Identify system barriers and facilitators of effective team functioning. Examine strategies for improving systems to support team functioning	Lead or participate in the design and implementation of systems that support effective teamwork. Engage in state and national policy initiatives aimed at improving teamwork and collaboration	Value the influence of system solutions in achieving team functioning

EVIDENCE-BASED PRACTICE (EBP)

Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

Knowledge	Skills	Attitudes
Demonstrate knowledge of health research methods and processes. Describe evidence-based practice to include the components of research evidence, clinical expertise and patient/family values	Use health research methods and processes, alone or in partnership with scientists, to generate new knowledge for practice. Adhere to Institutional Review Board guidelines. Role model clinical decision making based on evidence, clinical expertise and patient/family preferences and values	Appreciate strengths and weaknesses of scientific bases for practice. Value the need for ethical conduct of research and quality improvement. Value all components of evidence-based practice
Identify efficient and effective search strategies to locate reliable sources of evidence	Employ efficient and effective search strategies to answer focused clinical questions	Value development of search skills for locating evidence for best practice
Identify principles that comprise the critical appraisal of research evidence. Summarize current evidence regarding major diagnostic and treatment actions within the practice specialty. Determine evidence gaps within the practice specialty	Critically appraise original research and evidence summaries related to area of practice. Exhibit contemporary knowledge of best evidence related to practice specialty. Promote research agenda for evidence that is needed in practice specialty Initiate changes in approaches to care when new evidence warrants evaluation of other options for	Value knowing the evidence base for practice specialty. Value public policies that support evidence-based practice

	improving outcomes or decreasing adverse events	
Analyze how the strength of available evidence influences the provision of care (assessment, diagnosis, treatment and evaluation) Evaluate organizational cultures and structures that promote evidence-based practice	Develop guidelines for clinical decision-making regarding departure from established protocols/standards of care. Participate in designing systems that support evidence-based practice	Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices. Value the need for continuous improvement in clinical practice based on new knowledge

QUALITY IMPROVEMENT (QI)

Definition: 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.

Knowledge	Skills	Attitudes
Describe strategies for improving outcomes of care in the setting in which one is engaged in clinical practice. Analyze the impact of context (such as, access, cost or team functioning) on improvement efforts	Use a variety of sources of information to review outcomes of care and identify potential areas for improvement. Propose appropriate aims for quality improvement efforts. Assert leadership in shaping the dialogue about and providing leadership for the introduction of best practices	Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
Analyze ethical issues associated with quality improvement. Describe features of quality improvement projects that overlap sufficiently with research, thereby requiring IRB oversight	Assure ethical oversight of quality improvement projects. Maintain confidentiality of any patient information used to determine outcomes of quality improvement efforts	Value the need for ethical conduct of quality improvement

Describe the benefits and limitations of quality improvement data sources, and measurement and data analysis strategies	Design and use databases as sources of information for improving patient care. Select and use relevant benchmarks	Appreciate the importance of data that allows one to estimate the quality of local care
Explain common causes of variation in outcomes of care in the practice specialty	Select and use tools (such as control charts and run charts) that are helpful for understanding variation. Identify gaps between local and best practice	Appreciate how unwanted variation affects outcomes of care processes
Describe common quality measures in the practice specialty	Use findings from root cause analyses to design and implement system improvements. Select and use quality measures to understand performance	Value measurement and its role in good patient care
Analyze the differences between micro-system and macro-system change. Understand principles of change management. Analyze the strengths and limitations of common quality improvement methods	Use principles of change management to implement and evaluate care processes at the micro-system level. Design, implement and evaluate tests of change in daily work (using an experiential learning method such as Plan-Do-Study-Act) Align the aims, measures and changes involved in improving care Use measures to evaluate the effect of change	Appreciate the value of what individuals and teams can to do to improve care. Value local systems improvement (in individual practice, team practice on a unit, or in the macro-system) and its role in professional job satisfaction. Appreciate that all improvement is change but not all change is improvement

SAFETY

Definition: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

Knowledge	Skills	Attitudes

Describe human factors and other basic safety design principles as well as commonly used unsafe practices (such as workarounds and dangerous abbreviations) Describe the benefits and limitations of selected safety-enhancing technologies (such as barcodes, Computer Provider Order Entry, and electronic prescribing) Evaluate effective strategies to reduce reliance on memory	Participate as a team member to design, promote and model effective use of technology and standardized practices that support safety and quality. Participate as a team member to design, promote and model effective use of strategies to reduce risk of harm to self and others. Promote a practice culture conducive to highly reliable processes built on human factors research Use appropriate strategies to reduce reliance on memory (such as forcing functions, checklists)	Value the contributions of standardization and reliability to safety. Appreciate the importance of being a safety mentor and role model. Appreciate the cognitive and physical limits of human performance
Delineate general categories of errors and hazards in care Identify best practices for organizational responses to error. Describe factors that create a just culture and culture of safety Describe best practices that promote patient and provider safety in the practice specialty	Communicate observations or concerns related to hazards and errors to patients, families and the health care team. Identify and correct system failures and hazards in care. Design and implement micro-system changes in response to identified hazards and errors Engage in a systems focus rather than blaming individuals when errors or near misses occur Report errors and support members of the healthcare team to be forthcoming about errors and near misses	Value own role in reporting and preventing errors. Value systems approaches to improving patient safety in lieu of blaming individuals. Value the use of organizational error reporting systems
Describe processes used to analyze causes of error and allocation of responsibility	Participate appropriately in analyzing errors and designing,	Value vigilance and monitoring of care, including one's own

and accountability (such as root cause analysis and failure mode effects analysis)	implementing and evaluating system improvements	performance, by patients, families and other members of the health care team
Describe methods of identifying and preventing verbal, physical and psychological harm to patients and staff	Prevent escalation of conflict. Respond appropriately to aggressive behavior	Value prevention of assaults and loss of dignity for patients, staff, and aggressors
Analyze potential and actual impact of national patient safety resources, initiatives and regulations	Use national patient safety resources: • for own professional development • to focus attention on safety in care settings • to design and implement improvements in practice	Value relationship between national patient safety campaigns and implementation in local practices and practice settings

INFORMATICS

Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Knowledge	Skills	Attitudes
Contrast benefits and limitations of common information technology strategies used in the delivery of patient care. Evaluate the strengths and weaknesses of information systems used in patient care	Participate in the selection, design, implementation and evaluation of information systems. Communicate the integral role of information technology in nurses' work. Model behaviors that support implementation and appropriate use of electronic health records Assist team members to adopt information technology by piloting and evaluating proposed technologies	Value the use of information and communication technologies in patient care

Formulate essential information that must be available in a common database to support patient care in the practice specialty. Evaluate benefits and limitations of different communication technologies and their impact on safety and quality	Promote access to patient care information for all professionals who provide care to patients. Serve as a resource for how to document nursing care at basic and advanced levels Develop safeguards for protected health information Champion communication technologies that support clinical decision-making, error prevention, care coordination, and protection of patient privacy	Appreciate the need for consensus and collaboration in developing systems to manage information for patient care. Value the confidentiality and security of all patient records
Describe and critique taxonomic and terminology systems used in national efforts to enhance interoperability of information systems and knowledge management systems	Access and evaluate high quality electronic sources of healthcare information Participate in the design of clinical decision-making supports and alerts Search, retrieve, and manage data to make decisions using information and knowledge management systems Anticipate unintended consequences of new technology	Value the importance of standardized terminologies in conducting searches for patient information. Appreciate the contribution of technological alert systems Appreciate the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care

REFERENCES

[1] Institute of Medicine. Health professions education: A bridge to quality. *Washington DC: National Academies Press*; 2003.

[2] Cronenwett, L., Sherwood, G., Pohl, J., Barnsteiner, J., Moore, S., Sullivan, D., Ward, D., Warren, J. (2009).
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