Seeing Practice as Process: Teaching Quality Through Self Reflection
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ABSTRACT
Reflective practice can be defined as any instance where an individual thinks critically about a previous action, thought, or experience. It allows for critical analysis not only for the what, but the why, which has proven to be the focal point of the teaching experience. Typically, reflection is focused on individual provider competencies not on process of care. The purpose of using self-reflection in this new teaching strategy is to encourage nurses to think in a process-oriented paradigm, looking at risk management through processes of care. By incorporating the Failure Mode Effects Analysis (FMEA) and Root Cause Analysis (RCA) processes with appreciative inquiry, through reflection, we have an innovative strategy for teaching quality improvement in new to practice nurse residency education.

METHODS
Education sessions alternated between the use of FMEA and appreciative inquiry and the use of RCA and retrospective risk assessment. Participants were divided into teams and were asked for an experience which went exceptionally well or poorly during their clinical time related to the specific pre-licensure QSEN KSA categories listed below with topics covered.

* Patient-centered care: Time Management/Prioritization, Failure to Rescue, Code Blue/Rapid Response
* Evidence Based Practice: EBP Projects
* Informatics: Documentation, Communication

Post-it notes were used to collect experiences and the Nursing Professional Development (NPD) Practitioners chose those which were most fitting with the KSA category. The FMEA process was used to dissect the example(s) chosen, determining the possible points of failure and how they could best be prevented. A similar process was utilized during the RCA segments using the five whys. Debriefing was facilitated by the NPD Practitioners. Quality improvement methodology was used when discussing, planning, and implementing solutions for future practice.

RESULTS
The graphs below show the results from the FMEA and RCA teaching strategies over eight seminars. The first bar on each graph represents the actual number of examples for each topic provided by the Nurse Residents via post-it notes. The second bar denotes the actual number of experiences the NPD Practitioners chose from the post-it notes to utilize the teaching methodologies.

- **FMEA:**
  - Total: 26
  - Failure to Rescue: 12
  - Code Blue/Rapid Response: 9
  - Communication/Conflict Management: 3
  - Stress Management: 2
  - Time Management/Prioritization: 2

- **RCA:**
  - Total: 20
  - Failure to Rescue: 13
  - Code Blue/Rapid Response: 6
  - Communication/Conflict Management: 1
  - Stress Management: 1
  - Time Management/Prioritization: 0

Evaluation of Teaching Strategy
Participants were asked to rate their satisfaction for the FMEA and RCA processes used with each topic. The following rating scale was used: N/A-1, Poor-2, Fair-3, Good-4, Excellent-5. Overall, 80% of the nurse residents gave an excellent score and 20% gave a good score throughout the seminars. This shows the participants were very satisfied with this innovative teaching methodology.

LIMITATIONS
- Size of group
- Intimidation of sharing ideas/stories
- Confidentiality
- Participants engagement in the specified topic
- Lack of situations that occurred
- New nurse's ability to recollect experiences
- Nurse Residents working in different areas/units
- Group make-up varied: different generations and/or second career registered nurses
- Seminars done with Nurse Residents not Nursing Students
- RCA process adopted three months later in program
- Time allotment for debriefing

RECOMMENDATIONS
- Academic and Practice Settings should incorporate appreciative inquiry using FMEA process and risk assessment through RCA process to align with QSEN KSA Pre-licensure Competencies.
- Academic and Practice Settings should include this innovative concept of reflective practice utilizing group discussion rather than journaling in teaching sessions.

REFERENCES