

Quality Improvement Bibliography

2014

Safety consciousness: assignments that expand focus beyond the bedside.

2014

Seibert, S. A.. (2014). Safety consciousness: assignments that expand focus beyond the bedside. *Nurse education today*, 34(2), 233-236.

[Abstract]

In order to stimulate safety consciousness beyond the bedside, a series of meaningful, practice-based learning activities were devised that compel students in a baccalaureate nursing program to consider safety issues beyond the obvious concerns at the point of care. The assignments emphasize systems level thinking and process evaluation of facility characteristics, team communication, and unit based improvement campaigns. Reflective components engage students in evaluation of their comfort level with being an agent of change, the climate for change on their unit, and their confidence in delegation and communication skills. Through these assignments, students demonstrated integration of concepts from lecture (change theory, systems theory, quality improvement, and process evaluation) and achievement of Quality and Safety Education for Nurses (QSEN) competencies. The reflective components stimulated critical reflection of practice. Examples of student responses are included in this article.

@article{RefWorks:232,

author={S. A. Seibert},

year={2014},

month={Feb},

title={Safety consciousness: assignments that expand focus beyond the bedside},

journal={Nurse education today},

volume={34},

number={2},

pages={233-236},

note={CI: (c) 2013; JID: 8511379; OTO: NOTNLM; 2012/07/19 [received]; 2013/07/16 [revised]; 2013/08/11 [accepted]; 2013/08/19 [aheadofprint]; ppublish},

keywords={Critical reflection; Problem based learning; QSEN competencies; Safety consciousness},

isbn={1532-2793; 0260-6917},

language={eng}

2013

Teaching the Quality Improvement Process to Nursing Students.

J., B. D., & Lewis, L.. (2013). Teaching the Quality Improvement Process to Nursing Students. *Journal of Nursing Education*, 52(7), 398-401.

[\[Download PDF\]](#)

[Abstract]

During the past decade, there has been increasing emphasis on nurses leading and participating in quality improvement (QI) activities, creating a need for nursing students to learn QI skills. There is minimal information that explains how to teach QI skills or provide nursing students with the opportunity to participate in actual QI projects. Faculty in a prelicensure diploma RN program developed a project that provides an opportunity for senior students to participate in an interdisciplinary team related to the development, planning, and implementation of QI projects in a geriatric setting. *J Nurs Educ.* 2013;52(7):398-400.]

@article{RefWorks:227,

author={Barbara Dotson J. and Lisa Lewis},

year={2013},

month={07},

title={Teaching the Quality Improvement Process to Nursing Students},

journal={Journal of Nursing Education},

volume={52},

number={7},

pages={398-401},

note={ID: 2012169459},

keywords={Quality Improvement – Education; Students, Nursing; Education, Nursing; Student Attitudes; Learning Methods},

isbn={0148-4834},

language={English},

url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2012169459&site=ehost-live}

Integrating quality improvement into pre-registration education.

Jones, A., Williams, A., & Carson-Stevens, A.. (2013). Integrating quality improvement into pre-registration education. *Nursing Standard*, 27(29), 44-48.

[\[Download PDF\]](#)

[Abstract]

Healthcare organisations around the world are adopting new strategies to improve the quality of patient care in response to reports of negative patient outcomes and cuts to public service expenditure. However, many nurses lack the knowledge, skills and attitude to improve the systems within which they work, calling for a radical redesign of nursing education to integrate quality improvement science. This article describes the integration of quality improvement

education within undergraduate nursing education programmes in Wales through collaboration between higher education institutions, NHS Wales and the UK Institute for Healthcare Improvement Open School.

@article{RefWorks:221,
author={Aled Jones and Angela Williams and Andrew Carson-Stevens},
year={2013},
month={03/20},
title={Integrating quality improvement into pre-registration education},
journal={Nursing Standard},
volume={27},
number={29},
pages={44-48},
note={ID: 2012052345},

keywords={Education, Nursing; Quality Improvement – Methods; Process Assessment (Health Care); National Health Programs – Wales; Wales; Curriculum Development; Students, Nursing; Program Planning},
isbn={0029-6570},
language={English},
url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2012052345&site=ehost-live}

Safe practice: using high-fidelity simulation to teach blood transfusion reactions.

Prentice, D., & O’rourke, T.. (2013). Safe practice: using high-fidelity simulation to teach blood transfusion reactions. *Journal of infusion nursing : the official publication of the Infusion Nurses Society*, 36(3), 207-210.

[Abstract]

High-fidelity simulation can play an important role in educating novice nurses for a challenging health care environment by fostering their confidence levels in recognizing high-risk, low-incident events. This paper reports on a quality improvement project to increase student nurses’ knowledge and skills in caring for clients receiving blood transfusions.

@article{RefWorks:230,
author={D. Prentice and T. O'rourke},
year={2013},
month={May-Jun},
title={Safe practice: using high-fidelity simulation to teach blood transfusion reactions},
journal={Journal of infusion nursing : the official publication of the Infusion Nurses Society},
volume={36},
number={3},
pages={207-210},
note={JID: 101124170; ppublish},

keywords={Blood Transfusion/adverse effects; Chemistry, Clinical; Education, Nursing; Humans; Patient Safety; Quality Improvement; Students, Nursing},

isbn={1539-0667; 1533-1458},
language={eng}

A Mental Health Simulation Experience for Baccalaureate Student Nurses.

T., S. L., & Kaplan, B.. (2013). A Mental Health Simulation Experience for Baccalaureate Student Nurses. *Clinical Simulation in Nursing*, 9(10), e425-31.

[\[Download PDF\]](#)

@article{RefWorks:217,

author={Sally Lehr T. and Barbara Kaplan},

year={2013},

month={10},

title={A Mental Health Simulation Experience for Baccalaureate Student Nurses},

journal={Clinical Simulation in Nursing},

volume={9},

number={10},

pages={e425-31},

note={ID: 2012304692},

keywords={Psychiatric Nursing – Education; Education, Nursing, Baccalaureate; Simulations; Human; Student Placement; Learning Environment, Clinical; Education, Clinical; Quality Improvement; Education Research; Anxiety; Participant Observation; Student Experiences},

isbn={1876-1399},

language={English},

url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2012304692&site=ehost-live}

Using an SBAR – Keeping it real! Demonstrating how improving safe care delivery has been incorporated into a top-up degree programme.

Whittingham, K. A., & Oldroyd, L. E.. (2013). Using an SBAR – Keeping it real! Demonstrating how improving safe care delivery has been incorporated into a top-up degree programme. *Nurse education today*.

[Abstract]

Using a standard communication tool can enhance and provide focus, to ensure that communication is accurately recorded and understood (Marquis and Huston, 2009). The Situation, Background, Assessment and Recommendation (SBAR) approach is common place in healthcare situations today (Institute for Health Improvement, 2011), thus justifying the use of this contemporary way of communicating to structure this article. Patient safety, clinical effectiveness and person centred approaches to care, are top priorities in healthcare today. As nursing is in transition to an all degree profession, these dimensions of care should be integral to any “top-up” qualification. This paper discusses how this current clinical agenda was embedded into a top-up degree along with improvement methodology, in order to prepare newly graduated nurses for the world of modern healthcare. The module was developed and delivered in collaboration with clinical practice to maintain credibility and realism for the students. Based on Salmon’s model of e-learning (Salmon, 2004), the completely online delivery meant that the

students learning occurred whilst clinically based, allowing for theory and practice to interweave in a meaningful way, resulting in actual quality improvement.

@article{RefWorks:231,
author={K. A. Whittingham and L. E. Oldroyd},
year={2013},
month={Nov 11},
title={Using an SBAR - Keeping it real! Demonstrating how improving safe care delivery has been incorporated into a top-up degree programme},
journal={Nurse education today},
note={CI: Crown Copyright (c) 2013; JID: 8511379; OTO: NOTNLM; 2013/03/10 [received]; 2013/10/29 [revised]; 2013/11/01 [accepted]; aheadofprint},

keywords={Effectiveness; Online learning; Patient safety; Person centred care; Quality improvement},

isbn={1532-2793; 0260-6917},

language={ENG}

2012

The role of constructive feedback in patient safety and continuous quality improvement.

Altmiller, G.. (2012). The role of constructive feedback in patient safety and continuous quality improvement. *Nursing Clinics of North America*, 47(3), 365-374.

[\[Download PDF\]](#)

[Abstract]

Constructive feedback is essential for personal and professional growth. It is an integral part of continuous quality improvement and essential in maintaining patient safety in the clinical environment. The perception of feedback can interfere with professionals giving and receiving feedback, which can have negative consequences on patient outcomes. Delivering and receiving feedback effectively are learned skills that should be introduced early in prelicensure education. Faculty have the opportunity to influence the perception of feedback to be viewed as an opportunity so that students can learn to appreciate its value in maintaining patient safety and high-quality care in clinical practice. Copyright © 2012 by Elsevier Inc.

@article{RefWorks:228,
author={Gerry Altmiller},
year={2012},
month={09},
title={The role of constructive feedback in patient safety and continuous quality improvement},
journal={Nursing Clinics of North America},
volume={47},
number={3},
pages={365-374},

note={ID: 2011687873},

keywords={Communication; Education, Nursing; Feedback; Patient Safety; Quality Improvement; Quality of Nursing Care; Teaching Methods},
isbn={0029-6465},
language={English},
url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011687873&site=ehost-live}

Results Of An Effort To Integrate Quality And Safety Into And Nursing School Curricula And Foster Joint Learning.

Ann, L. H., J., A. B., Ogrinc, G., Strang, C., J., H. A., A., M. A., Haidet, P., Lindell, D., S., W. M., & E., J. P.. (2012). Results Of An Effort To Integrate Quality And Safety Into And Nursing School Curricula And Foster Joint Learning. *Health affairs*, 31(12), 2669-2680.

[\[Download PDF\]](#)

[Abstract]

Improvements in health care are slow, in part because doctors and nurses lack skills in quality improvement, patient safety, and interprofessional teamwork. This article reports on the Retooling for Quality and Safety initiative of the Josiah Macy Jr. Foundation and the Institute for Healthcare Improvement, which sought to integrate improvement and patient safety into medical and nursing school curricula. In one academic year, 2009-10, the initiative supported new learning activities (87 percent of which were interprofessional, involving both medical and nursing students) in classrooms, simulation centers, and clinical care settings that involved 1,374 student encounters at six universities. The work generated insights—described in this article—into which learning goals require interprofessional education; how to create clinically based improvement learning for all students; and how to demonstrate the effects on students' behavior, organizational practice, and benefits to patients. A commonly encountered limiting factor for the programs was the lack of a critical mass of clinically based faculty members who were ready to teach about the improvement of care. What's more, the paucity of robust evaluation strategies for such programs suggests a future research agenda that deserves to be funded.

@article{RefWorks:226,

author={Linda Headrick Ann and Amy Barton J. and Greg Ogrinc and Carly Strang and Hanan Aboumatar J. and Myra Aud A. and Paul Haidet and Deborah Lindell and Wendy Madigosky S. and Jan Patterson E.},

year={2012},

month={12},

title={Results Of An Effort To Integrate Quality And Safety Into And Nursing School Curricula And Foster Joint Learning},

journal={Health affairs},

volume={31},

number={12},

pages={2669-2680},

note={ID: 2011785745},

keywords={Schools, Nursing – United States; Patient Safety – Education; Quality Improvement – Education; Curriculum Development; Education, Interdisciplinary; Outcomes of Education – Evaluation; Patient Simulation; Learning Environment; Student Placement; United States; Accreditation – Standards; Pilot Studies; Evaluation Research – Methods},
isbn={0278-2715},
language={English},
url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011785745&site=ehost-live}

Designing education to improve care.

Armstrong, G., Headrick, L., Madigosky, W., & Ogrinc, G.. (2012). Designing education to improve care. *Joint Commission journal on quality and patient safety / Joint Commission Resources*, 38(1), 5-14.

[Abstract]

BACKGROUND: Educators in all health care disciplines are increasingly aware of the importance and value of teaching improvement as an integral part of health professional development. Although faculty and learners can often identify needed changes in the clinical setting, many educators are not sure how to teach the improvement principles and methods needed to achieve and sustain those changes. **DEFINING AND DEVELOPING COMPETENCY IN QI:** Five developmental levels apply to physicians, nurses, and other members of an interprofessional quality improvement (QI) team: novice, advanced beginner, competent, proficient, and expert. For example, the expert develops a vast repertoire of skills and a capacity for situational discrimination, performs tasks on a more intuitive level, and recognizes and immediately addresses essential problems. Improvement is an action, and learning about improvement must be action based. Certain skills and knowledge are required at each stage in this learning process so that students in the health professions achieve competence in QI before entering practice. **GENERAL PRINCIPLES FOR EDUCATIONAL EXPERIENCES IN HEALTH CARE IMPROVEMENT:** Four principles, which apply at any developmental level, can help answer educators' questions about where to start: (1) The Learning Experience Should Be a Combination of Didactic and Project-Based Work; (2) Link with Health System Improvement Efforts; (3) Assess Education Outcomes; and (4) Role Model QI in Educational Processes. **CONCLUSION:** As educators teach future health professionals about improving care, the dissemination of exemplary models and emerging best practices will be increasingly important. Sustainability of improvements in patient outcomes will be dependent on both the value systems and skills of health professionals entering practice.

@article{RefWorks:233,

author={G. Armstrong and L. Headrick and W. Madigosky and G. Ogrinc},
year={2012},
month={Jan},
title={Designing education to improve care},
journal={Joint Commission journal on quality and patient safety / Joint Commission Resources},
volume={38},
number={1},

pages={5-14},
note={LR: 20130715; JID: 101238023; ppublish},

keywords={Attitude of Health Personnel; Clinical Competence; Education, Medical;
Education, Nursing; Health Knowledge, Attitudes, Practice; Health Personnel/education;
Humans; Patient Care Team/organization & administration; Patient-Centered Care/organization
& administration; Professional Role; Quality Improvement/organization & administration},
isbn={1553-7250; 1553-7250},
language={eng}

Gerontological Nursing Content in General Medical/Surgical Textbooks: WHERE IS IT?

D., D. C., Manchester, J., & E., T. M.. (2012). Gerontological Nursing Content in General Medical/Surgical Textbooks: WHERE IS IT?. *Nursing Education Perspectives*, 33(3), 150-155. [\[Download PDF\]](#)

[Abstract]

To provide quality care to the rapidly growing aging population, nursing education will need to be transformed. Although several approaches will be used to meet this challenge, fundamental to most nursing programs is the use of a general medical/surgical nursing textbook. This article examines the quantity and quality of gerontological nursing content found in five general medical/surgical nursing textbooks published between 2009 and 2011. The analysis shows that gerontological nursing content is poorly covered and of low quality. The findings point to the need to work with publishers to improve the quality and depth of content related to care of older adults in nursing textbooks.

@article{RefWorks:220,

author={Daniel Cline D. and Jeannette Manchester and M. Tagliareni E.},
year={2012},
month={05},
title={Gerontological Nursing Content in General Medical/Surgical Textbooks: WHERE IS IT?},
journal={Nursing Education Perspectives},
volume={33},
number={3},
pages={150-155},
note={ID: 2011606613},

keywords={Gerontologic Nursing – Evaluation; Textbooks – Evaluation; Human; Aged;
Systematic Review; Descriptive Statistics; Quality of Nursing Care – Trends; Quality
Improvement},
isbn={1536-5026},
language={English},
url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011606613&site=ehost-live}

Using a Clinical Post conference to Introduce Baccalaureate Nursing Students to a Quality Framework.

Louis, A. D.. (2012). Using a Clinical Post conference to Introduce Baccalaureate Nursing Students to a Quality Framework. *Journal of Nursing Education*, 51(5), 284-290.

[\[Download PDF\]](#)

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@article{RefWorks:229,  
  author={Anthony D'Eramo Louis},  
  year={2012},  
  month={05},  
  title={Using a Clinical Postconference to Introduce Baccalaureate Nursing Students to a  
Quality Framework},  
  journal={Journal of Nursing Education},  
  volume={51},  
  number={5},  
  pages={284-290},  
  note={ID: 2011533484},  
  keywords={Students, Nursing, Baccalaureate; Education, Nursing, Baccalaureate; Quality  
Improvement – Education; Quality Improvement – Methods; Education, Clinical; Education  
Research; Conceptual Framework; Student Attitudes; Academic Medical Centers; Rhode Island;  
Accreditation; Joint Commission; Utilization Review; Faculty, Nursing; Feedback; Chi Square  
Test; Summated Rating Scaling; Scales; Curriculum; Student Knowledge; Human; Surveys},  
  isbn={0148-4834},  
  language={English},  
  url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011533484&site=ehos  
t-live}
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Comparison of the Effect of Competency-Based Education Model and Traditional Teaching on Cognitive and Clinical Skills Learning among ICU Nursing Students [Farsi].

Nadery, A., Baghaei, R., pour Yousef, M., Aliramaei, N., & Ghorbanzadeh, K.. (2012). Comparison of the Effect of Competency-Based Education Model and Traditional Teaching on Cognitive and Clinical Skills Learning among ICU Nursing Students [Farsi]. *Iranian Journal of Medical Education*, 12(9), 698-708.

[\[Download PDF\]](#)

[Abstract]

Introduction: Clinical education and evaluation is fundamental to nursing education. This study investigated the effect of competency-based and traditional teaching methods on clinical and cognitive learning of nursing students. Methods: This quasi-experimental study was done on 28 nursing students taking ICU courses in the academic hospital of Taleghani affiliated with Urmia Medical University in 2010 and 2011. Subject were selected by using census sampling and then using simple randomization method and assigned to experiment and control groups. Both groups took pre and post tests for cognitive skills through answering a questionnaire and the post test for clinical skills was done through a check list. Data were analyzed using descriptive and analytical

statistical tests and SPSS 16. Results: The results showed the mean and standard deviation scores in clinical skills obtained from the experiment group students (competency-based education) and control (traditional training) were $162 \pm 10/72$ and $117 \pm 25/01$, which were significantly greater in the experimental group ($p < 0.05$). But post-test scores on cognitive skills in the experiment group were significantly higher than those of the control group ($P < 0.05$). Conclusion: The results showed that the application of competency-based teaching method over traditional methods provides the opportunity to improve the learning of clinical and cognitive skills in nursing students. It is suggested that this method be used in teaching nursing students for training and evaluation.

@article{RefWorks:218,

author={Azam Nadery and Rahim Baghaei and Mohammad pour Yousef and Nasrin Aliramaei and Kobra Ghorbanzadeh},

year={2012},

month={12},

title={Comparison of the Effect of Competency-Based Education Model and Traditional Teaching on Cognitive and Clinical Skills Learning among ICU Nursing Students [Farsi]},

journal={Iranian Journal of Medical Education},

volume={12},

number={9},

pages={698-708},

note={ID: 2012179063},

keywords={Teaching Methods – Evaluation; Teaching Methods – Classification; Nursing Skills – Education; Learning Styles; Critical Care Nursing; Human; Comparative Studies; Students, Nursing; Intensive Care Units; Quasi-Experimental Studies; Academic Medical Centers; Iran; Census; Random Sample; Questionnaires; Post Hoc Analysis; Checklists; Data Analysis Software; Descriptive Statistics; T-Tests; Quality Improvement; Education Research},

isbn={1608-9359},

language={Persian},

url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2012179063&site=ehost-live}

Comparison of the Effect of Competency-Based Education Model and Traditional Teaching on Cognitive and Clinical Skills Learning among ICU Nursing Students [Farsi].

Nadery, A., Baghaei, R., pour Yousef, M., Aliramaei, N., & Ghorbanzadeh, K.. (2012).

Comparison of the Effect of Competency-Based Education Model and Traditional Teaching on Cognitive and Clinical Skills Learning among ICU Nursing Students [Farsi]. *Iranian Journal of Medical Education*, 12(9), 698-708.

[\[Download PDF\]](#)

[Abstract]

Introduction: Clinical education and evaluation is fundamental to nursing education. This study investigated the effect of competency-based and traditional teaching methods on clinical and cognitive learning of nursing students. Methods: This quasi-experimental study was done on 28

nursing students taking ICU courses in the academic hospital of Taleghani affiliated with Urmia Medical University in 2010 and 2011. Subject were selected by using census sampling and then using simple randomization method and assigned to experiment and control groups. Both groups took pre and post tests for cognitive skills through answering a questionnaire and the post test for clinical skills was done through a check list. Data were analyzed using descriptive and analytical statistical tests and SPSS 16. Results: The results showed the mean and standard deviation scores in clinical skills obtained from the experiment group students (competency-based education) and control (traditional training) were $162 \pm 10/72$ and $117 \pm 25/01$, which were significantly greater in the experimental group ($p < 0.05$). But post-test scores on cognitive skills in the experiment group were significantly higher than those of the control group ($P < 0.05$). Conclusion: The results showed that the application of competency-based teaching method over traditional methods provides the opportunity to improve the learning of clinical and cognitive skills in nursing students. It is suggested that this method be used in teaching nursing students for training and evaluation.

@article{RefWorks:223,

author={Azam Nadery and Rahim Baghaei and Mohammad pour Yousef and Nasrin Aliramaei and Kobra Ghorbanzadeh},

year={2012},

month={12},

title={Comparison of the Effect of Competency-Based Education Model and Traditional Teaching on Cognitive and Clinical Skills Learning among ICU Nursing Students [Farsi]},

journal={Iranian Journal of Medical Education},

volume={12},

number={9},

pages={698-708},

note={ID: 2012179063},

keywords={Teaching Methods – Evaluation; Teaching Methods – Classification; Nursing Skills – Education; Learning Styles; Critical Care Nursing; Human; Comparative Studies; Students, Nursing; Intensive Care Units; Quasi-Experimental Studies; Academic Medical Centers; Iran; Census; Random Sample; Questionnaires; Post Hoc Analysis; Checklists; Data Analysis Software; Descriptive Statistics; T-Tests; Quality Improvement; Education Research},

isbn={1608-9359},

language={Persian},

url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2012179063&site=ehost-live}

Effect of Simulation on Nursing Knowledge and Critical Thinking in Failure to Rescue Events.

R., C. S.. (2012). Effect of Simulation on Nursing Knowledge and Critical Thinking in Failure to Rescue Events. *Journal of continuing education in nursing*, 43(10), 467-471.

[\[Download PDF\]](#)

[Abstract]

Failure to rescue events are hospital deaths that result from human error and unsafe patient

conditions. A failure to rescue event implies that the last and best chance to avoid tragedy is not acted on in time to avoid a disaster. Patient safety is often compromised by nurses who do not perform accurate assessments (vigilance), do not detect clinical changes (surveillance), or do not display critical thinking (recognition that something is wrong). This project used simulation as a teaching strategy to enhance nursing performance. Medical-surgical nurses took part in a simulated failure to rescue event in which the patient's clinical condition deteriorated rapidly. Nursing knowledge and critical thinking improved after the simulation and showed the effectiveness of simulation as a teaching strategy to address nursing knowledge and critical thinking skills.

```
@article{RefWorks:219,  
  author={Carolyn Schubert R.},  
  year={2012},  
  month={10},  
  title={Effect of Simulation on Nursing Knowledge and Critical Thinking in Failure to Rescue  
Events},  
  journal={Journal of continuing education in nursing},  
  volume={43},  
  number={10},  
  pages={467-471},  
  note={ID: 2011748298},
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  keywords={Simulations; Nursing Knowledge; Critical Thinking; Education, Nursing,  
Continuing; Staff Development; Medical-Surgical Nursing – Education; Adverse Health Care  
Event – Education; Job Performance; Quality Improvement; Employee Orientation; Program  
Implementation; Nursing Assessment; Program Evaluation; Questionnaires; Nursing Skills;  
Decision Making, Clinical; Midwestern United States; Pretest-Posttest Design; T-Tests; Mann-  
Whitney U Test; Confidence Intervals; Patient Safety; Human; Scales; Models, Anatomic},  
  isbn={0022-0124},  
  language={English},  
  url={http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011748298&site=ehos  
t-live}
```

2011

Preparing Nurses for Participation in and Leadership of Continual Improvement.

Berwick, D. M., & Bisognano, M.. (2011). [Commentary on] Preparing Nurses for Participation in and Leadership of Continual Improvement. *Journal of Nursing Education*, 50(6), 322-327. [\[Download PDF\]](#)

[Abstract]

Modern health care demands continual system improvement to better meet social needs for safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. Nurses, like all

other health professionals, need skills and support to participate effectively in that endeavor, and, often, to lead it. Nursing education is poised to accelerate progress by embedding health care improvement skills in all phases of professional formation. Following are recommendations intended to support this vision: 1. Preparation of nurses should include mastery of knowledge of systems, interpretation of variation, human psychology in complex systems, and approaches to gaining knowledge in real-world contexts. 2. During professional preparation, nurses-in-training should experience and reflect upon active involvement in multidisciplinary quality improvement projects and work settings that foster day-to-day change and improvement. 3. During professional preparation, nurses-in-training should experience, reflect upon, and develop the knowledge, skills, and attitudes that create competence in patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. 4. Preparation of nurses-teachers and nurse-executives should include acquiring and practicing skills and methods for the leadership and management of continual improvement. 5. Organizations that license and certify nurses or accredit nursing education programs should require evidence of nurses' preparation for participation in or leadership of teams that work to continuously improve health care systems and individual and population health. (Source: Publisher)

@article{RefWorks:693,

author={D. M. Berwick and M. Bisognano},

year={2011},

month={06},

title={ [Commentary on] Preparing Nurses for Participation in and Leadership of Continual Improvement },

journal={Journal of Nursing Education},

volume={50},

number={6},

pages={322-327},

note={id: 5635},

keywords={Quality Improvement; Leadership; Knowledge; Systems Analysis; Psychology; Nursing Management; Outcomes (Health Care); Change Management},

isbn={0148-4834},

language={English},

url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2011213619&site=ehost-live&scope=site}

Handoff communication: using failure modes and effects analysis to improve the transition in care process.

Freitag, M., & Carroll, V. S.. (2011). Handoff communication: using failure modes and effects analysis to improve the transition in care process. *Quality management in health care*, 20(2), 103-109.

[Abstract]

Handoff communication is a high-risk process that causes errors that lead to ineffective care delivery and patient safety breaches. A failure modes and effects analysis was utilized to

proactively evaluate handoff through a risk priority scoring process that focused the improvement plan on communication from shift to shift and between units. The electronic medical record was utilized to standardize the handoff tool in SBAR (situation, background, assessment, and recommendation) format for both nurses and patient care technicians. Key concepts of Jean Watson's caring model were incorporated into workflow, along with team huddles, to hardwire team communication and patient-centered care. Changes to the handoff process were piloted on the telemetry unit then launched on remaining nursing units over time. Data targeting patient satisfaction and nurse-sensitive outcomes were collected pre and post-implementation with notable gains. Sustaining change in light of care-related variables is a challenge leadership, quality, and patient care teams are committed to achieving. (Source: PubMed)

@article{RefWorks:694,
author={M. Freitag and V. S. Carroll},
year={2011},
month={Apr-Jun},
title={Handoff communication: using failure modes and effects analysis to improve the transition in care process },
journal={Quality management in health care},
volume={20},
number={2},
pages={103-109},
note={id: 5430; JID: 9306156; ppublish },

keywords={Communication; Continuity of Patient Care/organization & administration; Humans; Medical Records Systems, Computerized; Patient Care Team/organization & administration; Patient Satisfaction; Quality Improvement/organization & administration; Risk Factors},
isbn={1550-5154; 1063-8628},
language={eng}

Lessons learned: use of event reporting by nurses to improve patient safety and quality.

Hession-Laband, E., & Mantell, P.. (2011). Lessons learned: use of event reporting by nurses to improve patient safety and quality. *Journal of pediatric nursing*, 26(2), 149-155.

[Abstract]

The Magnet Recognition Program encourages nurse-initiated, data-driven quality projects. Using data gained from medical error event reporting has been cited as a strategy to improve safety and quality. This article describes a process by which nurses at the Children's Hospital Boston increased error reporting and used knowledge gained from event reports to provide education and implement practice changes. The medical and surgical units experienced a 35% increase in reported events and a decrease in the severity level of events over a 2-year period. Meaningful data from event reporting systems are critical in helping nurses develop interventions to prevent errors. The Magnet Model components are illustrated in the steps of this project. (Source: PubMed)

@article{RefWorks:695,
author={E. Hession-Laband and P. Mantell},
year={2011},
month={Apr},
title={Lessons learned: use of event reporting by nurses to improve patient safety and quality },
journal={Journal of pediatric nursing},
volume={26},
number={2},
pages={149-155},
note={id: 5433; CI: Copyright (c) 2011; JID: 8607529; ppublish },

keywords={Boston; Hospital Information Systems; Hospitals, Pediatric; Humans; Medical Errors/prevention & control; Nursing Staff, Hospital/education; Organizational Culture; Pediatric Nursing/education; Quality Improvement; Risk Management; Staff Development},
isbn={1532-8449; 0882-5963},
language={eng}

A Hybrid Course for the RN-to-Baccalaureate Curriculum: Patient-Centered Care and Quality.

Johnson, L., & Smith, C. M.. (2011). A Hybrid Course for the RN-to-Baccalaureate Curriculum: Patient-Centered Care and Quality . *Nurse educator*, 36(4), 155-160.

[Abstract]

Teaching RN-to-baccalaureate nursing students to incorporate patient-centered care and quality concepts into the practice environment presents challenges and opportunities for nurse educators. The authors describe development, deployment, and evaluation of an RN-to-baccalaureate hybrid course focused on patient-centered care and quality improvement. Course teaching strategies and evaluation of student learning and the efficacy of using a hybrid instructional design are discussed. (Source: PubMed)

@article{RefWorks:696,
author={L. Johnson and C. M. Smith},
year={2011},
month={Jul-Aug},
title={A Hybrid Course for the RN-to-Baccalaureate Curriculum: Patient-Centered Care and Quality },
journal={Nurse educator},
volume={36},
number={4},
pages={155-160},
note={id: 5344; JID: 7701902; ppublish },

isbn={1538-9855; 0363-3624},
language={eng}

Multimethod teaching strategies to integrate selected QSEN competencies in a Doctor of Nursing Practice distance education program.

Manning, M. L., & Frisby, A. J.. (2011). Multimethod teaching strategies to integrate selected QSEN competencies in a Doctor of Nursing Practice distance education program. *Nursing outlook*, 59(3), 166-173.

[Abstract]

The Quality and Safety Education for Nurses (QSEN) initiative identified 6 competencies for the education of nurses (patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics) and the related knowledge, skills, and attitudes (KSAs) for each competency. The initial QSEN focus was on competency development during prelicensure nursing education, with subsequent attention on adapting the KSAs for graduate programs that prepare advanced practice nurses for clinical roles. Description of successful QSEN competency integration in Doctor of Nursing Practice (DNP) programs is limited. Although the ultimate goal is executing DNP programs where quality and safety is thoroughly integrated throughout the curricula, the focus of this article is on multimethod teaching strategies to integrate selected QSEN KSAs into an existing online post-master's DNP quality and safety course. (Source: PubMed)

```
@article{RefWorks:697,  
  author={M. L. Manning and A. J. Frisby},  
  year={2011},  
  month={May-Jun},  
  title={Multimethod teaching strategies to integrate selected QSEN competencies in a Doctor of  
Nursing Practice distance education program },  
  journal={Nursing outlook},  
  volume={59},  
  number={3},  
  pages={166-173},  
  note={id: 5346; CI: Copyright (c) 2011; JID: 0401075; 2010/08/31 [received]; 2010/11/18  
[revised]; 2011/01/13 [accepted]; 2011/04/19 [aheadofprint]; ppublish },  
  
  isbn={1528-3968; 0029-6554},  
  language={eng}}
```

Integrating quality and safety science in nursing education and practice.

Sherwood, G.. (2011). Integrating quality and safety science in nursing education and practice . *Journal of Research in Nursing*, 16(3), 226-240.

[\[Download PDF\]](#)

[Abstract]

This paper describes the transformation underway in nursing education in the United States to integrate quality and safety competencies through the Quality and Safety Education for Nurses (QSEN) project. A national expert panel defined the competencies and surveyed US schools of nursing to assess current implementation. To model the changes needed, a 15-school Pilot

Learning Collaborative completed demonstration projects and surveyed graduating students to self-assess their achievement of the competencies. A Delphi process assessed level and placement of the competencies in the curriculum to offer educators a blueprint for spreading across curricula. Specialty organisations are cross-mapping the competencies for graduate education, educational standards have incorporated the competencies into their essentials documents, and a train the trainer faculty development model is now helping educators transform curriculum. Two key questions emerge from these findings: Are any of these projects replicable in other settings? Will these competencies translate across borders? (Source: Publisher)

```
@article{RefWorks:698,  
  author={G. Sherwood},  
  year={2011},  
  month={05},  
  title={Integrating quality and safety science in nursing education and practice },  
  journal={Journal of Research in Nursing},  
  volume={16},  
  number={3},  
  pages={226-240},  
  note={id: 5159},  
  
  isbn={1744-9871},  
  language={English},  
  url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2011060007&site=ehost-live&scope=site}}
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Showcasing Differences Between Quality Improvement, Evidence-Based Practice, and Research.

Shirey, M. R., Hauck, S. L., Embree, J. L., Kinner, T. J., Schaar, G. L., Phillips, L. A., Ashby, S. R., Swenty, C. F., & McCool, I. A.. (2011). Showcasing Differences Between Quality Improvement, Evidence-Based Practice, and Research . *Journal of continuing education in nursing*, 42(2), 57-70.

[\[Download PDF\]](#)

[Abstract]

The literature confirms that much confusion exists regarding the terms quality improvement (QI), evidence-based practice (EBP), and research. A multifaceted approach was used to provide clarity regarding these three equally important concepts. First, the authors present a synthesis of the literature that discusses differences between QI, EBP, and research. Second, the authors introduce a newly created comparative table that synthesizes current literature and showcases differences between QI, EBP, and research. Finally, the authors highlight uses of the comparative table within multiple settings. (Source: PubMed)

```
@article{RefWorks:699,  
  author={M. R. Shirey and S. L. Hauck and J. L. Embree and T. J. Kinner and G. L. Schaar and L. A. Phillips and S. R. Ashby and C. F. Swenty and I. A. McCool},  
  year={2011},  
  month={02},
```

title={Showcasing Differences Between Quality Improvement, Evidence-Based Practice, and Research },
journal={Journal of continuing education in nursing},
volume={42},
number={2},
pages={57-70},
note={id: 5270},

keywords={Professional Practice, Evidence-Based; Quality Improvement; Research; Education, Continuing (Credit); Medline; CINAHL Database; Literature Review},
isbn={0022-0124},
language={English},
url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2011173107&site=ehost-live&scope=site}

Evidence-based practice barriers and facilitators from a continuous quality improvement perspective: an integrative review.

Solomons, N. M., & Spross, J. A.. (2011). Evidence-based practice barriers and facilitators from a continuous quality improvement perspective: an integrative review . *Journal of nursing management*, 19(1), 109-120.

[BibTeX] [Abstract]

Solomons N.M. & Spross J.A. (2011) *Journal of Nursing Management* 19, 109-120 Evidence-based practice barriers and facilitators from a continuous quality improvement perspective: an integrative review
Aims The purpose of the present study is to examine the barriers and facilitators to evidence-based practice (EBP) using Shortell's framework for continuous quality improvement (CQI).
Background EBP is typically undertaken to improve practice. Although there have been many studies focused on the barriers and facilitators to adopting EBP, these have not been tied explicitly to CQI frameworks.
Methods CINAHL, Academic Search Premier, Medline, Psych Info, ABI/Inform and LISTA databases were searched using the keywords: nurses, information literacy, access to information, sources of knowledge, decision making, research utilization, information seeking behaviour and nursing practice, evidence-based practice.
Shortell's framework was used to organize the barriers and facilitators.
Results Across the articles, the most common barriers were lack of time and lack of autonomy to change practice which falls within the strategic and cultural dimensions in Shortell's framework.
Conclusions Barriers and facilitators to EBP adoption occur at the individual and institutional levels. Solutions to the barriers need to be directed to the dimension where the barrier occurs, while recognizing that multidimensional approaches are essential to the success of overcoming these barriers.
Implications for nursing management The findings of the present study can help nurses identify barriers and implement strategies to promote EBP as part of CQI. (Source: PubMed)

@article{RefWorks:640,
author={N. M. Solomons and J. A. Spross},
year={2011},
month={Jan},

title={Evidence-based practice barriers and facilitators from a continuous quality improvement perspective: an integrative review },
journal={Journal of nursing management},
volume={19},
number={1},
pages={109-120},
note={id: 4825; CI: (c) 2010 The Authors. Journal compilation (c) 2010; JID: 9306050; 2010/12/13 [aheadofprint]; ppublish },

isbn={1365-2834; 0966-0429},
language={eng}

2010

Engaging clinical nurses in quality and performance improvement activities.

Albanese, M. P., Evans, D. A., Schantz, C. A., Bowen, M., Disbot, M., Moffa, J. S., Piesieski, P., & Polomano, R. C.. (2010). Engaging clinical nurses in quality and performance improvement activities. *Nursing administration quarterly*, 34(3), 226-245.

[Abstract]

Nursing performance measures are an integral part of quality initiatives in acute care; however, organizations face numerous challenges in developing infrastructures to support quality improvement processes and timely dissemination of outcomes data. At the Hospital of the University of Pennsylvania, a Magnet-designated organization, extensive work has been conducted to incorporate nursing-related outcomes in the organization's quality plan and to integrate roles for clinical nurses into the Department of Nursing and organization's core performance-based programs. Content and strategies that promote active involvement of nurses and prepare them to be competent and confident stakeholders in quality initiatives are presented. Engaging clinical nurses in the work of quality and performance improvement is essential to achieving excellence in clinical care. It is important to have structures and processes in place to bring meaningful data to the bedside; however, it is equally important to incorporate outcomes into practice. When nurses are educated about performance and quality measures, are engaged in identifying outcomes and collecting meaningful data, are active participants in disseminating quality reports, and are able to recognize the value of these activities, data become one with practice. (Source: PubMed)

@article{RefWorks:678,

author={M. P. Albanese and D. A. Evans and C. A. Schantz and M. Bowen and M. Disbot and J. S. Moffa and P. Piesieski and R. C. Polomano},
year={2010},
month={Jul-Sep},
title={Engaging clinical nurses in quality and performance improvement activities },
journal={Nursing administration quarterly},
volume={34},

number={3},
pages={226-245},
note={id: 4751; JID: 7703976; ppublish },

isbn={1550-5103; 0363-9568},
language={eng}

Reframing nursing education: the Quality and Safety Education for Nurses Initiative.

Brown, R., Feller, L., & Benedict, L.. (2010). Reframing nursing education: the Quality and Safety Education for Nurses Initiative. *Teaching & Learning in Nursing*, 5(3), 115-118.

[\[Download PDF\]](#)

[Abstract]

Quality and safety are paramount concerns in today's health care industry. The Quality and Safety Education for Nurses Initiative (QSEN), funded by the Robert Wood Johnson Foundation, has identified six competencies for graduates of all levels of prelicensure programs and the knowledge, skills, and attitudes necessary to meet them. The authors describe the three phases of the QSEN initiative and their experiences as one of two associate degree pilot schools involved in the early phases of QSEN. (Source: PubMed)

@article{RefWorks:636,

author={R. Brown and L. Feller and L. Benedict},

year={2010},

month={07},

title={Reframing nursing education: the Quality and Safety Education for Nurses Initiative },

journal={Teaching & Learning in Nursing},

volume={5},

number={3},

pages={115-118},

note={id: 4972},

keywords={Education, Nursing; Program Implementation – Methods; Quality of Nursing Care; Human; Patient Safety; Rules and Regulations; Simulations},

isbn={1557-3087},

language={English},

url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010718872&site=ehost-live&scope=site}

What do nurses need to know about the quality enterprise?

Farquhar, M., Kurtzman, E. T., & Thomas, K. A.. (2010). What do nurses need to know about the quality enterprise? . *Journal of continuing education in nursing*, 41(6), 256-258.

[\[Download PDF\]](#)

[Abstract]

Significant and ongoing lapses in health care quality and safety, the growing number of uninsured and underinsured, and the economic crisis have ignited interest in health care reform. As the single largest group of health care professionals, nurses will be affected by and will have influence on these reforms. This article provides a primer on the administration's agenda, its historical context, and the way in which it is likely to affect nursing. It reviews current policy directions aimed at improving quality, driving consumer selection of health care providers, and holding providers accountable for the care delivered. Specifically, this article (1) reviews the fundamentals of transparency, accountability, financial incentives, and collaborative networks; (2) illustrates these policies with realworld examples; (3) provides a road map for nurses; and (4) offers recommendations for the role of continuing education. (Source: PubMed)

@article{RefWorks:637,

author={M. Farquhar and E. T. Kurtzman and K. A. Thomas},

year={2010},

month={06},

title={What do nurses need to know about the quality enterprise? },

journal={Journal of continuing education in nursing},

volume={41},

number={6},

pages={256-258},

note={id: 4896},

keywords={Health Care Delivery; Quality of Health Care; Accountability; Collaboration; Economics; Education, Continuing (Credit); Education, Nursing, Continuing; Government; Health Care Costs; Health Care Reform; Health Policy; Information Technology; Nursing Practice; Nursing Practice, Evidence-Based; Organizations, Nonprofit; Performance Measurement Systems; Quality Assessment; Quality Improvement; Voluntary Reporting; Whistle Blowing},

isbn={0022-0124},

language={English},

url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010690925&site=ehost-live&scope=site}

Incorporating quality and safety education for nurses competencies in simulation scenario design.

Jarzemsky, P., McCarthy, J., & Ellis, N.. (2010). Incorporating quality and safety education for nurses competencies in simulation scenario design. *Nurse educator*, 35(2), 90-92.

[Abstract]

When planning a simulation scenario, even if adopting prepackaged simulation scenarios, faculty should first conduct a task analysis to guide development of learning objectives and cue critical events. The authors describe a strategy for systematic planning of simulation-based training that incorporates knowledge, skills, and attitudes as defined by the Quality and Safety Education for Nurses (QSEN) initiative. The strategy cues faculty to incorporate activities that target QSEN competencies (patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, informatics, and safety) before, during, and after simulation scenarios.

(Source: PubMed)

```
@article{RefWorks:681,  
  author={P. Jarzemsky and J. McCarthy and N. Ellis},  
  year={2010},  
  month={Mar-Apr},  
  title={Incorporating quality and safety education for nurses competencies in simulation  
scenario design },  
  journal={Nurse educator},  
  volume={35},  
  number={2},  
  pages={90-92},  
  note={id: 4652; JID: 7701902; ppublish },  
  
  isbn={1538-9855; 0363-3624},  
  language={eng}}
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Nurse-driven programs to improve patient outcomes: transforming care at the bedside, integrated nurse leadership program, and the clinical scene investigator academy.

Kliger, J., Lacey, S. R., Olney, A., Cox, K. S., & O'Neil, E.. (2010). Nurse-driven programs to improve patient outcomes: transforming care at the bedside, integrated nurse leadership program, and the clinical scene investigator academy . *The Journal of nursing administration*, 40(3), 109-114.

[Abstract]

As the national quality agenda continues to be a key driver in healthcare, more programs are being developed to teach staff nurses how to lead quality change projects. Nurses are in a unique position to do this work; however, they may lack project management and leadership skills to do so. The authors provide a content analysis that compares and contrasts 3 such programs. (Source: PubMed)

```
@article{RefWorks:682,  
  author={J. Kliger and S. R. Lacey and A. Olney and K. S. Cox and E. O'Neil},  
  year={2010},  
  month={Mar},  
  title={Nurse-driven programs to improve patient outcomes: transforming care at the bedside,  
integrated nurse leadership program, and the clinical scene investigator academy },  
  journal={The Journal of nursing administration},  
  volume={40},  
  number={3},  
  pages={109-114},  
  note={id: 4699; JID: 1263116; ppublish },
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  keywords={Curriculum; Humans; Leadership; Nursing Staff, Hospital/education/organization  
& administration; Organizational Innovation; Program Development; Staff  
Development/methods; Total Quality Management; Training Support; United States},
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isbn={1539-0721; 0002-0443},
language={eng}

New nurses' views of quality improvement education.

Kovner, C. T., Brewer, C. S., Yingrengreung, S., & Fairchild, S.. (2010). New nurses' views of quality improvement education . *Joint Commission journal on quality and patient safety / Joint Commission Resources*, 36(1), 29-35.

[Abstract]

BACKGROUND: Quality improvement (QI) is a focus of hospital managers and policymakers. The role of registered nurses (RNs) in QI in hospitals is vital because most hospital-based RNs provide direct care to patients. QI skills are necessary to identify gaps between current care and best practice and to design, implement, test, and evaluate changes and are essential for R.N.s to participate effectively in QI. Newly licensed registered nurses' (new nurses') positions as direct caregivers could have an impact on QI if nurses lack sufficient knowledge, concepts, and tools required for QI. **METHODS:** Data came from the 436 respondents (69.4% response rate) to a 2008 eight-page mailed survey to participants in a nationally representative panel survey of new nurses who graduated between August 1, 2004, and July 31, 2005. **RESULTS:** Overall, 159 (38.6%) of new nurses thought that they were "poorly" or "very poorly" prepared about or had never heard of" QI. Their perceptions of preparation varied widely by the specific topic. Baccalaureate (B.S.) graduates reported significantly higher levels of preparation than associate degree (A.D.) graduates in evidence-based practice; assessing gaps in practice, teamwork, and collaboration; and many of the research-type skills such as data collection, analysis, measurement, and measuring resulting changes. **DISCUSSION:** Registered-nurse educational programs need to improve education about and application of QI concepts and to consider focusing QI content into a separate course to have some confidence that faculty will teach it. Despite the strong focus on QI in hospitals, new nurses do not see the connection between QI education and successfully performing their hospital jobs. Both nursing programs and hospitals should help new nurses make the connection. (Source: PubMed)

@article{RefWorks:683,

author={C. T. Kovner and C. S. Brewer and S. Yingrengreung and S. Fairchild},

year={2010},

month={Jan},

title={New nurses' views of quality improvement education },

journal={Joint Commission journal on quality and patient safety / Joint Commission Resources},

volume={36},

number={1},

pages={29-35},

note={id: 4607; JID: 101238023; CIN: Jt Comm J Qual Patient Saf. 2010 Jan;36(1):28, 1.

PMID: 20112662; ppublish },

keywords={Adult; Aged; Attitude of Health Personnel; Cross Infection/prevention & control; Education, Nursing/organization & administration; Female; Humans; Male; Medication Errors/prevention & control; Middle Aged; Nurses; Quality Assurance, Health Care/organization

& administration},
isbn={1553-7250; 1553-7250},
language={eng}

Conducting root cause analysis with nursing students: best practice in nursing education.

Lambton, J., & Mahlmeister, L.. (2010). Conducting root cause analysis with nursing students: best practice in nursing education . *Journal of Nursing Education*, 49(8), 444-448.

[\[Download PDF\]](#)

[Abstract]

This article describes a novel approach that allows students to actively participate in a root cause analysis, whether the error was committed in the clinical setting or in the simulation setting. This process can develop student awareness of the responsibility and professional duty to participate in creating a safer patient environment. (Source: PubMed)

```
@article{RefWorks:684,  
  author={J. Lambton and L. Mahlmeister},  
  year={2010},  
  month={08},  
  title={Conducting root cause analysis with nursing students: best practice in nursing education  
},  
  journal={Journal of Nursing Education},  
  volume={49},  
  number={8},  
  pages={444-448},  
  note={id: 4787},  
  abstract={This article describes a novel approach that allows students to actively participate in  
a root cause analysis, whether the error was committed in the clinical setting or in the simulation  
setting. This process can develop student awareness of the responsibility and professional duty to  
participate in creating a safer patient environment. (Source: PubMed) },  
  isbn={0148-4834},  
  language={English},  
  url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?dire  
ct=true&db=c8h&AN=2010732050&site=ehost-live&scope=site}
```

Teaching quality improvement.

Murray, M. E., Douglas, S., Girdley, D., & Jarzemsky, P.. (2010). Teaching quality improvement . *Journal of Nursing Education*, 49(8), 466-469.

[\[Download PDF\]](#)

[Abstract]

Practicing nurses are required to engage in quality improvement work as a part of their clinical practice, but few undergraduate nursing education programs offer course work and applied experience in this area. This article presents a description of class content and teaching strategies,

assignments, and evaluation strategies designed to achieve the Quality and Safety Education in Nursing competencies related to quality improvement and interdisciplinary teams. Students demonstrate their application of the quality improvement process by designing and implementing a small-scale quality improvement project that they report in storyboard format on a virtual conference Web site. (Source: PubMed)

@article{RefWorks:687,

author={M. E. Murray and S. Douglas and D. Girdley and P. Jarzemsky},

year={2010},

month={08},

title={Teaching quality improvement },

journal={Journal of Nursing Education},

volume={49},

number={8},

pages={466-469},

note={id: 4788},

isbn={0148-4834},

language={English},

url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010732051&site=ehost-live&scope=site}

Designing nursing excellence through a National Quality Forum nurse scholar program.

Neumann, J. A., Brady-Schluttner, K. A., Attlesey-Pries, J. M., & Twedell, D. M.. (2010). Designing nursing excellence through a National Quality Forum nurse scholar program . *Journal of nursing care quality*, 25(4), 327-333.

[Abstract]

Closing the knowledge gap for current practicing nurses in the Institute of Medicine (IOM) core competencies is critical to providing safe patient care. The National Quality Forum (NQF) nurse scholar program is one organization's journey to close the gap in the IOM core competencies in a large teaching organization. The NQF nurse scholar program is positioned to provide a plan to assist current nurses to accelerate their learning about quality improvement, evidence-based practice, and informatics, 3 of the core competencies identified by the IOM, and focus on application of skills to NQF nurse-sensitive measures. Curriculum outline, educational methodologies, administrative processes, and aims of the project are discussed. (Source: PubMed)

@article{RefWorks:638,

author={J. A. Neumann and K. A. Brady-Schluttner and J. M. Attlesey-Pries and D. M. Twedell},

year={2010},

month={Oct-Dec},

title={Designing nursing excellence through a National Quality Forum nurse scholar program

},

journal={Journal of nursing care quality},

volume={25},
number={4},
pages={327-333},
note={id: 4840; JID: 9200672; ppublish },

keywords={Competency-Based Education; Education, Distance/organization & administration; Education, Nursing, Continuing; Evidence-Based Nursing/education; Humans; Midwestern United States; Nursing Informatics/education; Program Development; Quality Improvement; Telecommunications},
isbn={1550-5065; 1057-3631},
language={eng}

New views of quality and safety offer new roles for nurses and midwives.

Sherwood, G.. (2010). New views of quality and safety offer new roles for nurses and midwives . *Nursing & health sciences*, 12(3), 281-283.

[\[Download PDF\]](#)

[Abstract]

Around the world nurses, midwives and all health professionals are developing new roles and responsibilities in improving health care. By applying the science that undergirds the approach to quality improvement and safety developed in other high performance industries, health professionals are shifting from only considering personal responsibility and accountability to systems redesign. Error reporting systems in many countries and regions allow systematic analysis of near misses as well as sentinel events so that the system can be redesigned to prevent future occurrence. Health care organizations match their quality data with benchmarks established among their peers to discover gaps in quality, create quality improvement teams to close the gap, and encourage interdisciplinary collaboration and teamwork to achieve improved outcomes. Nurses are challenged to create the educational approaches so nurses have the necessary skills and leadership opportunities, as illustrated in the Quality and Safety Education for Nurses (QSEN) project. (Source: PubMed)

@article{RefWorks:639,
author={G. Sherwood},
year={2010},
month={09},
title={New views of quality and safety offer new roles for nurses and midwives },
journal={Nursing & health sciences},
volume={12},
number={3},
pages={281-283},
note={id: 4921},

keywords={Nursing Role; Quality Improvement; Patient Safety; Education, Nursing; Quality of Health Care – Education; Voluntary Reporting; Health Care Errors – Prevention and Control; Nursing Practice, Evidence-Based; Curriculum Development; Nurse Midwives – Education},
isbn={1441-0745},

language={English},
url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010763674&site=ehost-live&scope=site}

Connecting nursing education and practice: a focus on shared goals for quality and safety.

Sullivan, D. T.. (2010). Connecting nursing education and practice: a focus on shared goals for quality and safety . *Creative nursing*, 16(1), 37-43.

[Abstract]

A recent attempt to unite nursing education and practice is the Quality and Safety Education for Nurses (QSEN) initiative, generously funded by the Robert Wood Johnson Foundation. The major goal of QSEN is to prepare future nurses with the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of care delivery in health care systems. This article summarizes and discusses QSEN's accomplishments and upcoming activities within a framework of the factors contributing to the separation of the education and practice worlds and makes recommendations for building on the progress derived from QSEN activities.

(Source: Publisher)

@article{RefWorks:689,
author={D. T. Sullivan},
year={2010},
title={Connecting nursing education and practice: a focus on shared goals for quality and safety
},
journal={Creative nursing},
volume={16},
number={1},
pages={37-43},
note={id: 4694; JID: 9505022; ppublish }},

keywords={Attitude of Health Personnel; Clinical Competence; Cooperative Behavior; Education, Nursing, Baccalaureate/organization & administration; Faculty, Nursing/organization & administration; Health Knowledge, Attitudes, Practice; Humans; Nurse's Role; Nursing Care/organization & administration; Organizational Objectives; Quality Assurance, Health Care/organization & administration; Safety Management/organization & administration; United States},
isbn={1078-4535; 1078-4535},
language={eng}

A necessary sea change for nurse faculty development: spotlight on quality and safety.

Thornlow, D. K., & McGuinn, K.. (2010). A necessary sea change for nurse faculty development: spotlight on quality and safety . *Journal of professional nursing : Official journal of the American Association of Colleges of Nursing*, 26(2), 71-81.

[Abstract]

More than 10 years have passed since the publication of the Institute of Medicine's report, *To Err is Human: Building a Safer Health Care System*, yet recent reports indicate that significant strides toward transformational improvement in quality and patient safety are still necessary. Real progress toward superior health care quality requires foundational enhancements in health care education. An urgent need exists for undergraduate nursing programs to strengthen quality and safety knowledge in their curricula. A first step in attaining this goal is to equip baccalaureate nursing faculty with the knowledge, skills, and abilities needed to teach these concepts. The first part of this article provides a compelling case for new graduate nurses to have a comprehensive understanding of how quality and safety issues affect patient outcomes. The second part highlights the specific faculty competencies required to teach quality and safety to undergraduate nursing students and offers a framework that faculty can use for professional development in this area. This article is by no means exhaustive but provides a starting point for providing undergraduate nursing faculty with the knowledge, skills, and attitudes necessary to assist students to achieve quality and safety competencies in their curricula. (Source: PubMed)

@article{RefWorks:690,

author={D. K. Thornlow and K. McGuinn},

year={2010},

month={Mar},

title={A necessary sea change for nurse faculty development: spotlight on quality and safety },

journal={Journal of professional nursing : Official journal of the American Association of Colleges of Nursing},

volume={26},

number={2},

pages={71-81},

note={id: 4621; JID: 8511298; 2009/06/18 [received]; ppublish },

isbn={1532-8481; 8755-7223},

language={eng}

Improving student critical thinking skills through a root cause analysis pilot project.

Tschannen, D., & Aebersold, M.. (2010). Improving student critical thinking skills through a root cause analysis pilot project . *Journal of Nursing Education*, 49(8), 475-478.

[\[Download PDF\]](#)

[Abstract]

The Essentials of Baccalaureate Education for Professional Nursing Practice provides a framework for building the baccalaureate education for the twenty-first century. One of the exemplars included in the essentials toolkit includes student participation in an actual root cause analysis (RCA) or failure mode effects analysis. To align with this exemplar, faculty at the University of Michigan School of Nursing developed a pilot RCA project for the senior-level Leadership and Management course. While working collaboratively with faculty and unit liaisons at the University Health System, students completed an RCA on a nursing sensitive indicator (pain reassessment or plan of care compliance). An overview of the pilot project,

including the implementation process, is described. Each team of students identified root causes and recommendations for improvement on clinical and documentation practice within the context of the unit. Feedback from both the unit liaisons and the students confirmed the pilot's success. (Source: PubMed)

@article{RefWorks:691,

author={D. Tschannen and M. Aebersold},

year={2010},

month={08},

title={Improving student critical thinking skills through a root cause analysis pilot project },

journal={Journal of Nursing Education},

volume={49},

number={8},

pages={475-478},

note={id: 4789},

isbn={0148-4834},

language={English},

url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010732054&site=ehost-live&scope=site}

Prevention of nosocomial infections in intensive care patients.

Vandijck, D. M., Labeau, S. O., Vogelaers, D. P., & Blot, S. I. (2010). Prevention of nosocomial infections in intensive care patients . *Nursing in critical care*, 15(5), 251-256.

[Abstract]

BACKGROUND: Changes in patient profile, and in the health care environment, altering socioeconomic conditions and advances in science and information technology challenge the nursing profession, in particular intensive care nursing. All these changes will undoubtedly affect the way we will practice in the (near) future. A comprehensive understanding of these factors is therefore essential if nursing is to meet the challenges presented by tomorrow's critical care environment. Precisely because of the often expensive high-tech evolutions that have occurred at a rapid pace and are to be further expected, a continued focus on the basics of nursing, the core role of care, as well as maintaining confidence in the capacity to deliver safe, high-quality, and evidence-based patient care will increasingly be a challenge to critical care nurses. In particular, basic nursing skills and knowledge remain a key prerequisite in the prevention of nosocomial infections, which is a continuing major complication and threat to intensive care unit patients. However, critical care nurses' knowledge about the evidence-based consensus recommendations for infection prevention and control has been found to be rather poor. It has nevertheless been demonstrated that a meticulous implementation of such preventive bundles may result in significantly better patient and process outcomes. Moreover, many preventive strategies are considered to be easy to implement and inexpensive. As such, a first and critical step should be to increase critical care nurses' adherence to the recommendations of the Centers for Disease Control and Prevention. **AIM:** In this article, an up-to-date assessment of evidence-based recommendations for the prevention of nosocomial infections, with special focus on catheter-related bloodstream infections and strategies relevant for nurses working in critical care

environments, will be provided. Additionally, we will detail on a number of approaches advocated to translate the internationally accepted consensus recommendations to the needs and expectations of critical care nurses, and to consequently enhance the likelihood of successful implementation and adherence. These steps will help critical care nurses in their striving towards excellence in their profession. SUMMARY: Intensive care nurses can make a significant contribution in preventing nosocomial infections by assuming full responsibility for quality improvement measures such as evidence-based infection prevention and control protocols. However, as general knowledge of the preventive measures has been shown to be rather poor, nurses' education should include supplementary support from evidence-based recommendations. (Source: PubMed)

@article{RefWorks:641,
author={D. M. Vandijck and S. O. Labeau and D. P. Vogelaers and S. I. Blot},
year={2010},
month={Sep},
title={Prevention of nosocomial infections in intensive care patients },
journal={Nursing in critical care},
volume={15},
number={5},
pages={251-256},
note={id: 4898; JID: 9808649; ppublish },

keywords={Bacteremia/prevention & control; Catheters, Indwelling/adverse effects; Cross Infection/prevention & control; Evidence-Based Medicine; Humans; Intensive Care Units; Nurse's Role; Practice Guidelines as Topic},
isbn={1478-5153; 1362-1017},
language={eng}

Quality and Safety Education for Nurses Clinical Evaluation Tool.

Walsh, T., Jairath, N., Paterson, M. A., & Grandjean, C.. (2010). Quality and Safety Education for Nurses Clinical Evaluation Tool. *Journal of Nursing Education*, 49(9), 517-522.

[\[Download PDF\]](#)

[Abstract]

An efficient evaluation tool is essential when measuring the clinical performance of undergraduate nursing students. It is also important that this evaluation tool accurately assess the critical competencies that students must demonstrate in the clinical setting. The tool should be unambiguous, succinct, and adaptable to a wide variety of clinical experiences and faculty. As part of a curriculum improvement initiative for their baccalaureate nursing program, the nursing faculty teaching in a 4-year undergraduate program identified the need for the development of a new clinical performance evaluation tool for the evaluation of undergraduate nursing students in each clinical placement. The resultant tool more accurately appraised clinical capabilities by focusing on quality and safety in health care, and it permitted the evaluation of critical thinking skills and team communication. (Source: PubMed)

@article{RefWorks:642,
author={T. Walsh and N. Jairath and M. A. Paterson and C. Grandjean},

year={2010},
month={09},
title={Quality and Safety Education for Nurses Clinical Evaluation Tool },
journal={Journal of Nursing Education},
volume={49},
number={9},
pages={517-522},
note={id: 4969},

keywords={Student Performance Appraisal; Instrument Construction; Students, Nursing; Clinical Competence; Patient Centered Care; Pilot Studies; Human; Focus Groups; Interrater Reliability; Sensitivity and Specificity; Education, Clinical; Clinical Assessment Tools; Education Research},
isbn={0148-4834},
language={English},
url={https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010768134&site=ehost-live&scope=site}

2009

A quality improvement activity to promote interprofessional collaboration among health professions students.

Dobson, R. T., Stevenson, K., Busch, A., Scott, D. J., Henry, C., & Wall, P. A.. (2009). A quality improvement activity to promote interprofessional collaboration among health professions students. *American Journal of Pharmaceutical Education*, 73(4), Article 64.

[\[Download PDF\]](#)

[Abstract]

OBJECTIVES: To develop and evaluate a classroom-based curriculum designed to promote interprofessional competencies by having undergraduate students from various health professions work together on system-based problems using quality improvement (QI) methods and tools to improve patient-centered care. DESIGN: Students from 4 health care programs (nursing, nutrition, pharmacy, and physical therapy) participated in an interprofessional QI activity. In groups of 6 or 7, students completed pre-intervention and post-intervention reflection tools on attitudes relating to interprofessional teams, and a tool designed to evaluate group process. ASSESSMENT: One hundred thirty-four students (76.6%) completed both self-reflection instruments, and 132 (74.2%) completed the post-course group evaluation instrument. Although already high prior to the activity, students' mean post-intervention reflection scores increased for 12 of 16 items. Post-intervention group evaluation scores reflected a high level of satisfaction with the experience. CONCLUSION: Use of a quality-based case study and QI methodology were an effective approach to enhancing interprofessional experiences among students. (Source: PubMed)

@article{RefWorks:666,

author={R. T. Dobson and K. Stevenson and A. Busch and D. J. Scott and C. Henry and P. A. Wall},
year={2009},
month={Jul 10},
title={A quality improvement activity to promote interprofessional collaboration among health professions students },
journal={American Journal of Pharmaceutical Education},
volume={73},
number={4},
pages={Article 64},
note={id: 4426; JID: 0372650; OID: NLM: PMC2720360; 2009/02/12 [received]; 2009/05/18 [accepted]; ppublish },

isbn={1553-6467; 1553-6467},
language={eng},
url={http://www.ajpe.org/aj7304/aj730464/aj730464.pdf}

Taking a unified approach to teaching and implementing quality improvements across multiple residency programs: the Atlantic Health experience.

Daniel, D. M., Jr, C. D. E., Levine, J. L., Kaye, S. T., Dardik, R. B., Varkey, P., & Pierce-Boggs, K.. (2009). Taking a unified approach to teaching and implementing quality improvements across multiple residency programs: the Atlantic Health experience . *Academic medicine : journal of the Association of American Medical Colleges*, 84(12), 1788-1795.

[Abstract]

The Accreditation Council for Graduate Medical Education recently emphasized the importance of systems-based practice and systems-based learning; however, successful models of collaborative quality improvement (QI) initiatives in residency training curricula are not widely available. Atlantic Health successfully conceptualized and implemented a QI collaborative focused on medication safety across eight residency training programs representing 219 residents. During a six-month period, key faculty and resident leaders from 8 (of 10) Atlantic Health residency training programs participated in three half-day collaborative learning sessions focused on improving medication reconciliation. Each session included didactic presentations from a multidisciplinary team of clinical experts as well as the application of principles that identified challenges, barriers, and solutions to QI initiatives. The learning sessions emphasized the fundamental principles of medication reconciliation, its critical importance as a vital part of patient handoff in all health care settings, and the challenges of achieving successful medication reconciliation improvement in light of work hours restrictions and patient loads. Each residency program developed a detailed implementation and measurement plan for individual "action learning" projects, using the Plan-Do-Study-Act method of improvement. Each program then implemented its QI project, and expert faculty (e.g., physicians, nurses, pharmacists, QI staff) provided mentoring between learning sessions. Several projects resulted in permanent changes in medication reconciliation processes, which were then adopted by other programs. The structure, process, and outcomes of this effort are described in detail. (Source: PubMed)

@article{RefWorks:665,

author={D. M. Daniel and D. E. Casey Jr and J. L. Levine and S. T. Kaye and R. B. Dardik and P. Varkey and K. Pierce-Boggs},
year={2009},
month={Dec},
title={Taking a unified approach to teaching and implementing quality improvements across multiple residency programs: the Atlantic Health experience },
journal={Academic medicine : journal of the Association of American Medical Colleges},
volume={84},
number={12},
pages={1788-1795},
note={id: 4424; JID: 8904605; ppublish },

isbn={1938-808X; 1938-808X},
language={eng}

Quality and safety education for advanced nursing practice.

Cronenwett, L., Sherwood, G., Pohl, J., Barnsteiner, J., Moore, S., Sullivan, D. T., Ward, D., & Warren, J.. (2009). Quality and safety education for advanced nursing practice . *Nursing outlook*, 57(6), 338-348.

[Abstract]

The Quality and Safety Education for Nurses (QSEN) project is a national initiative to transform nursing education to integrate quality and safety competencies. This article describes a two-year process to generate educational objectives related to quality and safety competency development in graduate programs that prepare advanced practice nurses in clinical roles. Knowledge, skills, and attitudes for each of 6 competencies are proposed to stimulate development of teaching strategies in programs preparing the next generation of advanced practice nurses. (Source: PubMed)

@article{RefWorks:664,

author={L. Cronenwett and G. Sherwood and J. Pohl and J. Barnsteiner and S. Moore and D. T. Sullivan and D. Ward and J. Warren},
year={2009},
month={Nov-Dec},
title={Quality and safety education for advanced nursing practice },
journal={Nursing outlook},
volume={57},
number={6},
pages={338-348},
note={id: 4339; JID: 0401075; 2009/02/27 [received]; ppublish },

isbn={1528-3968},
language={eng}

Improving quality and safety education: The QSEN Learning Collaborative

Cronenwett, L., Sherwood, G., & Gelmon, S. B.. (2009). Improving quality and safety education: The QSEN Learning Collaborative . *Nursing outlook*, 57(6), 304-312.

[Abstract]

As part of a national initiative to improve quality and safety education in prelicensure nursing programs, 15 schools participated in a 15-month learning collaborative sponsored by Quality and Safety Education for Nurses, funded by the Robert Wood Johnson Foundation. This article presents the rationale, design, activities, and outcomes of the collaborative. Collaborative members revised curricula, developed new teaching strategies, and established the foundation for future faculty development efforts to advance teaching of quality and safety concepts in nursing education. (Source: PubMed)

@article{RefWorks:663,

author={L. Cronenwett and G. Sherwood and S. B. Gelmon},

year={2009},

month={Nov-Dec},

title={Improving quality and safety education: The QSEN Learning Collaborative },

journal={Nursing outlook},

volume={57},

number={6},

pages={304-312},

note={id: 4343; JID: 0401075; ppublish },

isbn={1528-3968},

language={eng}

A national Delphi to determine developmental progression of quality and safety competencies in nursing education.

Barton, A. J., Armstrong, G., Preheim, G., Gelmon, S. B., & Andrus, L. C.. (2009). A national Delphi to determine developmental progression of quality and safety competencies in nursing education . *Nursing outlook*, 57(6), 313-322.

[Abstract]

Quality and Safety Education for Nurses (QSEN) faculty outlined 6 competency domains: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. In this study, 18 subject matter experts participated in a web-based modified Delphi survey between October 2008 and February 2009 to determine whether there was consensus on the developmental progression of knowledge, skill, and attitude elements within the QSEN competencies. Support for creation of curricular threads to facilitate student progressive achievement of the QSEN competencies was validated. Competency development related to the individual patient was emphasized early in the curriculum, whereas teams and systems were emphasized later. Complex concepts such as teamwork and collaboration, evidence-based practice, quality improvement, and informatics were emphasized in advanced courses. Experts outlined a developmental approach in curriculum design, which would potentially encourage practice, reinforcement of learning, and recognition of context of care. (Source: PubMed)

@article{RefWorks:662,
author={A. J. Barton and G. Armstrong and G. Preheim and S. B. Gelmon and L. C. Andrus},
year={2009},
month={Nov-Dec},
title={A national Delphi to determine developmental progression of quality and safety
competencies in nursing education },
journal={Nursing outlook},
volume={57},
number={6},
pages={313-322},
note={id: 4342; JID: 0401075; 2009/03/01 [received]; ppublish },

isbn={1528-3968},
language={eng}}

Using quality and safety education for nurses to enhance competency outcome performance assessment: a synergistic approach that promotes patient safety and quality outcomes.

Armstrong, G. E., Spencer, T. S., & Lenburg, C. B.. (2009). Using quality and safety education for nurses to enhance competency outcome performance assessment: a synergistic approach that promotes patient safety and quality outcomes . *The Journal of nursing education*, 48(12), 686-693.

[Abstract]

As nursing programs respond to vital initiatives such as Quality and Safety Education for Nurses (QSEN), nursing faculty will discover important shared values exist between competency-based curricular models and the latest call for stronger foci on safety and quality. This article describes how one university is using the QSEN competencies to enhance its competency outcome performance assessment (COPA)-based curriculum, thereby updating and strengthening its graduates' skills in quality improvement and safety. Faculty at the school found QSEN and COPA share the same concerns for promoting student competence and continuing competence in nursing practice to safeguard patient safety and quality care. Nursing faculty whose teaching is focused in a competency-based curriculum are well positioned to respond to the call to integrate QSEN competencies into their curricula. (Source: PubMed)

@article{RefWorks:679,
author={G. E. Armstrong and T. S. Spencer and C. B. Lenburg},
year={2009},
month={Dec},
title={Using quality and safety education for nurses to enhance competency outcome
performance assessment: a synergistic approach that promotes patient safety and quality
outcomes },
journal={The Journal of nursing education},
volume={48},
number={12},
pages={686-693},

note={id: 4664; JID: 7705432; 2009/03/31 [received]; 2009/09/30 [accepted]; ppublish },

keywords={Colorado; Competency-Based Education/methods; Curriculum; Education, Nursing/methods; Educational Measurement; Humans; Models, Educational; Quality of Health Care; Safety Management},

isbn={0148-4834; 0148-4834},

language={eng}

A nursing quality program driven by evidence-based practice.

Anderson, J. J., Mokracek, M., & Lindy, C. N.. (2009). A nursing quality program driven by evidence-based practice . *The Nursing clinics of North America*, 44(1), 83-91, xi.

[Abstract]

St. Luke's Episcopal Hospital in Houston established a best-practice council as a strategy to link nursing quality to evidence-based practice. Replacing a system based on reporting quality control and compliance, this Best Practice Council formed interdisciplinary teams, charged them each with a quality issue, and directed them to change practice as needed under the guidance of the St. Luke's Episcopal Hospital Evidence Based Practice Model. This article reviews the activities of the Best Practice Council and the projects of teams assigned to study best practice in (1) preventing bloodstream infection (related to central lines), (2) preventing patient falls, (3) assessing and preventing pressure ulcers, and (4) ensuring good hand-off communication.

(Source: PubMed)

@article {RefWorks:644,

author={J. J. Anderson and M. Mokracek and C. N. Lindy},

year={2009},

month={Mar},

title={A nursing quality program driven by evidence-based practice },

journal={The Nursing clinics of North America},

volume={44},

number={1},

pages={83-91, xi},

note={id: 3695; JID: 0042033; RF: 35; ppublish },

keywords={Accidental Falls/prevention & control; Benchmarking/organization & administration; Communication; Cross Infection/prevention & control; Diffusion of Innovation; Documentation; Evidence-Based Nursing/education/organization & administration; Hospitals, Religious; Humans; Infection Control; Models, Nursing; Nursing Audit; Nursing Records; Nursing Research/education/organization & administration; Nursing Staff, Hospital/education/organization & administration; Outcome Assessment (Health Care); Pressure Ulcer/prevention & control; Professional Staff Committees/organization & administration; Quality Assurance, Health Care/organization & administration; Texas},

isbn={0029-6465},

language={eng}

Review: What can we learn from quality improvement research?: A critical review of research methods.

Alexander, J. A., & Hearld, L. R.. (2009). Review: What can we learn from quality improvement research?: A critical review of research methods . *Medical care research and review : MCRR*, 66(3), 235-271.

[Abstract]

This article presents a systematic review of the research methods used to study quality improvement (QI) effectiveness in health care organizations. The review relied on existing literature as well as emergent themes to identify types of QI programs (e.g., data/feedback, information technology, staff education) and quality outcomes (e.g., mortality, morbidity, unnecessary variation). Studies were separated into four categories according to the type of organization in which the QI program was introduced: (a) hospital, (b) nursing home, (c) physician group, and (d) other health care organization. Results of the review indicate that most QI effectiveness research is conducted in hospital settings, is focused on multiple QI interventions, and utilizes process measures as outcomes. The review also yielded substantial variation with respect to the study designs used to examine QI effectiveness. The article concludes with a critique of these designs and suggestions for ways future research could address these shortcomings. (Source: PubMed)

```
@article{RefWorks:643,
  author={J. A. Alexander and L. R. Hearld},
  year={2009},
  month={Jun},
  title={Review: What can we learn from quality improvement research?: A critical review of research methods },
  journal={Medical care research and review : MCRR},
  volume={66},
  number={3},
  pages={235-271},
  note={id: 3717; JID: 9506850; 2009/01/28 [aheadofprint]; ppublish },

  isbn={1077-5587},
  language={eng}
```

Teaching quality improvement in the midst of performance measurement pressures: mixed messages?

Watts, B., Augustine, S., & Lawrence, R. H.. (2009). Teaching quality improvement in the midst of performance measurement pressures: mixed messages?. *Quality management in health care*, 18(3), 209-216.

[Abstract]

BACKGROUND: While the importance of teaching quality improvement (QI) is recognized, formal opportunities to teach it are limited and are not always successful at getting physician trainee buy-in. We summarize findings that emerged from a QI curriculum designed to promote

physician trainee insights into the evaluation and improvement of quality of care. METHODS: Grounded-theory approaches to thematic coding of responses from 24 trainees to open-ended items about aspects of a QI curriculum. The 24 trainees were subsequently divided into 9 teams that provided group responses to open-ended items about assessing quality care. Coding was also informed by notes from group discussions. RESULTS: Successes associated with QI projects reflected several aspects of optimizing care such as approaches to improving processes and enabling providers. Counterproductive themes included aspects of compromising care such as creating blinders and complicating care delivery. Themes about assessing care included absolute versus process trade-offs, time frame, documentation completeness, and the underrecognized role of the patient/provider dynamic. CONCLUSIONS: Our mapping of the themes provides a useful summary of issues and ways to approach the potential lack of buy-in from physician trainees about the value of QI and the "mixed-messages" regarding inconsistencies in the application of presumed objective performance measures. (Source: PubMed)

@article{RefWorks:660,
author={B. Watts and S. Augustine and R. H. Lawrence},
year={2009},
month={Jul-Sep},
title={Teaching quality improvement in the midst of performance measurement pressures:
mixed messages? },
journal={Quality management in health care},
volume={18},
number={3},
pages={209-216},
note={id: 4180; JID: 9306156; ppublish },

isbn={1063-8628},
language={eng}}

Assessing quality and safety competencies of graduating prelicensure nursing students.

Sullivan, D. T., Hirst, D., & Cronenwett, L.. (2009). Assessing quality and safety competencies of graduating prelicensure nursing students. *Nursing outlook*, 57(6), 323-331.

[Abstract]

The Quality and Safety Education for Nurses (QSEN) project is focused on enhancing nursing curricula and fostering faculty development to support student achievement of quality and safety competencies. The purpose of this descriptive study was to assess student perspectives of quality and safety content in their nursing programs along with self-reported levels of preparedness and perceived importance of the 6 QSEN competencies. Graduating students (n = 565) from 17 US schools of nursing completed an electronic student evaluation survey. Students reported exposure to QSEN knowledge areas, more often in classroom and clinical learning settings than in skills lab/simulation settings. Clinical experience outside of formal education was associated with perceptions of a higher level of preparedness for QSEN skills in several competencies. In general, students reported relatively high levels of preparedness in all types of prelicensure nursing programs and endorsed the importance of quality and safety competencies to

professional practice. (Source: PubMed)

```
@article{RefWorks:677,  
  author={D. T. Sullivan and D. Hirst and L. Cronenwett},  
  year={2009},  
  month={Nov-Dec},  
  title={Assessing quality and safety competencies of graduating prelicensure nursing students },  
  journal={Nursing outlook},  
  volume={57},  
  number={6},  
  pages={323-331},  
  note={id: 4341; JID: 0401075; 2009/03/06 [received]; ppublish },  
  
  isbn={1528-3968},  
  language={eng}}
```

TCAB in the curriculum: creating a safer environment through nursing education.

Struth, D.. (2009). TCAB in the curriculum: creating a safer environment through nursing education. *The American Journal of Nursing*, 109(11 Suppl), 55-58.

[BibTeX] [Abstract]

We realized that transformational leadership, prototype, tests of change, and rapid-cycle improvement had to be more than just words in a presentation. Nursing faculty needed to embrace the TCAB framework before transformation could begin. Our task as an education partner was to develop structured learning activities to teach prelicensure (student) nurses about TCAB. This article describes how our faculty developed clinical and didactic curricula to do this. Our work made the TCAB design targets related to safe and reliable care, value-added care, and patient-centered care come to life for our students. (Source: Publisher)

```
@article{RefWorks:676,  
  author={D. Struth},  
  year={2009},  
  month={Nov},  
  title={TCAB in the curriculum: creating a safer environment through nursing education },  
  journal={The American Journal of Nursing},  
  volume={109},  
  number={11 Suppl},  
  pages={55-58},  
  note={id: 4434; JID: 0372646; ppublish },
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keywords={Academies and Institutes/organization & administration; Curriculum; Education, Nursing, Baccalaureate/organization & administration; Faculty, Nursing/organization & administration; Foundations/organization & administration; Health Facility Environment/organization & administration; Humans; Interinstitutional Relations; Needs Assessment; Nursing Assessment; Organizational Innovation; Organizational Objectives;

Patient-Centered Care/organization & administration; Pennsylvania; Professional Competence; Program Development; Safety Management/organization & administration; Schools, Nursing/organization & administration; Total Quality Management/organization & administration},
isbn={1538-7488; 1538-7488},
language={eng}

Spiraling evidence-based practice and outcomes management concepts in an undergraduate curriculum: a systematic approach.

Ross, A. M., Noone, J., Luce, L. L., & Sideras, S. A.. (2009). Spiraling evidence-based practice and outcomes management concepts in an undergraduate curriculum: a systematic approach. *The Journal of nursing education*, 48(6), 319-326.

[Abstract]

Preparing undergraduate nursing students to practice nursing in the 21st century requires a focus on the development of evidence-based practice and outcomes management knowledge and skills throughout the nursing curriculum. To this end, seven learning activities were created that spiral and increase in complexity while building on previously acquired skills. Working in teams and practicing team-building techniques, students learned how to develop a clinical question, search the literature, synthesize the current knowledge, identify the significance of the issue in an ecological model, decipher existing quality data and compare that data to national benchmarks, investigate a health care quality issue using quality improvement methods, and draft a proposal for implementation of a continuous quality improvement initiative. Work was presented in both written and oral presentation formats, with emphasis on engaging various audiences in a compelling health care issue.

@article{RefWorks:657,

author={A. M. Ross and J. Noone and L. L. Luce and S. A. Sideras},

year={2009},

month={Jun},

title={Spiraling evidence-based practice and outcomes management concepts in an undergraduate curriculum: a systematic approach },

journal={The Journal of nursing education},

volume={48},

number={6},

pages={319-326},

note={id: 4094; JID: 7705432; ppublish },

isbn={0148-4834},

language={eng}

The new fundamentals in nursing: introducing beginning quality and safety education for nurses' competencies.

Preheim, G. J., Armstrong, G. E., & Barton, A. J.. (2009). The new fundamentals in nursing: introducing beginning quality and safety education for nurses' competencies. *The Journal of nursing education*, 48(12), 694-697.

[Abstract]

This article describes the redesign of the fundamentals of nursing course using an organizing framework and teaching strategies identified in the Quality and Safety Education for Nurses (QSEN) initiative. Six QSEN competencies (patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics) are essential for nursing practice. Beginning knowledge, skills, and attitudes (KSAs) associated with each competency were identified in a preliminary Delphi survey as important to incorporate early in prelicensure nursing curricula. Redesign requires a shift in focus from task-training and psychomotor skills development to incorporation of a systems context, reflecting redefined values and interventions associated with safety, quality, and professional nursing roles. A course revision, based on the QSEN competencies definitions, selected beginning KSAs, exemplar resources, and teaching strategies, is described. The reframing of fundamentals of nursing is essential to prepare new graduates for contemporary practice. (Source: PubMed)

@article{RefWorks:688,

author={G. J. Preheim and G. E. Armstrong and A. J. Barton},

year={2009},

month={Dec},

title={The new fundamentals in nursing: introducing beginning quality and safety education for nurses' competencies },

journal={The Journal of nursing education},

volume={48},

number={12},

pages={694-697},

note={id: 4663; JID: 7705432; 2009/03/30 [received]; 2009/09/23 [accepted]; ppublish },

keywords={Competency-Based Education/methods; Education, Nursing/methods; Evidence-Based Nursing/education; Health Knowledge, Attitudes, Practice; Humans; Models, Educational; Nursing Informatics/education; Patient Care Team; Patient-Centered Care; Quality of Health Care; Safety Management; United States},

isbn={0148-4834; 0148-4834},

language={eng}

Participation of unit nurses: front-line implementation on TCAB pilot units.

Pearson, M. L., Needleman, J., Parkerton, P. H., Upenieks, V. V., Soban, L. M., & Yee, T.. (2009). Participation of unit nurses: front-line implementation on TCAB pilot units. *The American Journal of Nursing*, 109(11 Suppl), 66-70.

[Abstract]

Most previous efforts at workplace transformation included some nurses in quality improvement decision making, along with physicians and other clinical staff. However, TCAB is the first major national initiative to focus directly on nurses in promoting a participatory approach to

transforming the work environment and improving the quality of hospital care. (Source: Publisher)

@article{RefWorks:675,

author={M. L. Pearson and J. Needleman and P. H. Parkerton and V. V. Upenieks and L. M. Soban and T. Yee},

year={2009},

month={Nov},

title={Participation of unit nurses: front-line implementation on TCAB pilot units },

journal={The American Journal of Nursing},

volume={109},

number={11 Suppl},

pages={66-70},

note={id: 4433; JID: 0372646; ppublish },

keywords={Attitude of Health Personnel; Decision Making, Organizational; Diffusion of Innovation; Hospital Units/organization & administration; Humans; Models, Nursing; Nurse's Role/psychology; Nursing Evaluation Research; Nursing Methodology Research; Nursing Staff, Hospital/organization & administration/psychology; Organizational Innovation; Outcome and Process Assessment (Health Care)/organization & administration; Pilot Projects; Professional Autonomy; Professional Staff Committees/organization & administration; Program Development; Qualitative Research; Questionnaires; Total Quality Management/organization & administration; United States},

isbn={1538-7488; 1538-7488},

language={eng}

Enhancing quality and safety competency development at the unit level: an initial evaluation of student learning and clinical teaching on dedicated education units.

Mulready-Shick, J., Kafel, K. W., Banister, G., & Mylott, L.. (2009). Enhancing quality and safety competency development at the unit level: an initial evaluation of student learning and clinical teaching on dedicated education units. *The Journal of nursing education*, 48(12), 716-719.

[Abstract]

The need to attend to quality and safety competency development, increase capacity in nursing education programs, address the faculty and nursing shortages, and find new ways to keep step with an ever-changing health care environment has brought forth numerous creative curricular responses and collaborative efforts. To tackle these multiple needs and challenges simultaneously, a new academic-service partnership was created to collaboratively develop an innovative clinical education delivery model. The designed dedicated education unit model not only promoted student learning about quality and safety competencies via unit-based projects but also supported quality improvements in nursing care delivery. Following the initial semester of the model's implementation, a pilot study was conducted. The findings generated the evidence required to take this innovation to the next level. Moreover, the education-practice partnership, which was created to implement the clinical education delivery model, was strengthened as a

result of this preliminary evaluation. (Source: PubMed)

```
@article{RefWorks:686,  
  author={J. Mulready-Shick and K. W. Kafel and G. Banister and L. Mylott},  
  year={2009},  
  month={Dec},  
  title={Enhancing quality and safety competency development at the unit level: an initial  
  evaluation of student learning and clinical teaching on dedicated education units },  
  journal={The Journal of nursing education},  
  volume={48},  
  number={12},  
  pages={716-719},  
  note={id: 4659; JID: 7705432; 2009/04/01 [received]; 2009/07/21 [accepted]; ppublish },
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  keywords={Adult; Competency-Based Education/methods; Education, Nursing/methods;  
  Female; Focus Groups; Health Knowledge, Attitudes, Practice; Humans; Male; Middle Aged;  
  Models, Educational; Pilot Projects; Quality of Health Care; Safety Management; United States},  
  isbn={0148-4834; 0148-4834},  
  language={eng}
```

Student learning outcomes after integration of quality and safety education competencies into a senior-level critical care course.

Miller, C. L., & LaFramboise, L.. (2009). Student learning outcomes after integration of quality and safety education competencies into a senior-level critical care course. *The Journal of nursing education*, 48(12), 678-685.

[Abstract]

Nursing education must respond to reports from the Institute of Medicine and others that health care education must focus more on safety and quality so graduates are empowered to positively impact patient safety. Effective teaching strategies must be developed and tested that result in positive student outcomes. The purpose of this pilot study was to test the effects of structured classroom and clinical content related to safety and quality of health care systems on a group of senior-level nursing students. A mixed-method study was conducted using repeated-measures analysis of variance quantitative data from the Student Perception of Safety and Quality Knowledge, Skills, and Attitudes Questionnaire and content analysis for the qualitative data collected from focus group discussions. Results suggest a combination of classroom and clinical learning activities have the strongest impact on student knowledge, skills, and attitudes related to safety and quality. (Source: PubMed)

```
@article{RefWorks:685,  
  author={C. L. Miller and L. LaFramboise},  
  year={2009},  
  month={Dec},  
  title={Student learning outcomes after integration of quality and safety education competencies  
  into a senior-level critical care course },  
  journal={The Journal of nursing education},  
  volume={48},
```

number={12},
pages={678-685},
note={id: 4665; JID: 7705432; 2009/03/31 [received]; 2009/09/30 [accepted]; ppublish },

keywords={Adult; Analysis of Variance; Competency-Based Education/methods; Critical Care; Education, Nursing, Baccalaureate/methods; Female; Health Knowledge, Attitudes, Practice; Humans; Male; Midwestern United States; Pilot Projects; Quality of Health Care; Safety Management},
isbn={0148-4834; 0148-4834},
language={eng}

From professional silos to interprofessional education: campus wide focus on quality of care

Margalit, R., Thompson, S., Visovsky, C., Geske, J., Collier, D., Birk, T., & Paulman, P.. (2009). From professional silos to interprofessional education: campuswide focus on quality of care. *Quality management in health care*, 18(3), 165-173.

[Abstract]

OBJECTIVES: The Institute of Medicine called for the integration of interprofessional education (IPE) into health professions curricula, in order to improve health care quality. In response, we developed, implemented, and evaluated a campus wide IPE program, shifting from traditional educational silos to greater collaboration. **METHODS:** Students (155) and faculty (30) from 6 academic programs (nursing, medicine, public health, allied health, dentistry, and pharmacy) engaged with a university hospital partner to deliver this program. The content addressed principles of IPE, teamwork development and 2 common quality care problems: hospital-acquired infections and communication errors. Pre-/post-surveys, the Readiness for Interprofessional Learning Scale, and the Interprofessional Education Perception Scale, were used for descriptive assessment of student learning. **RESULTS:** Students demonstrated increased understanding of health care quality and interprofessional teamwork principles and reported positive attitudes toward shared learning. While responses to the Readiness for Interprofessional Learning Scale grew more positive after the program, scores on the Interprofessional Education Perception Scale were more homogeneous. Both students and faculty highly evaluated the experience. **CONCLUSION:** This program was a first step in preparing individuals for collaborative learning, fostering awareness and enthusiasm for IPE among students and faculty, and demonstrating the feasibility of overcoming common barriers to IPE such as schedule coordination and faculty buy-in. (Source: PubMed)

@article{RefWorks:654,

author={R. Margalit and S. Thompson and C. Visovsky and J. Geske and D. Collier and T. Birk and P. Paulman},

year={2009},

month={Jul-Sep},

title={From professional silos to interprofessional education: campuswide focus on quality of care },

journal={Quality management in health care},

volume={18},

number={3},
pages={165-173},
note={id: 4184; JID: 9306156; ppublish },

isbn={1063-8628},
language={eng}

A collaborative model to introduce quality and safety content into the undergraduate nursing leadership curriculum

MacPhee, M., Espezel, H., Clauson, M., & Gustavson, K.. (2009). A collaborative model to introduce quality and safety content into the undergraduate nursing leadership curriculum. *Journal of nursing care quality*, 24(1), 83-89.

[\[Download PDF\]](#)

[Abstract]

Today's nursing students need an understanding of quality and safety (Q/S) concepts as well as the nurse's role in all phases of Q/S activities. Nursing students' Q/S learning experiences are typically anecdotal. This article describes a practice-academic partnership that raised students' awareness of Q/S within the practice environment. This partnership also resulted in healthcare providers' increased commitment to a culture of safety. (Source: PubMed)

@article{RefWorks:653,

author={M. MacPhee and H. Espezel and M. Clauson and K. Gustavson},

year={2009},

month={2009 Jan-Mar},

title={A collaborative model to introduce quality and safety content into the undergraduate nursing leadership curriculum },

journal={Journal of nursing care quality},

volume={24},

number={1},

pages={83-89},

note={id: 3258; Accession Number: 2010145321. Language: English. Entry Date: 20090213.

Revision Date: 20090213. Publication Type: journal article. Journal Subset: Core Nursing;

Nursing; Peer Reviewed; USA. Special Interest: Evidence-Based Practice; Nursing Education;

Patient Safety; Quality Assurance. No. of Refs: 20 ref. NLM UID: 9200672. Email:

Macphee@nursing.ubc.ca. },

keywords={Education, Nursing; Nursing Management – Education; Patient Safety – Education; Quality of Health Care – Education; Collaboration; Curriculum; Faculty, Nursing; Leadership; Models, Educational; Nursing Practice; Nursing Practice, Evidence-Based; Organizational Culture; Students, Nursing},

isbn={1057-3631},

url={http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010145321&site=ehost-live}

The improvement guide : a practical approach to enhancing organizational performance (2nd Edition ed.)

Langley, G. J., Moen, R., Nolan, K. M., & Nolan, T. W.. (2009). *The improvement guide : a practical approach to enhancing organizational performance* (2nd Edition ed.). San Francisco: Jossey-Bass.

[\[Download PDF\]](#)

[Abstract]

This new edition of this bestselling guide offers an integrated approach to process improvement that delivers quick and substantial results in quality and productivity in diverse settings. The authors explore their Model for Improvement that worked with international improvement efforts at multinational companies as well as in different industries such as healthcare and public agencies. This edition includes new information that shows how to accelerate improvement by spreading changes across multiple sites. The book presents a practical tool kit of ideas, examples, and applications. (Source: Publisher)

@book{RefWorks:674,

author={G. J. Langley and R. Moen and K. M. Nolan and T. W. Nolan},

year={2009},

title={The improvement guide : a practical approach to enhancing organizational performance },

publisher={Jossey-Bass},

address={San Francisco},

edition={2nd Edition},

note={id: 4262; ID: UNCb5949507; Formats: Book; 2nd ed.; xxi, 490 p. : ill. ; 25 cm.; M2: OCLC Number: 236325893; Includes bibliographical references (p. 465-477) and index.; M3: Changes that result in improvement – Skills to support improvement – Improvement case studies – The science of improvement – Using the model for improvement – Developing a change – Testing a change – Implementing a change – Spreading improvements – Integrating methods for the improvement of value – Improving large or complex systems – Case studies of improvement efforts – Making the improvement of value a business strategy – Developing improvement capability. },

keywords={Organizational effectiveness; Organizational change; Quality control},

isbn={0470192410 (cloth); 9780470192412 (cloth)},

url={http://search.lib.unc.edu?R=UNCb5949507}

Nursing: key to quality improvement

Lacey, S. R., & Cox, K. S.. (2009). Nursing: key to quality improvement. *Pediatric clinics of North America*, 56(4), 975-985.

[Abstract]

Nurses and effective nursing care contribute to quality patient outcomes. This article explains in detail the importance of nursing care in the quality agenda and explores the existing gaps in this field of science. Key stakeholders and groups that advocate and focus on specific quality agendas

within the field of pediatrics are briefly described. Pediatric health care uses a multidisciplinary model of delivery; each discipline uses specific domains of knowledge and interventions, making it difficult to separate them when evaluating patient outcomes. Much work needs to be conducted using health services research approaches that link and partition the overall and combined contribution of discipline-specific providers. (Source: PubMed)

```
@article{RefWorks:673,  
  author={S. R. Lacey and K. S. Cox},  
  year={2009},  
  month={Aug},  
  title={Nursing: key to quality improvement },  
  journal={Pediatric clinics of North America},  
  volume={56},  
  number={4},  
  pages={975-985},  
  note={id: 4239; JID: 0401126; ppublish },
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  keywords={Adult; Child; Education, Nursing; Health Manpower; Hospitals,  
  Pediatric/standards; Humans; Licensure, Nursing; Nurse's Role; Nurse-Patient Relations;  
  Nursing Evaluation Research; Nursing Research; Outcome and Process Assessment (Health  
  Care); Patient Care Team/standards; Pediatric Nursing/standards; Quality Assurance, Health  
  Care/standards; Quality Indicators, Health Care; Quality of Health Care/standards/trends; United  
  States},  
  isbn={1557-8240},  
  language={eng}
```

Innovations at the intersection of academia and practice: facilitating graduate nursing students' learning about quality improvement and patient safety

Jones, C. B., Mayer, C., & Mandelkehr, L. K.. (2009). Innovations at the intersection of academia and practice: facilitating graduate nursing students' learning about quality improvement and patient safety. *Quality management in health care*, 18(3), 158-164.

[Abstract]

OBJECTIVE: Quality and safety are high priorities for US hospitals today. This focus is likely to intensify, given the rapidly changing and complex health care environment. While health care organizations are initiating a number of strategies to improve care and respond to changing regulatory and policy requirements, many clinicians practicing in them have not received training on quality and safety as a part of their formal education. We describe an academic-practice partnership formed to educate graduate-level nursing students about health care quality and safety. **METHODS:** Our approach combines theories, methods, and tools of improvement with practice-based learning, thus providing students with an opportunity to apply improvement theories and methods in a health care setting. Student teams are paired with organizational preceptors to conduct projects that address improvement opportunities in health care organizations. **RESULTS:** We share the structures-processes-outcomes of our partnership, including the content of our course, development of projects, and how projects are used to facilitate shared student-faculty-organizational learning. **CONCLUSIONS:** Suggestions are

offered that address continued course improvement as well as broader improvements in the education of health professionals about quality and patient safety. (Source: PubMed)

@article{RefWorks:651,
author={C. B. Jones and C. Mayer and L. K. Mandelkehr},
year={2009},
month={Jul-Sep},
title={Innovations at the intersection of academia and practice: facilitating graduate nursing students' learning about quality improvement and patient safety },
journal={Quality management in health care},
volume={18},
number={3},
pages={158-164},
note={id: 4178; JID: 9306156; ppublish },

isbn={1063-8628},
language={eng}

Building knowledge for safer care: nursing research advancing practice

Jeffs, L., Smith, O. M., Wilson, G., Kohn, M., Campbell, H., Maione, M., Tregunno, D., & Ferris, E.. (2009). Building knowledge for safer care: nursing research advancing practice. *Journal of nursing care quality*, 24(3), 257-262.

[Abstract]

Organizational and professional efforts to support nurses engaging in research projects that advance patient safety practices are needed. In this context, the purpose of this article is to provide a description of the design, implementation, and evaluation of a research capacity strategy designed for clinical nurses and the lessons learned. Participating nurses evolved from research novices to key champions in advancing nursing practice, patient safety, and quality improvement. (Source: PubMed)

@article{RefWorks:671,
author={L. Jeffs and O. M Smith and G. Wilson and M. Kohn and H. Campbell and M. Maione and D. Tregunno and E. Ferris},
year={2009},
month={Jul-Sep},
title={Building knowledge for safer care: nursing research advancing practice },
journal={Journal of nursing care quality},
volume={24},
number={3},
pages={257-262},
note={id: 4432; JID: 9200672; ppublish },

keywords={Clinical Nursing Research; Curriculum; Humans; Medical Errors/prevention & control; Nursing Staff, Hospital/education/standards; Quality of Health Care; Safety; Staff Development/methods},

isbn={1550-5065; 1550-5065},
language={eng}

Embedding quality and safety competencies in nursing education

Ironside, P. M., & Sitterding, M.. (2009). Embedding quality and safety competencies in nursing education. *The Journal of nursing education*, 48(12), 659-660.

[Abstract]

If a central feature of the formation of the next generation of nurses is the development of quality and safety competencies, then these competencies cannot be taught as isolated content within a single course or only during the final term of a program. Learning about and achieving quality and safety competencies must be learned as part of every aspect of practice. The centrality of quality and safety competencies will also require that learning experiences across the curriculum overcome the narrow conceptualization of knowledge acquisition (in classrooms) and its application (in clinical experiences). (Source: Publisher)

@article{RefWorks:680,
author={P. M. Ironside and M. Sitterding},
year={2009},
month={Dec},
title={Embedding quality and safety competencies in nursing education },
journal={The Journal of nursing education},
volume={48},
number={12},
pages={659-660},
note={id: 4667; JID: 7705432; ppublish },

keywords={Competency-Based Education; Curriculum; Education, Nursing; Humans; Quality of Health Care; Safety Management; United States},
isbn={0148-4834; 0148-4834},
language={eng}

A standardized curriculum to introduce novice health professional students to practice-based learning and improvement: a multi-institutional pilot study

Huntington, J. T., Dycus, P., Hix, C., West, R., McKeon, L., Coleman, M. T., Hathaway, D., McCurren, C., & Ogrinc, G.. (2009). A standardized curriculum to introduce novice health professional students to practice-based learning and improvement: a multi-institutional pilot study. *Quality management in health care*, 18(3), 174-181.

[Abstract]

BACKGROUND: Practice-based learning and improvement (PBLI) combines the science of continuous quality improvement with the pragmatics of day-to-day clinical care delivery. PBLI is a core-learning domain in nursing and medical education. We developed a workbook-based, project-focused curriculum to teach PBLI to novice health professional students. **PURPOSE:** Evaluate the efficacy of a standardized curriculum to teach PBLI. **DESIGN:** Nonrandomized,

controlled trial with medical and nursing students from 3 institutions. METHODS: Faculty used the workbook to facilitate completion of an improvement project with 16 participants. Both participants and controls (N = 15) completed instruments to measure PBLI knowledge and self-efficacy. Participants also completed a satisfaction survey and presented project posters at a national conference. RESULTS: There was no significant difference in PBLI knowledge between groups. Self-efficacy of participants was higher than that of controls in identifying best practice, identifying measures, identifying successful local improvement work, implementing a structured change plan, and using Plan-Do-Study-Act methodology. Participant satisfaction with the curriculum was high. CONCLUSION: Although PBLI knowledge was similar between groups, participants had higher self-efficacy and confidently disseminated their findings via formal poster presentation. This pilot study suggests that using a workbook-based, project-focused approach may be effective in teaching PBLI to novice health professional students. (Source: PubMed)

@article{RefWorks:650,

author={J. T. Huntington and P. Dycus and C. Hix and R. West and L. McKeon and M. T. Coleman and D. Hathaway and C. McCurren and G. Ogrinc},

year={2009},

month={Jul-Sep},

title={A standardized curriculum to introduce novice health professional students to practice-based learning and improvement: a multi-institutional pilot study },

journal={Quality management in health care},

volume={18},

number={3},

pages={174-181},

note={id: 4183; JID: 9306156; ppublish },

isbn={1063-8628},

language={eng}

Linking health professional learners and health care workers on action-based improvement teams

Hall, L. W., Headrick, L. A., Cox, K. R., Deane, K., Gay, J. W., & Brandt, J.. (2009). Linking health professional learners and health care workers on action-based improvement teams. *Quality management in health care*, 18(3), 194-201.

[Abstract]

BACKGROUND AND METHODS: Medical students, nursing students, and other health care professionals in training were integrated with health care workers on inter-professional quality improvement (QI) teams at our academic health center. Teams received training in QI, accompanied by expert QI mentoring, with dual goals of increasing expertise in improvement while improving care. RESULTS: Eighty-six learners and health system workers participated in 12 improvement teams in 2 years. Upon completion of the training, participants expressed that the program enhanced QI and teamwork skills and increased understanding of other health care professions. At the end of the program, fourth-year medical students showed greater ability to apply QI skills, as measured by the QI Knowledge Assessment Tool than did control students

who did not participate in the program (P

@article{RefWorks:648,

author={L. W. Hall and L. A. Headrick and K. R. Cox and K. Deane and J. W. Gay and J. Brandt},

year={2009},

month={Jul-Sep},

title={Linking health professional learners and health care workers on action-based improvement teams },

journal={Quality management in health care},

volume={18},

number={3},

pages={194-201},

note={id: 4182; JID: 9306156; ppublish },

isbn={1063-8628},

language={eng}

Curriculum reform in baccalaureate nursing education: review of the literature

Forbes, M. O., & Hickey, M. T.. (2009). Curriculum reform in baccalaureate nursing education: review of the literature. *International journal of nursing education scholarship*, 6(1), Article27.

[Abstract]

The debate surrounding the need for reform in nursing education has been heard for well over a decade. Recently, deficiencies in the quality of patient care, as well as patient safety issues, have led to calls for change in health professions education by nursing organizations and the Institute of Medicine (IOM). The rationale and scope of any proposed curricular revision or changes in teaching practices must be firmly grounded in a comprehensive review of the literature and based on current research findings. This article synthesizes the recent literature related to curriculum reform and innovation in nursing education. Four themes were identified in the literature: incorporating safety and quality in nursing education, re-designing conceptual frameworks, strategies to address content laden curricula, and teaching using alternative pedagogies. Synthesis of the recent literature in the field will assist faculty who are beginning the curriculum evaluation and revision process in their own schools. (Source: PubMed)

@article{RefWorks:669,

author={M. O. Forbes and M. T. Hickey},

year={2009},

title={Curriculum reform in baccalaureate nursing education: review of the literature },

journal={International journal of nursing education scholarship},

volume={6},

number={1},

pages={Article27},

note={id: 4215; JID: 101214977; 2009/08/14 [epublish]; ppublish },

isbn={1548-923X},

language={eng}

Using QSEN to measure quality and safety knowledge, skills, and attitudes of experienced pediatric oncology nurses: an international study

Dycus, P., & McKeon, L.. (2009). Using QSEN to measure quality and safety knowledge, skills, and attitudes of experienced pediatric oncology nurses: an international study. *Quality management in health care*, 18(3), 202-208.

[Abstract]

OBJECTIVE: This pilot study describes the development of an instrument to measure nursing quality knowledge, skills, and attitudes for practicing pediatric oncology nurses. Because many nurse leaders of academic centers are responsible for outcomes at both local and global level, ensuring nursing quality is critical, given the variability in practice outcomes. **METHODS:** Quality Improvement Knowledge, Skills, and Attitudes (QulSKA), a 73-item electronic questionnaire was developed using QSEN competencies; the six domains include: quality improvement (QI), safety, evidence-based practice, teamwork, patient-centered care, and informatics. Content validity was established by pediatric oncology, QI, and test-construction experts. Nurses from St Jude Children's Research Hospital and US and Latin American affiliate sites were surveyed. **RESULTS:** Thirty-seven of 216 RNs surveyed participated in the study. The QulSKA inter-item correlation coefficient was 0.839 ($P = .001$). The mean knowledge score (based on 100) was 69.2 +/- 11.3. Scores were highest for safety (82.9%) and lowest for teamwork (48.6%). The mean skills rating was 3.3 +/- 0.74 (used 2-4 times). Lowest rated skills were in analysis and QI tools. The mean attitude rating was 3.8 +/- 0.25 (highly important). **CONCLUSION:** Data suggest that QulSKA may be reliable to measure quality knowledge, skills, and attitudes among pediatric oncology nurses-nurses were knowledgeable in QI, yet they lacked skills in practice application. (Source: PubMed)

```
@article{RefWorks:646,  
  author={P. Dycus and L. McKeon},  
  year={2009},  
  month={Jul-Sep},  
  title={Using QSEN to measure quality and safety knowledge, skills, and attitudes of  
experienced pediatric oncology nurses: an international study },  
  journal={Quality management in health care},  
  volume={18},  
  number={3},  
  pages={202-208},  
  note={id: 4181; JID: 9306156; ppublish },  
  
  isbn={1063-8628},  
  language={eng}}
```

Quality and safety education: foreground and background

Dolansky, M. A., Singh, M. K., & Neuhauser, D. B.. (2009). Quality and safety education: foreground and background. *Quality management in health care*, 18(3), 151-157.

[Abstract]

Since 1988, Case Western Reserve University (CWRU), through its School of Medicine, Frances Payne Bolton School of Nursing, and Division of Public Health, has committed to the development and implementation of quality improvement and safety education as a formal part of its health professions curriculum. Faculty moved quality and safety education from the "background" of implicit learning to the "foreground" of established curriculum. The transformation has affected not only course content but also many academic careers in the process. This article highlights 3 of the many quality and safety education activities that have evolved at the CWRU: the graduate-level course on quality improvement, medical student education, and doctoral education. Based on these activities, 4 key elements are presented as essential for a successful and sustainable quality and safety education program: quality improvement role models and champions, strong academic-practice partnerships, a variety of educational modalities, and a supportive learning environment. (Source: PubMed)

@article{RefWorks:667,
author={M. A. Dolansky and M. K. Singh and D. B. Neuhauser},
year={2009},
month={Jul-Sep},
title={Quality and safety education: foreground and background },
journal={Quality management in health care},
volume={18},
number={3},
pages={151-157},
note={id: 4431; JID: 9306156; ppublish },

keywords={Curriculum; Organizational Case Studies; Quality of Health Care; Safety Management; Schools, Medical},
isbn={1063-8628; 1063-8628},
language={eng}

2008

CQI in the acute care setting: an opportunity to influence acute care practice

Williams, H. F., & Fallone, S.. (2008). CQI in the acute care setting: an opportunity to influence acute care practice. *Nephrology Nursing Journal*, 35(5), 515-522.

[\[Download PDF\]](#)

[Abstract]

Continuous quality improvement is a tool and a methodology that allows nephrology nurses to monitor, evaluate, and creatively improve their working environment. Using an established, consistent, and easily understood format enables information sharing and facilitates progress toward establishing best practice guidelines and standards. Strengthening the nursing knowledge base improves the care provided to patients, which improves outcomes. Use of CQI methods can facilitate better processes, which in turn influence acute care practice. The cycle and the process never end since new knowledge is critical to provide the best care to patients. The Acute Care

SIG will continue the PDCA cycle to Act in response to the changing needs of patients in the acute care setting and to our membership in the acute care arena. (Source: PubMed)

```
@article{RefWorks:1100,  
  author={H. F. Williams and S. Fallone},  
  year={2008},  
  month={09},  
  title={CQI in the acute care setting: an opportunity to influence acute care practice },  
  journal={Nephrology Nursing Journal},  
  volume={35},  
  number={5},  
  pages={515-522},  
  note={id: 2827; Accession Number: 2010056822. Language: English. Entry Date: 20081121.  
  Publication Type: journal article; forms; research; tables/charts. Journal Subset: Core Nursing;  
  Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer  
  Reviewed; USA. Special Interest: Quality Assurance. No. of Refs: 11 ref. NLM UID:  
  100909377. },
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  keywords={Acute Care; Nephrology Nursing; Quality Improvement; Catheterization,  
  Peripheral; Clinical Competence; Committees; Communication; Descriptive Statistics; Goal-  
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  of Nursing Care; Surveys; Teamwork},
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  isbn={1526-744X},  
  url={http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010056822&site=eho  
  st-live}
```

Chapter 4. An innovative approach to quality and safety education for baccalaureate nursing students

White, K. M., & Walrath, J. M.. (2008). Chapter 4. An innovative approach to quality and safety education for baccalaureate nursing students. *Annual Review of Nursing Education*, 6, 65-82.

[\[Download PDF\]](#)

[Abstract]

This article describes an innovative program, the Fuld Leadership Fellows in Clinical Nursing, a partnership between the JHUSON and Johns Hopkins Medicine (JHM). Through this program, quality and safety improvement became the vehicle for honing leadership skills of baccalaureate student nurses enrolled in both the accelerated and traditional courses of study. While this program may not be totally replicable, we believe that many aspects of the program could be used in any academic medical center setting. (Source: Publisher)

```
@article{RefWorks:661,  
  author={K. M. White and J. M. Walrath},  
  year={2008},  
  title={Chapter 4. An innovative approach to quality and safety education for baccalaureate  
  nursing students },  
  journal={Annual Review of Nursing Education},  
  volume={6},
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pages={65-82},
note={id: 3740},

keywords={Education, Clinical; Education, Nursing, Baccalaureate; Leadership – Education; American Association of Colleges of Nursing; Experiential Learning; Faculty, Nursing; Mentorship; Patient Safety – Education; Program Evaluation; Quality Improvement – Education; Schools, Nursing; Seminars and Workshops; Students, Nursing, Baccalaureate},
isbn={1542-412X},
language={English},
url={http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2009811137&site=ehost-live}

Translating evidence into clinical practice. Adding to the evidence base: quality improvement projects

Sublett, C. M.. (2008). Translating evidence into clinical practice. Adding to the evidence base: quality improvement projects. *Urologic Nursing*, 28(6), 468-469.

[\[Download PDF\]](#)

[Abstract]

With the increasing focus in health care on quality and safety of care, reports of quality improvement (QI) projects that offer sustained change are an important contribution to the nursing literature as is the importance of the specific topic being considered (Gotelli et al., 2008). While this column is usually about critiquing research studies, this reviewer has chosen to review this study so that the distinctions between QI projects and research reports can be stated. (Source: Publisher)

@article{RefWorks:659,
author={C. M. Sublett},
year={2008},
month={12},
title={Translating evidence into clinical practice. Adding to the evidence base: quality improvement projects },
journal={Urologic Nursing},
volume={28},
number={6},
pages={468-469},

note={id: 3266; Accession Number: 2010155904. Language: English. Entry Date: In Process. Revision Date: 20090206. Publication Type: journal article. Journal Subset: Core Nursing; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. No. of Refs: 10 ref. NLM UID: 8812256. },

isbn={1053-816X},
url={http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010155904&site=ehost-live}

Transforming health care through quality

Sherwood, G.. (2008). Transforming health care through quality. *Urologic nursing : official journal of the American Urological Association Allied*, 28(6), 414-415.

[Abstract]

This special issue of Urologic Nursing explores new meanings that define quality science, organizational redesigns to achieve quality goals, projects that apply quality improvement models, and the educational transformation needed to prepare health care professionals for working in quality systems. Quality is explored from the perspective of urology care as well as health care in general. (Source: Publisher)

```
@article{RefWorks:658,  
  author={G. Sherwood},  
  year={2008},  
  month={Dec},  
  title={Transforming health care through quality },  
  journal={Urologic nursing : official journal of the American Urological Association Allied},  
  volume={28},  
  number={6},  
  pages={414-415},  
  note={id: 3610; JID: 8812256; ppublish },  
  
  isbn={1053-816X},  
  language={eng}}
```

Urinary incontinence quality improvement in nursing homes: Where have we been? Where are we going?

Palmer, M. H.. (2008). Urinary incontinence quality improvement in nursing homes: Where have we been? Where are we going?. *Urologic Nursing*, 28(6), 439.

[\[Download PDF\]](#)

[Abstract]

The Centers for Medicare and Medicaid Services (CMS) has made urinary incontinence (UI) a quality indicator as part of the Nursing Home Quality Initiative (NHQI). In addition, CMS issued revised guidance on UI and catheters (known as tag F315) for nursing homes regarding compliance in the evaluation and management of UI and catheters, and an investigative protocol for state nursing home surveyors to use during regulatory inspections. The prevalence of UI in nursing homes remains high despite many years of research and clinical efforts to cure or improve it. Nurses play a key role in assuring appropriate assessment of nursing home residents to prevent and treat UI. Changes at the organizational level and inpatient care are needed to make dignity of nursing home residents central to UI quality improvement efforts. This article reviews the epidemiology of UI, the evidence for behavioral interventions, and the types of quality improvement strategies used for UI in nursing homes. (Source: PubMed)

```
@article{RefWorks:656,  
  author={M. H. Palmer},  
  year={2008},  
  month={12},
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title={Urinary incontinence quality improvement in nursing homes: Where have we been? Where are we going? },
journal={Urologic Nursing},
volume={28},
number={6},
pages={439},
note={id: 3269; Accession Number: 2010155854. Language: English. Entry Date: In Process. Revision Date: 20090206. Publication Type: journal article. Journal Subset: Core Nursing; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. No. of Refs: 39 ref. NLM UID: 8812256. },

isbn={1053-816X},
url={http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010155854&site=ehost-live}

Teaching residents about practice-based learning and improvement

Morrison, L. J., & Headrick, L. A.. (2008). Teaching residents about practice-based learning and improvement. *Joint Commission journal on quality and patient safety / Joint Commission Resources*, 34(8), 453-459.

[Abstract]

BACKGROUND: The Accreditation Council for Graduate Medical Education has endorsed practice-based learning and improvement (PBLI) as a core competency for residents. Health professions educators have sought since the early 1990s to incorporate quality improvement principles, methods, and skills into training programs. A literature review indicates that questions remain regarding how to best train physicians to lead the improvement of patient care. The efficacy of two PBLI educational interventions was examined by comparing the performance of participating residents with that of controls. **INTERVENTIONS:** Personal improvement projects (PIPs) and a workshop were implemented to teach PBLI to internal medicine residents. Residents in an ambulatory block rotation were required to complete a PIP. All residents were invited to attend the workshop. Those participating in neither served as controls. **EVALUATION:** An instrument was used to assess applied improvement knowledge for PIP participants at project completion and all residents six to eight months later. Analysis of variance showed no difference between the performance of PIP participants at project completion and PIP participants and controls six to eight months later. A second analysis compared six- to eight-month follow-up data for residents doing PIP only, workshop only, both PIP and workshop, and controls. No significant differences were detected among groups. Interrater reliability for the tool was good. **DISCUSSION:** No difference was found between intervention residents and controls in the assessment of their ability to apply improvement knowledge. This suggests that workshops and PIPs alone will not lead to competence in PBLI. Building this competency likely will require more emphasis on experiential learning and resident participation in health care improvement projects. (Source: PubMed)

@article{RefWorks:655,
author={L. J. Morrison and L. A. Headrick},
year={2008},

month={Aug},
title={Teaching residents about practice-based learning and improvement },
journal={Joint Commission journal on quality and patient safety / Joint Commission Resources},
volume={34},
number={8},
pages={453-459},
note={id: 3257; JID: 101238023; ppublish },

keywords={Health Care Surveys; Humans; Internship and Residency; Practice Management, Medical/standards; Program Development; Program Evaluation; Quality of Health Care; Teaching; United States},
isbn={1553-7250},
language={eng}

Improving communication among healthcare providers: preparing student nurses for practice

Krautscheid, L. C.. (2008). Improving communication among healthcare providers: preparing student nurses for practice. *International journal of nursing education scholarship*, 5, Article40.

[Abstract]

Communication errors are identified by the Joint Commission as the primary root cause of sentinel events across all categories. In addition, improving the effectiveness of communication among healthcare providers is listed as one of the Joint Commission's 2008 National Patient Safety Goals. Nursing programs are expected to graduate practice-ready nurses who demonstrate quality and safety in patient care, which includes interdisciplinary communication. Through objectively structured clinical assessment simulations, faculty evaluate each nursing student's ability to perform many aspects of care, including the ability to communicate effectively with physicians via telephone in an emergent situation. This quality improvement project reports the results of a three-year review of undergraduate student nurse performance (n = 285) related to effective clinical communication. Changes in teaching-learning strategies, implementation of a standardized communication tool, and clinical enhancements which resulted in improved student competency, will be presented. (Source: PubMed)

@article{RefWorks:652,
author={L. C. Krautscheid},
year={2008},
title={Improving communication among healthcare providers: preparing student nurses for practice },
journal={International journal of nursing education scholarship},
volume={5},
pages={Article40},
note={id: 4110; JID: 101214977; 2008/10/21 [epublish]; ppublish },

keywords={Attitude of Health Personnel; Clinical Competence/standards; Communication; Curriculum; Education, Nursing, Baccalaureate/methods; Educational Measurement; Health

Knowledge, Attitudes, Practice; Humans; Internal Medicine/education; Interprofessional Relations; Medical Errors/methods/nursing/prevention & control/psychology; Needs Assessment/organization & administration; Nurse's Role/psychology; Nursing Assessment; Nursing Education Research; Perioperative Nursing/education; Program Development; Program Evaluation; Role Playing; Students, Nursing/psychology; Thinking; Total Quality Management/organization & administration},
isbn={1548-923X},
language={eng}

Quality and nursing: moving from a concept to a core competency

Hall, L. W., Moore, S. M., & Barnsteiner, J. H.. (2008). Quality and nursing: moving from a concept to a core competency. *Urologic Nursing*, 28(6), 417-426.

[\[Download PDF\]](#)

[Abstract]

The growing focus on providing high-quality care suggests that nurses' involvement in quality activities is likely to increase in coming years. By actively participating in the improvement of health care, nurses benefit their patients and stimulate joy in work. (Source: PubMed)

@article{RefWorks:649,

author={L. W. Hall and S. M. Moore and J. H. Barnsteiner},

year={2008},

month={12},

title={Quality and nursing: moving from a concept to a core competency },

journal={Urologic Nursing},

volume={28},

number={6},

pages={417-426},

note={id: 3265; Accession Number: 2010155839. Language: English. Entry Date: In Process. Revision Date: 20090206. Publication Type: journal article. Journal Subset: Core Nursing; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. No. of Refs: 68 ref 1 bib. NLM UID: 8812256. },

isbn={1053-816X},

url={http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010155839&site=ehost-live}

A quality improvement project to reduce the complications associated with indwelling urinary catheters

Gotelli, J. M., Merryman, P., Carr, C., McElveen, L., Epperson, C., & Bynum, D.. (2008). A quality improvement project to reduce the complications associated with indwelling urinary catheters. *Urologic nursing : Official journal of the American Urological Association Allied*, 28(6), 465-7, 473.

[Abstract]

The indwelling urinary (Foley) catheter is a widely utilized device in the modern hospital environment in the United States. Under certain established medical conditions, these devices serve as a valuable tool in patient care. However, many indwelling urinary catheters are either placed inappropriately or are left in place longer than their intended use. This article describes a quality improvement project undertaken at the University of North Carolina Healthcare, Memorial Hospital, 8 Bed Tower Nursing Unit that developed and implemented a nurse-driven protocol to manage some of the risks associated with the use of these devices. The hospital team involved in this project was able to decrease the overall prevalence of indwelling urinary catheters from 24% to 17%. (Source: PubMed)

@article{RefWorks:647,

author={J. M. Gotelli and P. Merryman and C. Carr and L. McElveen and C. Epperson and D. Bynum},

year={2008},

month={Dec},

title={A quality improvement project to reduce the complications associated with indwelling urinary catheters },

journal={Urologic nursing : Official journal of the American Urological Association Allied},

volume={28},

number={6},

pages={465-7, 473},

note={id: 3602; JID: 8812256; ppublish },

isbn={1053-816X},

language={eng}

Education to bridge the quality gap: a case study approach

Durham, C. F., & Sherwood, G. D.. (2008). Education to bridge the quality gap: a case study approach. *Urologic nursing : Official journal of the American Urological Association Allied*, 28(6), 431-8, 453.

[Abstract]

Educators are challenged to integrate quality and safety concepts into nursing curricula, staff development, and continuing education. This article presents an unfolding case study simulation for urinary tract infection highlighting Quality and Safety Education for Nurses (QSEN) competencies. (Source: PubMed)

@article{RefWorks:645,

author={C. F. Durham and G. D. Sherwood},

year={2008},

month={Dec},

title={Education to bridge the quality gap: a case study approach },

journal={Urologic nursing : Official journal of the American Urological Association Allied},

volume={28},

number={6},

pages={431-8, 453},

note={id: 3607; JID: 8812256; ppublish },

isbn={1053-816X},
language={eng}

The role of nurses in hospital quality improvement

Draper, D. A., Felland, L. E., Liebhaber, A., & Melichar, L.. (2008). The role of nurses in hospital quality improvement. *Care Management*, 14(5), 6.

[\[Download PDF\]](#)

[Abstract]

Improving health care quality and patient safety are currently high on the national health agenda, a focus that will only intensify going forward. While quality improvement is not solely the domain of nurses, they are integral to these activities because of their day-to-day patient care responsibilities.

@article{RefWorks:1099,

author={D. A. Draper and L. E. Felland and A. Liebhaber and L. Melichar},

year={2008},

month={10},

title={The role of nurses in hospital quality improvement },

journal={Care Management},

volume={14},

number={5},

pages={6},

note={id: 2829; Accession Number: 2010087684. Entry Date: In Process. Publication Type: journal article. Journal Subset: Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. Special Interest: Case Management. No. of Refs: 3 ref. NLM UID: 100972358. },

isbn={1531-037X},

url={http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010087684&site=ehost-live}

The Role of Nurses in Hospital Quality Improvement

allison liebhaber Debra A. Draper Laurie E. Felland, & lori melichar. (2008). *The Role of Nurses in Hospital Quality Improvement* (No. Research Brief No. 3). Center for Studying Health System Change.

[\[Download PDF\]](#)

[Abstract]

As the nation's hospitals face increasing demands to participate in a wide range of quality improvement activities, the role and influence of nurses in these efforts is also increasing. Gaining a more in-depth understanding of the role that nurses play in quality improvement and the challenges nurses face can provide important insights about how hospitals can optimize

resources to improve patient care quality. (Source: Publisher)

@techreport{RefWorks:1098,
author={Debra A. Draper, Laurie E. Felland, allison liebhaber and lori melichar},
year={2008},
title={The Role of Nurses in Hospital Quality Improvement },
institution={Center for Studying Health System Change},
number={Research Brief No. 3},
note={id: 3014},

url={http://www.hschange.org/CONTENT/972/972.pdf}

A primer in the evaluation of quality in acute care settings

Baldwin, K. B., & Robertson, J. F.. (2008). A primer in the evaluation of quality in acute care settings. *MEDSURG Nursing*, 17(4), 241-246.

[\[Download PDF\]](#)

[Abstract]

Nurses are in a unique position to evaluate acute care quality. The authors describe common problems and challenges related to selection of variables and choice of databases for quality evaluations. Practical strategies to address these concerns also are discussed

@article{RefWorks:1097,
author={K. B. Baldwin and J. F. Robertson},
year={2008},
month={08},
title={A primer in the evaluation of quality in acute care settings },
journal={MEDSURG Nursing},
volume={17},
number={4},
pages={241-246},
note={id: 2823; Accession Number: 2010006678. Language: English. Entry Date: 20080926. Revision Date: 20081114. Publication Type: journal article; review; tables/charts. Journal Subset: Nursing; Peer Reviewed; USA. Special Interest: Perioperative Care. No. of Refs: 18 ref. NLM UID: 9300545. },

keywords={Databases, Health; Quality Assessment; Quality of Care Research; Clinical Indicators; Medical Records; Outcome Assessment; Registries, Disease; Reliability and Validity},
isbn={1092-0811},
url={http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010006678&site=ehost-live}

Patient safety and quality: An evidence-based handbook for nurses

(2008). *Patient safety and quality: An evidence-based handbook for nurses*. Rockville, MD: Agency for Healthcare Research and Quality.

[\[Download PDF\]](#)

[Abstract]

This handbook prepared by the Agency for Healthcare Research and Quality (AHRQ) and the Robert Wood Johnson Foundation provides a comprehensive summary of important patient safety and quality improvement concepts for frontline nurses. Experts in each topic area reviewed the latest published evidence to assemble sections on providing patient-centered care, nurses' working conditions and work environment, critical opportunities for improving quality and safety, and practical tools for implementing patient safety interventions for practicing nurses. (Source: Publisher)

@book{RefWorks:1101,

year={2008},

title={Patient safety and quality: An evidence-based handbook for nurses },

publisher={Agency for Healthcare Research and Quality},

address={Rockville, MD},

note={id: 2245},

url={http://www.ahrq.gov/qual/nurseshdbk}

2007

Effectiveness of teaching quality improvement to clinicians: a systematic review

Short Description

Boonyasai, R. T., Windish, D. M., & Chakraborti, C.. (2007). Effectiveness of teaching quality improvement to clinicians: a systematic review. *JAMA: Journal of the American Medical Association*, 298(9), 1023-1037.

[\[Download PDF\]](#)

[Abstract]

CONTEXT: Accreditation requirements mandate teaching quality improvement (QI) concepts to medical trainees, yet little is known about the effectiveness of teaching QI. OBJECTIVES: To perform a systematic review of the effectiveness of published QI curricula for clinicians and to determine whether teaching methods influence the effectiveness of such curricula. DATA SOURCES: The electronic literature databases of MEDLINE, EMBASE, CINAHL, and ERIC were searched for English-language articles published between January 1, 1980, and April 30, 2007. Experts in the field of QI were queried about relevant studies. STUDY SELECTION: Two independent reviewers selected studies for inclusion if the curriculum taught QI principles to clinicians and the evaluation used a comparative study design. DATA EXTRACTION: Information about the features of each curriculum, its use of 9 principles of adult learning, and the type of educational and clinical outcomes were extracted. The relationship between the outcomes and the number of educational principles used was assessed. RESULTS: Of 39 studies that met eligibility criteria, 31 described team-based projects; 37 combined didactic instruction with experiential learning. The median number of adult learning principles used was 7 (range, 2-

8). Evaluations included 22 controlled trials (8 randomized and 14 nonrandomized) and 17 pre/post or time-series studies. Fourteen studies described educational outcomes (attitudes, knowledge, or skills or behaviors), and 28 studies described clinical process or patient outcomes. Nine of the 10 studies that evaluated knowledge reported only positive effects but only 2 of these described a validated assessment tool. The 6 assessments of attitudes found mixed results. Four of the 6 studies on skill or behavior outcomes reported only positive effects. Eight of the 28 studies of clinical outcomes reported only beneficial effects. Controlled studies were more likely than other studies to report mixed or null effects. Only 4 studies evaluated both educational and clinical outcomes, providing limited evidence that educational outcomes influence the clinical effectiveness of the interventions. CONCLUSIONS: Most published QI curricula apply sound adult learning principles and demonstrate improvement in learners' knowledge or confidence to perform QI. Additional studies are needed to determine whether educational methods have meaningful clinical benefits. (Source: PubMed)

@article{RefWorks:1107,
author={R. T. Boonyasai and D. M. Windish and C. Chakraborti},
year={2007},
month={05/20},
title={Effectiveness of teaching quality improvement to clinicians: a systematic review },
journal={JAMA: Journal of the American Medical Association},
volume={298},
number={9},
pages={1023-1037},
note={id: 2195; Language: English. Entry Date: 20071116. Publication Type: journal article; research; systematic review; tables/charts. Journal Subset: Biomedical; Editorial Board Reviewed; Expert Peer Reviewed; Peer Reviewed; USA. Special Interest: Evidence-Based Practice; Public Health. No. of Refs: 68 ref. NLM UID: 7501160. Email: romsai@jhmi.edu. },

keywords={Curriculum; Education, Medical; Quality of Health Care; CINAHL Database; Clinical Competence; Educational Measurement; Embase; Medline; Quality Improvement},
isbn={0098-7484},
url={Publisher URL: www.cinahl.com/cgi-bin/refsvc?jid=763&accno=2009664090;
http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2009664090&site=ehost-live}

Improving patient care by making small sustainable changes: a cardiac telemetry unit's experience

Braaten, J. S., & Bellhouse, D. E.. (2007). Improving patient care by making small sustainable changes: a cardiac telemetry unit's experience. *Nursing economic\$, 25(3)*, 162-166.

[Abstract]

With the introduction of each new drug, technology, and regulation, the processes of care become more complicated, creating an elaborate set of procedures connecting various hospital units and departments. Using methods of Adaptive Design and the Toyota Production System, a nursing unit redesigned work systems to achieve sustainable improvements in productivity, staff and patient satisfaction, and quality outcomes. The first hurdle of redesign was identifying

problems, to which staff had become so accustomed with various workarounds that they had trouble seeing the process bottlenecks. Once the staff identified problems, they assumed they could solve the problem because they assumed they knew the causes. Utilizing root cause analysis, asking, "why, why, why," was essential to unearthing the true cause of a problem. Similarly, identifying solutions that were simple and low cost was an essential step in problem-solving. Adopting new procedures and sustaining the commitment to identify and signal problems was a last and critical step toward realizing improvement, requiring a manager to function as "teacher/coach" rather than "fixer/firefighter". (Source: PubMed)

```
@article{RefWorks:1108,  
  author={J. S. Braaten and D. E. Bellhouse},  
  year={2007},  
  month={May-Jun},  
  title={Improving patient care by making small sustainable changes: a cardiac telemetry unit's  
experience },  
  journal={Nursing economic$},  
  volume={25},  
  number={3},  
  pages={162-166},  
  note={id: 1408; PUBM: Print; JID: 8404213; ppublish },  
  
  isbn={0746-1739},  
  language={eng}
```

Quality and safety education for nurses

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D. T., & Warren, J.. (2007). Quality and safety education for nurses. *Nursing outlook*, 55(3), 122-131.

[Abstract]

Quality and Safety Education for Nurses (QSEN) addresses the challenge of preparing nurses with the competencies necessary to continuously improve the quality and safety of the health care systems in which they work. The QSEN faculty members adapted the Institute of Medicine competencies for nursing (patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics), proposing definitions that could describe essential features of what it means to be a competent and respected nurse. Using the competency definitions, the authors propose statements of the knowledge, skills, and attitudes (KSAs) for each competency that should be developed during pre-licensure nursing education. Quality and Safety Education for Nurses (QSEN) faculty and advisory board members invite the profession to comment on the competencies and their definitions and on whether the KSAs for pre-licensure education are appropriate goals for students preparing for basic practice as a registered nurse. (Source:PubMed)

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@article{RefWorks:1111,  
  author={L. Cronenwett and G. Sherwood and J. Barnsteiner and J. Disch and J. Johnson and P.  
Mitchell and D. T. Sullivan and J. Warren},  
  year={2007},
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month={May-Jun},
title={Quality and safety education for nurses },
journal={Nursing outlook},
volume={55},
number={3},
pages={122-131},
note={id: 1093; PUBM: Print; JID: 0401075; 2006/11/02 [received]; ppublish },

isbn={0029-6554},
language={eng}

Integrating quality and safety content into clinical teaching in the acute care setting

Day, L., & Smith, E. L.. (2007). Integrating quality and safety content into clinical teaching in the acute care setting. *Nursing outlook*, 55(3), 138-143.

[Abstract]

Teaching the highest quality and safest practice has long been a goal of faculty members in pre-licensure nursing education programs. This article will describe innovative approaches to integrating quality and safety content into existing clinical practica. The core competencies identified by the Quality and Safety Education for Nurses project-patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics serve as the framework for the teaching/learning exercises. The strategies described require a shift in attention rather than changes in course content and can be included in any clinical rotation in an acute care setting. (Source: PubMed)

@article{RefWorks:1112,
author={L. Day and E. L. Smith},
year={2007},
month={May-Jun},
title={Integrating quality and safety content into clinical teaching in the acute care setting },
journal={Nursing outlook},
volume={55},
number={3},
pages={138-143},
note={id: 1091; PUBM: Print; JID: 0401075; 2006/11/03 [received]; ppublish },

isbn={0029-6554},
language={eng}

Critical thinking: a two-phase framework

Edwards, S. L.. (2007). Critical thinking: a two-phase framework. *Nurse Education in Practice*, 7(5), 303-314.

[Abstract]

This article provides a comprehensive review of how a two-phase framework can promote and engage nurses in the concepts of critical thinking. Nurse education is required to integrate critical thinking in their teaching strategies, as it is widely recognized as an important part of student nurses becoming analytical qualified practitioners. The two-phase framework can be incorporated in the classroom using inquiry-based scenarios or used to investigate situations that arise from practice, for reflection, analysis, theorizing or to explore issues. This paper proposes a two-phase framework for incorporation in the classroom and practice to promote critical thinking. Phase 1 attempts to make it easier for nurses to organize and expound often complex and abstract ideas that arise when using critical thinking, identify more than one solution to the problem by using a variety of cues to facilitate action. Phase 2 encourages nurses to be accountable and responsible, to justify a decision, be creative and innovative in implementing change. (Source: PubMed)

@article{RefWorks:1116,
author={S. L. Edwards},
year={2007},
month={09},
title={Critical thinking: a two-phase framework },
journal={Nurse Education in Practice},
volume={7},
number={5},
pages={303-314},
note={id: 1375; Entry Date: In Process. Publication Type: journal article. Journal Subset: Double Blind Peer Reviewed; Nursing; Online/Print; Peer Reviewed; UK & Ireland. Special Interest: Nursing Education. No. of Refs: 47 ref. NLM UID: 101090848. },

Clinical leadership: using observations of care to focus risk management and quality improvement activities in the clinical setting

Ferguson, L., Calvert, J., Davie, M., Fallon, M., Fred, N., Gersbach, V., & Sinclair, L.. (2007). Clinical leadership: using observations of care to focus risk management and quality improvement activities in the clinical setting. *Contemporary nurse: a journal for the Australian nursing profession*, 24(2), 212-224.

[Abstract]

In an era when patient safety and quality of care are a daily concern for health care professionals, it is important for nurse managers and other clinical leaders to have a repertoire of skills and interventions that can be used to motivate and engage clinical teams in risk assessment and continuous quality improvement at the level of patient care delivery. This paper describes how a cohort of clinical leaders who were undertaking a leadership development program used a relatively simple, patient-focused intervention called the 'observation of care' to help focus the clinical team's attention on areas for improvement within the clinical setting. The main quality and safety themes arising out of the observations that were undertaken by the Clinical Leaders (CLs) were related to the environment, occupational health and safety, communication and team function, clinical practice, and patient care. The observations of care also provided the CLs with many opportunities to acknowledge and celebrate exemplary practice as it was observed as a means of enhancing the development of a quality and safety culture within the clinical setting.

The 'observation of care' intervention can be used by Clinical Leader's to engage and motivate clinical teams to focus on continuously improving the safety and quality of their own work environment and the care delivered to patients within that environment. (Source: PubMed)

@article{RefWorks:1117,

author={L. Ferguson and J. Calvert and M. Davie and M. Fallon and N. Fred and V. Gersbach and L. Sinclair},

year={2007},

month={Apr},

title={Clinical leadership: using observations of care to focus risk management and quality improvement activities in the clinical setting },

journal={Contemporary nurse: a journal for the Australian nursing profession},

volume={24},

number={2},

pages={212-224},

note={id: 1407; PUBM: Print; JID: 9211867; ppublish },

keywords={Clinical Competence/standards; Communication; Data Collection/methods; Health Facility Environment/organization & administration; Humans; Interprofessional Relations; Leadership; Motivation; Needs Assessment/organization & administration; New South Wales; Nurse Clinicians/education/organization & administration/psychology; Nurse's Role/psychology; Nursing Evaluation Research; Observation; Patient-Centered Care; Pilot Projects; Problem Solving; Program Evaluation; Quality of Health Care; Risk Management/organization & administration; Systems Analysis; Total Quality Management/organization & administration},
isbn={1037-6178},
language={eng}

Teaching IOM: Implications of the Institute of Medicine reports for nursing education

Finkelman, A. W., & Kenner, C.. (2007). *Teaching IOM: Implications of the Institute of Medicine reports for nursing education*. Silver Spring, MD: American Nurses Association.

[Abstract]

Teaching IOM focuses on the core competencies derived from the IOM reports on quality and health care and how to use these reports in the classroom. The companion CD-ROM provides additional material for incorporating content into curricula and teaching-learning experiences. It includes PowerPoint presentations with notes on the book's five major topics; healthcare safety, healthcare quality, public health safety and quality, healthcare diversity, and linkage between research and evidence-based practice. The content is appropriate for graduate or undergraduate students. (Source: QSEN Team)

@book{RefWorks:1119,

author={A. W. Finkelman and C. Kenner},

year={2007},

title={Teaching IOM: Implications of the Institute of Medicine reports for nursing education },

publisher={American Nurses Association},

address={Silver Spring, MD},
note={id: 1040},

Leadership strategies of medical school deans to promote quality and safety

Griner, P. F.. (2007). Leadership strategies of medical school deans to promote quality and safety. *Joint Commission journal on quality and patient safety*, 33(2), 63-72.

[Abstract]

BACKGROUND: In April 2003, an informal collaborative of medical schools was convened by the Institute for Healthcare Improvement to achieve learning objectives for medical students for the improvement of care. The deans of the 10 founding schools were interviewed in 2004 regarding their strategies to achieve this goal. **FINDINGS:** The deans felt that their work in recruiting leaders in the field of quality, developing organizational structures to facilitate quality initiatives, empowering faculty, and promoting educational reforms were essential elements for achieving learning objectives. **PROGRESS IN MEETING THE COLLABORATIVE'S GOALS:** The collaborative's work is organized around themes considered essential to the goals of the collaborative such as interprofessional learning, exemplary clinical settings, student-initiated learning, and evaluation. The collaborative has grown from 10 medical schools to 48 health professions schools in three years. Pilot exemplary clinical settings for education and patient care at seven sites, along with strategies to ensure interprofessional learning at 16 of the 20 sites, represent important intermediate outcomes of the deans' initial leadership initiatives and the collaborative's faculty vision. Of the 10 founding schools, 7 continue to serve as role models for newer members. **DISCUSSION:** The approaches suggest building blocks for achieving goals for improving care in academic institutions and may help other health professions schools and the clinical settings where learning takes place. (Source: PubMed)

@article{RefWorks:1122,
author={P. F. Griner},
year={2007},
month={Feb},
title={Leadership strategies of medical school deans to promote quality and safety },
journal={Joint Commission journal on quality and patient safety},
volume={33},
number={2},
pages={63-72},
note={id: 1075; PUBM: Print; JID: 101238023; ppublish },

keywords={Administrative Personnel; Cooperative Behavior; Curriculum/standards; Education, Medical, Undergraduate/standards; Faculty, Medical/standards; Humans; Interdisciplinary Communication; Interinstitutional Relations; Interviews; Leadership; Organizational Objectives; Quality Assurance, Health Care; Safety Management; Schools, Medical/organization & administration; United States},
isbn={1553-7250},
language={eng}

A plan for achieving significant improvement in patient safety

Johnson, K., & Maultsby, C. C.. (2007). A plan for achieving significant improvement in patient safety. *Journal of nursing care quality*, 22(2), 164-171.

[Abstract]

Improvement in systems that ensure safety in the provision of care is a high priority to hospital administrators, clinicians, and patients. Research to determine the approaches and methods that will result in the most significant patient safety improvements is underway but more is needed. This article describes the process for improving patient safety adopted at one hospital. Results of these efforts demonstrate significant improvement in staff understanding of patient safety measures. Staff survey results are supported by improvement in clinical indicators. Recommendations for future action and implications for other hospitals are discussed.

(Source:PubMed)

```
@article{RefWorks:1128,  
  author={K. Johnson and C. C. Maultsby},  
  year={2007},  
  month={Apr-Jun},  
  title={A plan for achieving significant improvement in patient safety },  
  journal={Journal of nursing care quality},  
  volume={22},  
  number={2},  
  pages={164-171},  
  note={id: 1160; PUBM: Print; JID: 9200672; ppublish },
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  keywords={Health Care Surveys; Humans; Inservice Training; North Carolina; Organizational  
  Culture; Professional Staff Committees; Program Development; Program Evaluation; Safety  
  Management/organization & administration},  
  isbn={1057-3631},  
  language={eng}
```

The ethics of using quality improvement methods in health care

Lynn, J., Baily, M. A., Bottrell, M., Jennings, B., Levine, R. J., Davidoff, F., Casarett, D., Corrigan, J., Fox, E., Wynia, M. K., Agich, G. J., O'Kane, M., Speroff, T., Schyve, P., Batalden, P., Tunis, S., Berlinger, N., Cronenwett, L., Fitzmaurice, J. M., Dubler, N. N., & James, B.. (2007). The ethics of using quality improvement methods in health care. *Annals of internal medicine*, 146(9), 666-673.

[Abstract]

Quality improvement (QI) activities can improve health care but must be conducted ethically. The Hastings Center convened leaders and scholars to address ethical requirements for QI and their relationship to regulations protecting human subjects of research. The group defined QI as systematic, data-guided activities designed to bring about immediate improvements in health care delivery in particular settings and concluded that QI is an intrinsic part of normal health care operations. Both clinicians and patients have an ethical responsibility to participate in QI, provided that it complies with specified ethical requirements. Most QI activities are not human subjects research and should not undergo review by an institutional review board; rather,

appropriately calibrated supervision of QI activities should be part of professional supervision of clinical practice. The group formulated a framework that would use key characteristics of a project and its context to categorize it as QI, human subjects research, or both, with the potential of a customized institutional review board process for the overlap category. The group recommended a period of innovation and evaluation to refine the framework for ethical conduct of QI and to integrate that framework into clinical practice. (Source: PubMed)

@article{RefWorks:1137,

author={J. Lynn and M. A. Baily and M. Bottrell and B. Jennings and R. J. Levine and F. Davidoff and D. Casarett and J. Corrigan and E. Fox and M. K. Wynia and G. J. Agich and M. O'Kane and T. Speroff and P. Schyve and P. Batalden and S. Tunis and N. Berlinger and L. Cronenwett and J. M. Fitzmaurice and N. N. Dubler and B. James},

year={2007},

month={May 1},

title={The ethics of using quality improvement methods in health care },

journal={Annals of internal medicine},

volume={146},

number={9},

pages={666-673},

note={id: 1077; PUBM: Print-Electronic; GR: 1R13HS13369/HS/AHCPR; DEP: 20070416; JID: 0372351; CIN: Ann Intern Med. 2007 May 1;146(9):680-1. PMID: 17438309; 2007/04/16 [aheadofprint]; ppublish },

keywords={Delivery of Health Care/organization & administration/standards; Ethics Committees, Research; Human Experimentation/ethics/legislation & jurisprudence; Humans; Quality Assurance, Health Care/ethics; United States},

isbn={1539-3704},

language={eng}

Including the provider in the assessment of quality care: development and testing of the Nurses' Assessment of Quality Scale – Acute Care Version

Lynn, M. R., McMillen, B. J., & Sidani, S.. (2007). Including the provider in the assessment of quality care: development and testing of the Nurses' Assessment of Quality Scale – Acute Care Version. *Journal of nursing care quality*, 22(4), 328-336.

[Abstract]

This study was designed to develop a psychometrically sound measure of nurses' evaluation of patient care delivered. The Nurses' Assessment of Quality Scale-Acute Care Version (NAQS-ACV), derived from the qualitative interviews of acute care nurses, was initially 138 items formatted as a Likert-type scale and administered to 1272 nurses from 7 acute care hospitals. After analysis, the scale was reduced to 77 items contained in 8 factors. Reliability estimates for the factors ranged from 74 to 94. (Source: PubMed)

@article{RefWorks:1138,

author={M. R. Lynn and B. J. McMillen and S. Sidani},

year={2007},

month={10},

title={Including the provider in the assessment of quality care: development and testing of the Nurses' Assessment of Quality Scale – Acute Care Version },
journal={Journal of nursing care quality},
volume={22},
number={4},
pages={328-336},
note={id: 1563; Entry Date: In Process. Publication Type: journal article. Journal Subset: Core Nursing; Nursing; Peer Reviewed; USA. Special Interest: Quality Assurance. No. of Refs: 42 ref. NLM UID: 9200672. },

isbn={1057-3631}

Thinking ecologically for safer healthcare: a summer research student partnership

Marck, P., Coleman-Miller, G., Hoffman, C., Horsburgh, B., Woolsey, S., Dina, A., Dorfman, T., Nolan, J., Jackson, N., Kwan, J. A., & Hagedorn, K.. (2007). Thinking ecologically for safer healthcare: a summer research student partnership. *Canadian journal of nursing leadership*, 20(3), 42-51.

[\[Download PDF\]](#)

[Abstract]

As leaders for nursing education, nursing research, healthcare administration and patient safety, we asked one another: How do we use our collective resources to build health system capacity for clinically based research training and safer healthcare? Drawing on knowledge from the field of ecological restoration, which is the study and repair of damaged ecosystems, we partnered the Safer Systems research program of the Faculty of Nursing, University of Alberta, with Capital Health's Royal Alexandra Hospital (RAH), the Caritas Health Group, the Canadian Patient Safety Institute (CPSI) and several funding agencies to provide hands-on training in clinical research, infection control and patient safety policy development for nursing students during the summer months. As we plan ahead, our student and staff evaluations show that together, we can make concrete, vital contributions to student education, nursing research, evidence-informed practice, clinical quality improvement, and national policy. We are using what we have learned to continually expand the range of undergraduate, graduate, and post-doctoral clinical learning opportunities in healthcare safety that are available year-round. Our shared goal is to support current and future nurses in leading the way for safer healthcare systems and the safest possible healthcare. (Source: Publisher)

@article{RefWorks:1140,

author={P. Marck and G. Coleman-Miller and C. Hoffman and B. Horsburgh and S. Woolsey and A. Dina and T. Dorfman and J. Nolan and N. Jackson and J. A. Kwan and K. Hagedorn},
year={2007},
month={09},
title={Thinking ecologically for safer healthcare: a summer research student partnership },
journal={Canadian journal of nursing leadership},
volume={20},
number={3},

pages={42-51},
note={id: 2193; Language: English. Entry Date: 20080125. Publication Type: journal article; research. Journal Subset: Canada; Double Blind Peer Reviewed; Nursing; Online/Print; Peer Reviewed. Special Interest: Evidence-Based Practice; Nursing Administration. Grant Information: Canadian Health Services Research Foundation/Canadian Institutes of Health Research Chair for Better Care; Social Sciences and Humanities Research Council; Health Quality Council of Alberta; Caritas Health Group Research Fund; University of Alberta Faculty of Nursing; and Royal Alexandra Hospital, Capital Health. No. of Refs: 26 ref. NLM UID: 100888575. },

keywords={Clinical Nursing Research – Education; Education, Nursing, Baccalaureate – Administration; Interinstitutional Relations; Nurse Attitudes; Patient Safety; Students, Nursing – Psychosocial Factors; Academic Medical Centers – Administration; Alberta; Ecosystem; Evaluation Research; Funding Source; Health Policy; Infection Control; Nursing Knowledge; Nursing Practice, Evidence-Based; Organizational Efficiency; Program Evaluation; Quality Improvement – Administration; Schools, Nursing – Administration; Systems Theory; Thinking},
isbn={1481-9643},
url={Publisher URL: www.cinahl.com/cgi-bin/refsvc?jid=1723&accno=2009727828;
http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2009727828&site=ehost-live}

How do teams in quality improvement collaboratives interact?

Marsteller, J. A., Shortell, S. M., Lin, M., Mendel, P., Dell, E., Wang, S., Cretin, S., Pearson, M. L., Wu, S. Y., & Rosen, M. (2007). How do teams in quality improvement collaboratives interact? . *Joint Commission journal on quality and patient safety*, 33(5), 267-276.

[Abstract]

BACKGROUND: The multi-organizational collaborative is a popular model for quality improvement (QI) initiatives. It assumes organizations will share information and social support. However, there is no comprehensive documentation of the extent to which teams do interact. Considering QI collaboratives as networks, interactions among teams were documented, and the associations between network roles and performance were examined. **METHODS:** A telephone survey of official team contact persons for 94 site teams in three QI collaboratives was conducted in 2002 and 2003. Four performance measures were used to assess the usefulness of ties to other teams and being considered a leader by peers. **RESULTS:** Eighty percent of the teams said they would contact another team again if they felt the need. Teams made a change as a direct result of interaction in 86% of reported relationships. Teams typically exchanged tools such as software and interacted outside of planned activities. Having a large number of ties to other teams is strongly related to the number of mentions as a leader. Both of these variables are related to faculty-assessed performance, number of changes the team made to improve care and depth of those changes. **DISCUSSION:** The findings suggest that collaborative teams do indeed exchange important information, and the social dynamics of the collaboratives contribute to individual and collaborative success. (Source:PubMed)

@article{RefWorks:1141,

author={J. A. Marsteller and S. M. Shortell and M. Lin and P. Mendel and E. Dell and S. Wang

and S. Cretin and M. L. Pearson and S. Y. Wu and M. Rosen},
year={2007},
month={May},
title={How do teams in quality improvement collaboratives interact? },
journal={Joint Commission journal on quality and patient safety},
volume={33},
number={5},
pages={267-276},
note={id: 1095; PUBM: Print; JID: 101238023; ppublish },

isbn={1553-7250},
language={eng}

Transforming nursing data into quality care: Profiles of quality improvement in U.S. healthcare facilities

Montalvo, I., & Dunton, N.. (2007). *Transforming nursing data into quality care: Profiles of quality improvement in U.S. healthcare facilities*. Silver Spring, Md.: Nursesbooks.org, American Nurses Association.

[Abstract]

In 1998, ANA established the National Database of Nursing Quality Indicators (NDNQI®). Since then, participation in NDNQI has grown from the original 30 hospitals in the pilot project to over 1,000 facilities today, and continues to grow and attract a diverse array of healthcare facilities. For the first time, participating NDNQI facilities who have sustained an improvement in a designated nursing sensitive indicator share their NDNQI experiences, in the words of the nurses who worked with the data that has improved patient outcomes. Each of the monograph's 14 profiles summarizes its startup efforts and details the quality measurement, reporting, and the resulting quality improvement. The historical context of the NDNQI program is also discussed, along with its conceptual and technical development and its role in nursing's ongoing contributions to quality care. (Source: Publisher)

@book{RefWorks:1145,
author={I. Montalvo and N. Dunton},
year={2007},
title={Transforming nursing data into quality care: Profiles of quality improvement in U.S. healthcare facilities },
publisher={Nursesbooks.org, American Nurses Association},
address={Silver Spring, Md.},
note={id: 846},

Front line of defense: the role of nurses in preventing sentinel events

on the of Organizations, J. C. A. H.. (2007). *Front line of defense: the role of nurses in preventing sentinel events* (2nd ed.). Oakbrook Terrace, IL: Joint Commission on the Accreditation of Healthcare Organizations.

[BibTeX] [Abstract]

Written especially for nurses in all disciplines and health care settings, this book focuses on the hands-on role nurses play in the delivery of care and their unique opportunity and responsibility to identify potential sentinel events. Topics include preventing medication and transfusion errors, as well as preventing suicide, falls, and treatment delays. New chapters address wrong-site surgery perinatal injuries or death, and injuries or death due to criminal events. Learn how to: better recognize the root causes of specific sentinel events; identify strategies to prevent sentinel events from occurring; and overcome obstacles in the areas of staffing, training, culture of safety, and communication among the health care team. (Source: Publisher)

@book{RefWorks:1129,
author={Joint Commission on the Accreditation of Healthcare Organizations},
year={2007},
title={Front line of defense: the role of nurses in preventing sentinel events },
publisher={Joint Commission on the Accreditation of Healthcare Organizations},
address={Oakbrook Terrace, IL},
edition={2nd},
note={id: 2263},

Guest Editorial: Care quality and safety: Same old?

Salmon, M.. (2007). Guest Editorial: Care quality and safety: Same old? . *Nursing outlook*, 55(3), 117-119.

[Abstract]

Healthcare's increasing focus on quality and safety seem like a "natural" for nursing. The profession has prided itself in being the patient's advocate and the keeper of quality and safety. While nursing has clearly provided consistent and committed leadership in these arenas, it is also possible that exclusive professional ownership of quality and safety may actually work against the best interest of both nursing and patients. This editorial challenges nursing to reconsider its role in and approach to quality and safety improvement. Building on the important perspectives presented in this issue of Nursing Outlook, the author identifies the need for nursing to advance its own professional contributions through building on the shared values and commitments common to health professions. Establishing common ground and extending the concept of care teams to incorporate others beyond direct-care providers are explored as a fundamental component of nursing's work in quality and safety improvement. (Source:PubMed)

@article{RefWorks:1150,
author={M. Salmon},
year={2007},
month={May-Jun},
title={Guest Editorial: Care quality and safety: Same old? },
journal={Nursing outlook},
volume={55},
number={3},
pages={117-119},
note={id: 1094; PUBM: Print; JID: 0401075; 2007/01/19 [received]; ppublish },

isbn={0029-6554},
language={eng}

Quality and safety curricula in nursing education: Matching practice realities

Sherwood, G., & Drenkard, K.. (2007). Quality and safety curricula in nursing education: Matching practice realities. *Nursing outlook*, 55(3), 151-155.

[Abstract]

Health care delivery settings are redesigning in the wake of staggering reports of severe quality and safety issues. Sweeping changes underway in health care to address quality and safety outcomes lend urgency to the call to transform nursing curricula so new graduate competencies more closely match practice needs. Emerging views of quality and safety and related competencies as applied in practice have corresponding implications for the redesign of nursing education programs. Nurse executives and nurse educators are called to address the need for faculty development through strategic partnerships. (Source:PubMed)

@article{RefWorks:1153,

author={G. Sherwood and K. Drenkard},

year={2007},

month={May-Jun},

title={Quality and safety curricula in nursing education: Matching practice realities },

journal={Nursing outlook},

volume={55},

number={3},

pages={151-155},

note={id: 1089; PUBM: Print; JID: 0401075; 2006/11/03 [received]; ppublish },

isbn={0029-6554},

language={eng}

Current assessments of quality and safety education in nursing

Smith, E. L., Cronenwett, L., & Sherwood, G.. (2007). Current assessments of quality and safety education in nursing. *Nursing outlook*, 55(3), 132-137.

[BibTeX] [Abstract]

Concerns about the quality and safety of health care have changed practice expectations and created a mandate for change in the preparation of health care professionals. The Quality and Safety Education for Nurses project team conducted a survey to assess current levels of integration of quality and safety content in pre-licensure nursing curricula. Views of 195 nursing program leaders are presented, including information about satisfaction with faculty expertise and student competency development related to 6 domains that define quality and safety content: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. With competency definitions as the sole reference point, survey respondents indicated that quality and safety content was embedded in current curricula, and they were generally satisfied that students were developing the desired competencies. These

data are contrasted with work reported elsewhere in this issue of Nursing Outlook and readers are invited to consider a variety of interpretations of the differences. (Source:PubMed)

@article{RefWorks:1155,
author={E. L. Smith and L. Cronenwett and G. Sherwood},
year={2007},
month={May-Jun},
title={Current assessments of quality and safety education in nursing },
journal={Nursing outlook},
volume={55},
number={3},
pages={132-137},
note={id: 1092; PUBM: Print; JID: 0401075; 2006/11/05 [received]; ppublish },

isbn={0029-6554},
language={eng}}

Basics of quality improvement in health care

Varkey, P., Reller, K., & Resar, R. K.. (2007). Basics of quality improvement in health care. *Mayo Clinic proceedings*, 82(6), 735-739.

[\[Download PDF\]](#)

[Abstract]

With the rapid expansion of knowledge and technology and a health care system that performs far below acceptable levels for ensuring patient safety and needs, front-line health care professionals must understand the basics of quality improvement methodologies and terminology. The goals of this review are to provide clinicians with sufficient information to understand the fundamentals of quality improvement, provide a starting point for improvement projects, and stimulate further inquiry into the quality improvement methodologies currently being used in health care. Key quality improvement concepts and methodologies, including plan-do-study-act, six-sigma, and lean strategies, are discussed, and the differences between quality improvement and quality-of-care research are explored. (Source: PubMed)

@article{RefWorks:1163,
author={P. Varkey and K. Reller and R. K. Resar},
year={2007},
month={06},
title={Basics of quality improvement in health care },
journal={Mayo Clinic proceedings},
volume={82},
number={6},
pages={735-739},
note={id: 2197; Language: English. Entry Date: 20080222. Publication Type: journal article. Journal Subset: Biomedical; Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Online/Print; Peer Reviewed; USA. No. of Refs: 33 ref. NLM UID: 0405543. },

keywords={Program Development – Methods; Quality Assurance – Standards; Risk

Management – Administration; Treatment Errors – Economics; Quality Assurance – Methods; Treatment Errors – Prevention and Control},
isbn={0025-6196},
url={Publisher URL: www.cinahl.com/cgi-bin/refsvc?jid=766&accno=2009598517;
http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2009598517&site=ehost-live}

A student-led demonstration project on fall prevention in a long-term care facility

Bonner, A., MacCulloch, P., Gardner, T., & Chase, C. W.. (2007). A student-led demonstration project on fall prevention in a long-term care facility. *Geriatric nursing*, 28(5), 312-318.

[Abstract]

Falls are a frequent and serious problem facing people aged 65 and older. The incidence of falls increases with greater numbers of intrinsic and extrinsic risk factors and can be reduced by risk modification and targeted interventions. Falls account for 70% of accidental deaths in persons aged 75 and older. Mortality due to falls is significantly higher for older adults living in extended care facilities versus those living in the community. Our objective was to evaluate the effectiveness of a fall prevention training program in a long-term care setting. A single-group repeated-measure design was used, guided by the Precede-Proceed framework. A comprehensive review of the literature and a concept analysis guided the development of testing and educational materials for all nursing and ancillary facility staff. Preliminary testing provided baseline data on knowledge related to fall prevention. Pre- and posttests, a fall prevention newsletter, and informational brochures were distributed to nursing staff and ancillary personnel at training sessions. Certified nursing assistant (CNA) champions were identified and given peer leadership training. "Quick Tips" fall prevention badges were also distributed to staff. Graduate students led interdisciplinary environmental rounds weekly, and new falls were reviewed on a daily basis by the interdisciplinary team. A 60-day posttest evaluated retention of fall prevention knowledge. Fall rates at baseline and for 2 months after the intervention were compared. Preliminary survey data revealed fall prevention learning opportunities, with a pretest mean score of 86.78%. Qualitative data were coded and revealed specific learning gaps in intrinsic, extrinsic, and organizational causes of falls. The 60-day posttest mean score was 90.69%; a paired t test (t score = -1.050; P = .057) suggested that learning may have taken place; however, differences in scores did not reach statistical significance. The fall rate before training was 16.1%; 30-day post training fall rate was 12.3%, and 60-day postintervention fall rate was 9%. Based on the program results, the model was expanded from long-term care to the university hospital system and outpatient clinics in the same community. The collaboration between a school of nursing and 1 long-term care facility led to the adoption of a significant quality improvement program that was subsequently extended to a local hospital and clinic system. Student-led projects designed to teach community service learning can be meaningful and can lead to changes in patient safety and quality of care. (Source: PubMed)

@article{RefWorks:1106,

author={A. Bonner and P. MacCulloch and T. Gardner and C. W. Chase},

year={2007},

month={Sep-Oct},

title={A student-led demonstration project on fall prevention in a long-term care facility },
journal={Geriatric nursing},
volume={28},
number={5},
pages={312-318},
note={id: 1607; PUBM: Print; JID: 8309633; 2006/08/11 [received]; 2007/01/25 [revised];
2007/04/02 [accepted]; ppublish },

keywords={Accidental Falls/prevention & control/statistics & numerical data; Aged; Attitude
of Health Personnel; Cooperative Behavior; Education, Nursing, Continuing/organization &
administration; Geriatric Assessment; Geriatric Nursing/education/organization &
administration; Humans; Incidence; In service Training/organization & administration;
Interinstitutional Relations; Leadership; Long-Term Care/organization & administration;
Massachusetts/epidemiology; Nurses' Aides/education; Nursing Education Research; Nursing
Homes/organization & administration; Program Evaluation; Rehabilitation Centers; Safety
Management/organization & administration; School Nursing/organization & administration;
Students, Nursing/psychology},
isbn={0197-4572},
language={eng}

What is "quality improvement" and how can it transform healthcare?

Batalden, P. B., & Davidoff, F.. (2007). What is "quality improvement" and how can it transform
healthcare?. *Quality & safety in health care*, 16(1), 2-3.

[Abstract]

This editorial proposes a definition of "quality improvement" as the combined and unceasing
efforts of healthcare professionals, patients and their families, researchers, payers, planners and
educators to make the changes that will lead to better patient outcomes (health), better system
performance (care) and better professional development (learning).(Source: QSEN Team)

@article{RefWorks:1105,
author={P. B. Batalden and F. Davidoff},
year={2007},
month={Feb},
title={What is "quality improvement" and how can it transform healthcare? },
journal={Quality & safety in health care},
volume={16},
number={1},
pages={2-3},
note={id: 1076; PUBM: Print; JID: 101136980; ppublish },

keywords={Delivery of Health Care/organization & administration/standards; Health Services
Research; Humans; Organizational Innovation; Sensitivity and Specificity; Systems Analysis;
Total Quality Management; United States},
isbn={1475-3901},
language={eng}

Quality and safety education in nursing: More than new wine in old skins

Bargagliotti, L. A., & Lancaster, J.. (2007). Quality and safety education in nursing: More than new wine in old skins. *Nursing outlook*, 55(3), 156-158.

[Abstract]

The Quality and Safety Education for Nurses (QSEN) project, funded by the Robert Wood Johnson Foundation, has identified 6 core competencies that all pre-licensure nursing students need to master in order to provide high quality, safe nursing care. The core competencies are: patient-centered care; teamwork and collaboration; evidence-based practice; informatics; quality improvement; and safety. Implementation of these competencies throughout nursing education will require shedding the nursing and faculty belief systems and mental models of the past to adopt new ones. (Source: QSEN Team)

```
@article{RefWorks:1104,  
  author={L. A. Bargagliotti and J. Lancaster},  
  year={2007},  
  month={May-Jun},  
  title={Quality and safety education in nursing: More than new wine in old skins },  
  journal={Nursing outlook},  
  volume={55},  
  number={3},  
  pages={156-158},  
  note={id: 1088; PUBM: Print; JID: 0401075; 2006/11/29 [received]; ppublish },  
  
  isbn={0029-6554},  
  language={eng}}
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2006

Hallmarks of quality and patient safety: recommended baccalaureate competencies and curricular guidelines to ensure high-quality and safe patient care.

(2006). Hallmarks of quality and patient safety: recommended baccalaureate competencies and curricular guidelines to ensure high-quality and safe patient care. *Journal of professional nursing : official journal of the American Association of Colleges of Nursing*, 22(6), 329-330.

[Abstract]

In response to the call to better prepare today's nurses for professional practice, the American Association of Colleges of Nursing (AACN) convened a task force on essential patient safety competencies and charged this group with identifying the essential baccalaureate core competencies that should be achieved by professional nurses to ensure high-quality and safe patient care. This article presents the competencies that are the result of the work of the task

force. (Source: QSEN Team)

```
@article{RefWorks:1102,  
  year={2006},  
  month={Nov-Dec},  
  title={Hallmarks of quality and patient safety: recommended baccalaureate competencies and  
  curricular guidelines to ensure high-quality and safe patient care },  
  journal={Journal of professional nursing : official journal of the American Association of  
  Colleges of Nursing},  
  volume={22},  
  number={6},  
  pages={329-330},  
  note={id: 1106; PUBM: Print; JID: 8511298; ppublish },
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  keywords={Clinical Competence/standards; Communication; Curriculum/standards; Disease  
  Management; Education, Nursing, Baccalaureate/standards; Guidelines; Humans; Nurse's Role;  
  Nursing Informatics; Outcome Assessment (Health Care); Quality Assurance, Health  
  Care/organization & administration; Safety Management/organization & administration; Systems  
  Analysis; Thinking},  
  isbn={8755-7223},  
  language={eng}
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Introducing nursing students to quality assurance activities in skilled nursing facilities.

Aud, M. A., & Lee, J.. (2006). Introducing nursing students to quality assurance activities in skilled nursing facilities. *Journal of nursing care quality*, 21(2), 121-123.

[Abstract]

The clinical component of a gerontological nursing course for students in a baccalaureate program includes assignments at a skilled nursing facility. The primary course objectives focus on improving communication and assessment skills with older adults. The students undertake quality assurance projects with the consent of the facility administrator. The students' involvement in these projects introduces them to quality assurance concepts, quality of care issues in skilled nursing facilities, and the role of the RN in quality assurance activities. (Source: QSEN Team)

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@article{RefWorks:1103,  
  author={M. A. Aud and J. Lee},  
  year={2006},  
  month={Apr-Jun},  
  title={Introducing nursing students to quality assurance activities in skilled nursing facilities },  
  journal={Journal of nursing care quality},  
  volume={21},  
  number={2},  
  pages={121-123},
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note={id: 429; LR: 20061013; PUBM: Print; JID: 9200672; ppublish },

keywords={Clinical Competence; Documentation/standards; Drug Therapy/nursing/standards; Education, Nursing, Baccalaureate/organization & administration; Geriatric Nursing/education/organization & administration; Humans; Nursing Audit/organization & administration; Nursing Records/standards; Quality Assurance, Health Care/organization & administration; Skilled Nursing Facilities/organization & administration; Students, Nursing},
isbn={1057-3631},
language={eng}

Ongoing quality monitoring and enhancement explained.

Bryan, J., Carstairs, T., Hurst, L., & Mahendran, M.. (2006). Ongoing quality monitoring and enhancement explained. *Nursing times*, 102(36), 32-35.

[Abstract]

The University of Northampton (formerly University College Northampton) was one of five sites selected to pilot ongoing quality monitoring and enhancement (OQME). The process measures the quality of healthcare education programmes provided by academic institutions and clinical learning environments using an integrated and streamlined system. This article describes OQME from a clinical placement perspective. (Source: PubMed)

@article{RefWorks:1109,

author={J. Bryan and T. Carstairs and L. Hurst and M. Mahendran},

year={2006},

month={09/05},

title={Ongoing quality monitoring and enhancement explained },

journal={Nursing times},

volume={102},

number={36},

pages={32-35},

note={id: 1376; Language: English. Entry Date: 20061103. Publication Type: journal article; pictorial; tables/charts. Journal Subset: Core Nursing; Double Blind Peer Reviewed; Expert Peer Reviewed; Nursing; Online/Print; Peer Reviewed; UK & Ireland. Special Interest: Quality Assurance. No. of Refs: 2 ref. PMID: 16986592 NLM UID: 0423236. },

keywords={Education, Clinical--Evaluation; Education, Health Sciences--Evaluation; Quality Assurance; Colleges and Universities; England; Evaluation--Methods}

Curriculum design to promote the critical thinking of accelerated bachelor's degree nursing students.

DeSimone, B. B.. (2006). Curriculum design to promote the critical thinking of accelerated bachelor's degree nursing students. *Nurse educator*, 31(5), 213-217.

[Abstract]

This project describes the curriculum design of an accelerated bachelor's degree nursing program intended to promote the critical thinking of its students. Course objectives and teaching-learning strategies are described. Rogers' unitary view of human beings supports critical thinking as a developing process that should be measured in the context of nursing practice. Pre- and post-program critical thinking test scores indicated significant growth for the 38 graduates in the first 4 consecutive classes tested. (Source: PubMed)

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@article{RefWorks:1113,  
  author={B. B. DeSimone},  
  year={2006},  
  month={Sep-Oct},  
  title={Curriculum design to promote the critical thinking of accelerated bachelor's degree  
nursing students },  
  journal={Nurse educator},  
  volume={31},  
  number={5},  
  pages={213-217},  
  note={id: 434; PUBM: Print; JID: 7701902; ppublish },
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  keywords={Adult; Attitude of Health Personnel; Clinical Competence; Curriculum/standards;  
Education, Nursing, Baccalaureate/organization & administration; Education, Professional,  
Retraining/organization & administration; Faculty, Nursing; Female; Holistic Health; Humans;  
Male; Models, Educational; Models, Nursing; Needs Assessment; Nursing Education Research;  
Nursing Process; Nursing Theory; Outcome Assessment (Health Care); Program Development;  
Program Evaluation; Students, Nursing/psychology; Teaching/organization & administration;  
Thinking; Time Factors},  
  isbn={0363-3624},  
  language={eng}
```

Mentor evaluation of a year-long mentorship program: a quality improvement initiative.

van Eps, M. A., Cooke, M., Creedy, D. K., & Walker, R.. (2006). Mentor evaluation of a year-long mentorship program: a quality improvement initiative. *Collegian (Royal College of Nursing, Australia)*, 13(2), 26-30.
[BibTeX] [Abstract]

This paper presents 23 mentors' perceptions of their role in a year-long mentorship program during the period 1999- 2002. The majority of mentors were clinical specialists, had bachelor degrees and over five years clinical experience. The mentorship program was informed by the Deming Cycle of Plan, Do, Check and Act. This quality improvement framework was used to evaluate the mentorship program from the mentors' perspective. Information was gathered through surveys and focus group discussions. Responses were analysed to identify three themes of 'Enhancing student learning outcomes', 'Time and resources' and 'Personal and professional growth'. Mentors perceived their role as valuable in students' education and development. Despite concerns regarding adequate time and resources for an effective mentoring program,

mentors acknowledged benefits to themselves in terms of personal and professional growth. Their vision and commitment to nursing was also evident in the perceived benefits of the program for the profession. (Source: PubMed)

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@article{RefWorks:1161,  
  author={M. A. van Eps and M. Cooke and D. K. Creedy and R. Walker},  
  year={2006},  
  month={Apr},  
  title={Mentor evaluation of a year-long mentorship program: a quality improvement initiative  
},  
  journal={Collegian (Royal College of Nursing, Australia)},  
  volume={13},  
  number={2},  
  pages={26-30},  
  note={id: 425; PUBM: Print; JID: 9612493; ppublish },  
  
  keywords={Australia; Education, Nursing, Baccalaureate/methods; Faculty, Nursing; Female;  
Focus Groups; Humans; Internship, Nonmedical/methods; Job Satisfaction; Male; Mentors;  
Nurse's Role; Nursing Evaluation Research/methods; Quality Control; Social Perception},  
  isbn={1322-7696},  
  language={eng}}
```

Student evaluations of a year-long mentorship program: a quality improvement initiative.

van Eps, M. A., Cooke, M., Creedy, D. K., & Walker, R.. (2006). Student evaluations of a year-long mentorship program: a quality improvement initiative. *Nurse education today*, 26(6), 519-524.

[Abstract]

Mentoring is an important teaching-learning process in undergraduate nursing curricula. There are relatively few studies specifically evaluating nursing students' perceptions of mentorship. In the period 1999-2002, 39 students were mentored during a year-long program. This descriptive, exploratory study used a quality improvement framework informed by the Deming cycle of Plan, Do, Check and Act [Deming, W.E., 1982. *Quality, Productivity and Competitive Position*. Massachusetts Institute of Technology, Cambridge] to evaluate the mentorship program from the students' perspective. Information was gathered through surveys, focus group discussions and interviews and analyzed to identify themes of responses. Identified themes were 'The doing of nursing', 'The thinking of nursing' and 'Being a nurse'. The study confirmed the value of mentorship in undergraduate nursing and highlighted the importance of skill competence as a basis for professional role identity by graduating students. The benefits of mentorship were derived from a long term, supportive relationship with the same registered nurse who was committed to the student's professional development. (Source: PubMed)

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@article{RefWorks:1162,  
  author={M. A. van Eps and M. Cooke and D. K. Creedy and R. Walker},
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year={2006},
month={Aug},
title={Student evaluations of a year-long mentorship program: a quality improvement initiative
},
journal={Nurse education today},
volume={26},
number={6},
pages={519-524},
note={id: 426; PUBM: Print-Electronic; DEP: 20060315; JID: 8511379; 2005/02/08 [received];
2005/11/22 [revised]; 2006/01/27 [accepted]; 2006/03/15 [aheadofprint]; ppublish },

keywords={Attitude of Health Personnel; Clinical Competence; Education, Nursing,
Baccalaureate/organization & administration; Focus Groups; Health Knowledge, Attitudes,
Practice; Humans; Interprofessional Relations; Mentors/psychology; Needs Assessment; Nurse's
Role/psychology; Nursing Education Research; Nursing Methodology Research; Nursing
Process; Preceptorship/organization & administration; Program Evaluation; Questionnaires; Self
Concept; Students, Nursing/psychology; Thinking; Total Quality Management/organization &
administration},
isbn={0260-6917},
language={eng}

Commentary--Achieving a high-performance health system: High reliability organizations within a broader agenda.

Gauthier, A. K., Davis, K., & Schoenbaum, S. C.. (2006). Commentary--Achieving a high-performance health system: High reliability organizations within a broader agenda. *Health services research*, 41(4 Pt 2), 1710-1720.
[BibTeX] [Abstract]

Despite spending more than any other country, the U.S. health care system is marked by significant shortcomings in efficiency, quality, access, safety, and affordability. The consequences are serious: widespread disparities in health based on insurance status, income, and race; patients not receiving recommended care; and thousands of Americans dying yearly from lapses in safety. The authors argue for a major transformation of current methods of health care financing and delivery in the United States. (Source: Publisher)

@article{RefWorks:1120,
author={A. K. Gauthier and K. Davis and S. C. Schoenbaum},
year={2006},
month={Aug},
title={Commentary--Achieving a high-performance health system: High reliability organizations within a broader agenda },
journal={Health services research},
volume={41},
number={4 Pt 2},
pages={1710-1720},

note={id: 851; LR: 20061013; PUBM: Print; JID: 0053006; ppublish },

keywords={Delivery of Health Care/standards; Health Facilities/standards; Quality Assurance, Health Care/organization & administration/standards; United States},

isbn={0017-9124},

language={eng}

A root cause analysis of clinical error: Confronting the disjunction between formal rules and situated clinical activity.

Iedema, R. A. M., Jorm, C., Braithwaite, J., Travaglia, J., & Lum, M.. (2006). A root cause analysis of clinical error: Confronting the disjunction between formal rules and situated clinical activity. *Social science & medicine*, 63(5), 1201-1212.

[Abstract]

This paper presents evidence from a root cause analysis (RCA) team meeting that was recently conducted in a Sydney Metropolitan Teaching Hospital to investigate an iatrogenic morphine overdose. Analysis of the meeting transcript reveals on three levels that clinical members of the team struggle with framing the uncertain and contradictory details of situated clinical activity and translating these first into 'root causes', and then into recommendations for practice change. This analysis puts two challenges into special relief. First, RCA team members find themselves in the unusual position of having to derive organizational-managerial generalizations from the specifics of in situ activity. Second, they are constrained by the expectation inscribed into RCA that their recommendations result in 'systems improvements' assumed to flow forth from an extension of formal rules and spread of procedures. We argue that this perspective misrecognizes the importance of RCA as a means to engender solutions that leave the procedural detail of clinical processes unspecified, and produce cross-hospital discussions about the organizational dimensions of care. (Source:PubMed)

@article{RefWorks:1123,

author={R. A. M. Iedema and C. Jorm and J. Braithwaite and J. Travaglia and M. Lum},

year={2006},

month={09},

title={A root cause analysis of clinical error: Confronting the disjunction between formal rules and situated clinical activity },

journal={Social science & medicine},

volume={63},

number={5},

pages={1201-1212},

note={id: 1167; Language: English. Entry Date: 20070511. Publication Type: journal article; research. Journal Subset: Allied Health; Biomedical; Double Blind Peer Reviewed; Editorial Board Reviewed; Europe; Expert Peer Reviewed; Online/Print; Peer Reviewed. Special Interest: Social Work. No. of Refs: 47 ref. PMID: 16690184 NLM UID: 8303205. },

keywords={Hospital Policies; Overdose--Etiology; Root Cause Analysis; Treatment Errors; Academic Medical Centers--Administration; Adult; Communication; Iatrogenic Disease;

Morphine--Poisoning; Organizational Change; Organizational Culture; Personnel, Health Facility; Rules and Regulations; Uncertainty}

Teaching quality improvement in the classroom and clinic: getting it wrong and getting it right.

Kyrkjebø, J. M.. (2006). Teaching quality improvement in the classroom and clinic: getting it wrong and getting it right. *Journal of Nursing Education*, 45(3), 109-116.

[Abstract]

The world in which today's graduates will provide care is changing, as are expectations about caregivers' performance. Learning how to improve quality of care must occur during, and as part of, learning about patient care. In this article, I describe a continuous quality improvement learning program that was integrated into nursing students' education and a study evaluating the students' experiences with the implementation of the program through open-ended questions and focus groups. The program consisted of three parts: participating in a personal improvement project; observing and describing a patient process from the patient's perspective; and working in teams with process improvement in clinical practice.; The findings indicated the students learned improvement methods and tools during their personal improvement projects, but their ability to translate that knowledge into action, and thereby improve patient care, was insufficiently developed through coaching, reflection, and role modeling. In other words, the experience was not integrated into the students' general education. In addition, faculty and clinical staff did not seem to be adequately informed and had limited knowledge of the students' clinical improvement projects. (Source: PubMed)

@article{RefWorks:1131,
author={J. M. Kyrkjebø},
year={2006},
title={Teaching quality improvement in the classroom and clinic: getting it wrong and getting it right },
journal={Journal of Nursing Education},
volume={45},
number={3},
pages={109-116},
note={id: 299; Language: English. Entry Date: 20060428. Revision Date: 20060505.
Publication Type: journal article; research; tables/charts. Journal Subset: Core Nursing; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. Special Interest: Nursing Education; Quality Assurance. No. of Refs: 32 ref. PMID: 16562800 NLM UID: 7705432. Email: kyrkjebo@online.no. },

keywords={Faculty, Nursing; Quality Improvement--Education; Student Satisfaction; Students, Nursing; Teaching Methods; Teaching Methods, Clinical; Female; Focus Groups; Male; Nonexperimental Studies; Norway; Program Evaluation; Program Implementation; Questionnaires; Semi-Structured Interview; Study Design},
isbn={0148-4834}

Educating interprofessional learners for quality, safety and systems improvement.

Ladden, M. D., Bednash, G., Stevens, D. P., & Moore, G. T.. (2006). Educating interprofessional learners for quality, safety and systems improvement. *Journal of interprofessional care*, 20, 497-505.

[Abstract]

Most health professionals in training, as well as those in practice, lack the knowledge and skills they need to play an effective role in systems improvement. Until very recently, these competencies were not included in formal (or informal) educational curricula. Interprofessional collaboration - another core competency needed for successful systems improvement - is also inadequately taught and learned. Achieving Competence Today (ACT) was designed as a new model for interprofessional education for quality, safety and health systems improvement. The core of ACT is a four-module active learning course during which learners from different disciplines work together to develop a Quality Improvement Project to address a quality or safety problem in their own practice system. In this paper we describe the ACT program and curriculum model, discuss our strategies for maximizing ACT's interprofessional potential, and make recommendations for the future. (Source:PubMed)

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@article{RefWorks:1135,
  author={M. D. Ladden and G. Bednash and D. P. Stevens and G. T. Moore},
  year={2006},
  title={Educating interprofessional learners for quality, safety and systems improvement },
  journal={Journal of interprofessional care},
  volume={20},
  pages={497-505},
  note={id: 1018; Entry Date: In Process. Publication Type: journal article. Journal Subset: Biomedical; Double Blind Peer Reviewed; Online/Print; Peer Reviewed; UK & Ireland. NLM UID: 9205811.; 5 },
```

Safeguarding patients: complexity science, high reliability organizations, and implications for team training in healthcare.

McKeon, L. M., Oswaks, J. D., & Cunningham, P. D.. (2006). Safeguarding patients: complexity science, high reliability organizations, and implications for team training in healthcare. *Clinical nurse specialist: The Journal for advanced nursing practice*, 20(6), 298-306.

[BibTeX]

[Abstract]

Serious events within healthcare occur daily exposing the failure of the system to safeguard patient and providers. The complex nature of healthcare contributes to myriad ambiguities affecting quality nursing care and patient outcomes. Leaders in healthcare organizations are looking outside the industry for ways to improve care because of the slow rates of improvement in patient safety and insufficient application of evidenced-based research in practice. Military and aviation industry strategies are recognized by clinicians in high-risk care settings such as the

operating room, emergency departments, and intensive care units as having great potential to create safe and effective systems of care. Complexity science forms the basis for high reliability teams to recognize even the most minor variances in expected outcomes and take strong action to prevent serious error from occurring. Cultural and system barriers to achieving high reliability performance within healthcare and implications for team training are discussed. (Source:PubMed)

@article{RefWorks:1143,
author={L. M. McKeon and J. D. Oswaks and P. D. Cunningham},
year={2006},
month={11},
title={Safeguarding patients: complexity science, high reliability organizations, and implications for team training in healthcare },
journal={Clinical nurse specialist: The Journal for advanced nursing practice},
volume={20},
number={6},
pages={298-306},
note={id: 1164; Language: English. Entry Date: 20070119. Publication Type: journal article; CEU; exam questions; tables/charts. Journal Subset: Core Nursing; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. Special Interest: Advanced Nursing Practice; Patient Safety; Quality Assurance. No. of Refs: 43 ref. PMID: 17149021 NLM UID: 8709115. Email: lmckeon@utm.edu. },

keywords={Collaboration; Education, Interdisciplinary; Health Care Errors--Prevention and Control; Models, Theoretical; Organizational Culture; Organizational Theory; Patient Safety; Professional Development; Quality Improvement; Reliability; Teamwork; Adaptation, Psychological; Clinical Nurse Specialists; Communication; Education, Continuing (Credit); Interprofessional Relations; Nursing Role; Power; Success}

Using continuous quality improvement to implement evidence-based medicine.

Quick, B., Nordstrom, S., & Johnson, K.. (2006). Using continuous quality improvement to implement evidence-based medicine. *Lippincott's case management*, 11(6), 305-317.

[Abstract]

The importance of implementing evidence-based medicine is being driven by public reporting of outcome data and linking these measures to reimbursement. Most hospitals are faced with many challenges in gaining sponsorship, staffing, creating tools, and reporting of evidence-based outcome measures. This article describes the use of the SSM Health Care (SSMHC) Continuous Quality Improvement model in implementing evidence-based practices at SSM DePaul Health Center, a community hospital member of SSMHC, including successes, opportunities for improvement, and lessons learned. Specifically, the article includes two different processes for data collection and interventions with staff, process requirements for each, and outcome data associated with each model. (Source:PubMed)

@article{RefWorks:1147,

author={B. Quick and S. Nordstrom and K. Johnson},
year={2006},
month={11},
title={Using continuous quality improvement to implement evidence-based medicine },
journal={Lippincott's case management},
volume={11},
number={6},
pages={305-317},
note={id: 1163; Language: English. Entry Date: 20070216. Publication Type: journal article; CEU; exam questions; forms; tables/charts. Journal Subset: Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. Special Interest: Case Management; Evidence-Based Practice; Quality Assurance. No. of Refs: 3 ref. NLM UID: 100961551. Email: Barbara quick@ssmhc.com. },

keywords={Medical Practice, Evidence-Based; Quality Improvement; Benchmarking; Case Managers; Data Analysis; Data Collection; Documentation; Education, Continuing (Credit); Hospitals; Joint Commission on Accreditation of Healthcare Organizations; Length of Stay; Missouri; Multidisciplinary Care Team; Organizational Objectives; Teamwork; Time Factors; United States Centers for Medicare and Medicaid Services}

Critical thinking TACTICS for nurses: tracking, assessing, and cultivating thinking to improve competency - based strategies.

Rubinfeld, G. M., & Scheffer, B. K.. (2006). *Critical thinking TACTICS for nurses: tracking, assessing, and cultivating thinking to improve competency - based strategies*. Sudbury, Mass.: Jones and Bartlett.

[Abstract]

This book addresses issues such as critical thinking language, awareness enhancement, the merging of critical thinking and quality care, encouraging the critical thinking of staff and students, and designing performance criteria for critical thinking. The authors draw on their research and expertise in teaching and practice to synthesize the seventeen components of critical thinking in nursing with the Institute of Medicine's (IOM) five competencies: patient-centered care, interdisciplinary team work, evidence-based practice, informatics, and quality improvement. (Source: Publisher)

@book {RefWorks:1148,
author={M. Gaie Rubinfeld and Barbara K. Scheffer},
year={2006},
title={Critical thinking TACTICS for nurses :tracking, assessing, and cultivating thinking to improve competency- based strategies },
publisher={Jones and Bartlett},
address={Sudbury, Mass.},
pages={294},
note={id: 1372; M. Gaie Rubinfeld, Barbara K. Scheffer.; :ill. ;23 cm. +1 card; Includes bibliographical references and indexes.; Frequently asked questions about critical thinking in

nursing – What is critical thinking? – Who are the critical thinkers? – Why is critical thinking so important? – The how, when, and where of critical thinking for clinicians and educators – Critical thinking and patient-centered care – Critical thinking and interdisciplinary teams – Critical thinking and evidence-based practice – Critical thinking and informatics – Critical thinking and quality improvement – Thinking realities of yesterday, today, and tomorrow – Assessing critical thinking. },

keywords={Nursing; Critical thinking; Nursing Process; Clinical Competence; Decision Making; Problem Solving; Thinking},
isbn={0763747025}

Cultivating interpretive thinking through enacting narrative pedagogy.

Scheckel, M. M., & Ironside, P. M.. (2006). Cultivating interpretive thinking through enacting narrative pedagogy. *Nursing outlook*, 54(3), 159-165.

[Abstract]

Teachers and educational researchers in nursing have persisted in their attempts to teach students critical thinking and to evaluate the effectiveness of these efforts. Yet, despite the plethora of studies investigating critical thinking, there is a paucity of research providing evidence that teachers' efforts improve students' thinking. The purpose of this interpretive phenomenological study is to explicate how students' thinking can be extended when teachers use Narrative Pedagogy. Specifically, the theme Cultivating Interpretive Thinking refers to how teachers' use of Narrative Pedagogy moves beyond the critical thinking movement's emphasis on analytical thinking (i.e., problem solving). Cultivating Interpretive Thinking offers an innovative approach for teaching and learning thinking that attends to students' embodied, reflective, and pluralistic thinking experiences. Teachers who cultivate interpretive thinking add complexity to students' thinking to better prepare them for challenging, complex, and unpredictable clinical environments. (Source: PubMed)

@article{RefWorks:1151,
author={M. M. Scheckel and P. M. Ironside},
year={2006},
month={May-Jun},
title={Cultivating interpretive thinking through enacting narrative pedagogy },
journal={Nursing outlook},
volume={54},
number={3},
pages={159-165},
note={id: 442; LR: 20061115; PUBM: Print; JID: 0401075; 2005/10/09 [received]; ppublish },

keywords={Attitude of Health Personnel; Clinical Competence; Education, Nursing, Baccalaureate/organization & administration; Existentialism; Faculty, Nursing/organization & administration; Feminism; Humans; Narration; Nursing Education Research; Nursing Methodology Research; Nursing Process; Philosophy, Nursing; Problem Solving; Program Evaluation; Questionnaires; Students, Nursing/psychology; Teaching/methods; Thinking},

isbn={0029-6554},
language={eng}

Public Views on Shaping the Future of the U.S. Health System The Commonwealth Fund.

Schoen, C., How, S. K. H., Weinbaum, I., Craig, J. J. E., & Davis, K.. (2006). *Public Views on Shaping the Future of the U.S. Health System* The Commonwealth Fund.

[\[Download PDF\]](#)

[Abstract]

On behalf of The Commonwealth Fund Commission on a High Performance Health System, Harris Interactive surveyed U.S. adults to determine the public's perspectives on ways to improve patient care and on health policy priorities facing the President and Congress. Overall, the representative sample of 1,023 adults ages 18 and older revealed strong public support for efforts to improve care coordination and access to information. There is a shared belief that expanded use of information technology, care teams, and improved delivery of preventive services could improve the quality of care. Patients reported recent experiences of wasteful, inefficient, or unsafe care. In addition, half of middle-income and lower-income families reported serious problems paying for care and insurance coverage. Three-quarters of all adults said the U.S. health care system needs either fundamental change or complete rebuilding. Expanding insurance and controlling costs, they said, should be top priorities for federal action. (Source: Publisher)

@techreport{RefWorks:1152,
author={C. Schoen and S. K. H. How and I. Weinbaum and J. E. Jr Craig and K. Davis},
year={2006},
title={Public Views on Shaping the Future of the U.S. Health System },
institution={The Commonwealth Fund},
note={id: 850},

url={http://www.cmwf.org/publications/publications_show.htm?doc_id=394606}

Achieving clinical nurse specialist competencies and outcomes through interdisciplinary education.

Sievers, B., & Wolf, S.. (2006). Achieving clinical nurse specialist competencies and outcomes through interdisciplinary education. *Clinical nurse specialist CNS*, 20(2), 75-80.

[Abstract]

Without formal education, many healthcare professionals fail to develop interdisciplinary team skills; however, when students are socialized to interdisciplinary practice through academic clinical learning experiences, effective collaboration skills can be developed. Increasingly, educational environments are challenged to include clinical experiences for students that teach and model interdisciplinary collaboration. PURPOSE: The purpose of this quality improvement initiative was to create an interdisciplinary educational experience for clinical nurse specialist

(CNS) students and postgraduate physicians. DESCRIPTION OF THE PROJECT: The interdisciplinary learning experience, supported by an educational grant, provided an interdisciplinary cohort of learners an opportunity to engage in a clinically focused learning experience. The interdisciplinary cohort consisted of CNS students and physicians in various stages of postgraduate training. The clinical experience selected was a quality improvement initiative in which the students were introduced to the concepts and tools of quality improvement. During this 1-month clinical experience, students applied the new skills by implementing a quality improvement project focusing on medication reconciliation in the outpatient setting. The CNS core competencies and outcomes were used to shape the experience for the CNS students. OUTCOME: The CNS students exhibited 5 of the 7 essential characteristics of the CNS (leadership, collaboration, consultation skills, ethical conduct, and professional attributes) while demonstrating competencies and fulfilling performance expectations. During this learning experience, the CNS students focused on competencies and outcomes in the organizational sphere of influence. Multiple facilitating factors and barriers were identified. CONCLUSION: This interdisciplinary clinical experience in a quality improvement initiative provided valuable opportunities for CNS students to develop essential CNS characteristics and to explore practice competencies in the area of systems. IMPLICATIONS: Interdisciplinary clinical experiences offer students opportunities to develop needed collaboration and communication skills. Educators should create interdisciplinary educational experiences for students to better prepare them for their roles in a clinical setting. (Source: PubMed)

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@article{RefWorks:1154,  
  author={B. Sievers and S. Wolf},  
  year={2006},  
  month={Mar-Apr},  
  title={Achieving clinical nurse specialist competencies and outcomes through interdisciplinary  
education },  
  journal={Clinical nurse specialist CNS},  
  volume={20},  
  number={2},  
  pages={75-80},  
  note={id: 2266; PUBM: Print; JID: 8709115; ppublish },
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  keywords={Ambulatory Care/organization & administration; Attitude of Health Personnel;  
Cooperative Behavior; Curriculum; Drug Therapy/nursing/standards; Education, Medical,  
Graduate/organization & administration; Education, Nursing, Graduate/organization &  
administration; Goals; Humans; Interprofessional Relations; Leadership; Models, Educational;  
Nurse Clinicians/education/psychology; Nurse's Role; Nursing Education Research; Outcome  
and Process Assessment (Health Care)/organization & administration; Patient Care  
Team/organization & administration; Professional Competence/standards; Program Evaluation;  
Socialization; Systems Analysis; Total Quality Management/organization & administration},  
  isbn={0887-6274},  
  language={eng}
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Incorporating quality improvement concepts and practice into a community health nursing course.

Teeley, K. H., Lowe, J. M., Beal, J., & Knapp, M. L.. (2006). Incorporating quality improvement concepts and practice into a community health nursing course. *The Journal of nursing education*, 45(2), 86-90.

[Abstract]

Community health nursing students learned to incorporate continuous quality improvement (CQI) methods in their community health clinical settings. With the help of faculty guides, the students, clinical faculty, and key personnel from the community site collaborated on improvement projects that contributed to the agency's ongoing mission. Successful implementation of the CQI principles improved clinical operations, as well as patient care. In addition, the projects contributed to improved student and faculty satisfaction with the overall community experience. Students completed the projects and their clinical rotation with a sense of making a genuine contribution to the agency, and faculty reflected that the students were more engaged and invested in the project outcomes. (Source: PubMed)

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@article{RefWorks:1160,  
  author={K. H. Teeley and J. M. Lowe and J. Beal and M. L. Knapp},  
  year={2006},  
  month={Feb},  
  title={Incorporating quality improvement concepts and practice into a community health  
nursing course },  
  journal={The Journal of nursing education},  
  volume={45},  
  number={2},  
  pages={86-90},  
  note={id: 430; PUBM: Print; JID: 7705432; ppublish },
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  keywords={Ambulatory Care Facilities/standards; Attitude of Health Personnel; Attitude to  
Health; Boston; Community Health Nursing/education; Curriculum; Education, Nursing,  
Baccalaureate/organization & administration; Faculty, Nursing/organization & administration;  
Health Services Needs and Demand; Home Care Services/standards; Homeless Persons;  
Humans; Models, Educational; Nurse's Role; Nursing Assessment; Nursing Education Research;  
Philosophy, Nursing; Program Development; Program Evaluation; Public Housing/standards;  
Students, Nursing/psychology; Total Quality Management/methods; United States; United States  
Indian Health Service/standards},  
  isbn={0148-4834},  
  language={eng}
```

An experiential interdisciplinary quality improvement education initiative.

Varkey, P., Reller, M. K., Smith, A., Ponto, J., & Osborn, M.. (2006). An experiential interdisciplinary quality improvement education initiative. *American journal of medical quality*, 21(5), 317-322.

[Abstract]

Seven learners, including 2 preventive medicine fellows, 2 family medicine residents, 1 internal medicine resident, and 2 master's-level nursing students participated in an experiential 4-week quality improvement rotation at a major academic medical center. Together they worked on a quality improvement project that resulted in enhanced medication reconciliation in a preventive medicine clinic. Learner knowledge measured on the QI Knowledge Application Tool increased from an average of 2.33 before the start of the rotation to 3.43 ($P = .043$) by the end of the rotation. At the conclusion, all learners said they were confident or very confident that they could make a change to improve health care in a local setting. Although this pilot supports the feasibility and potential benefits of interdisciplinary quality improvement education, further research is necessary to explore strategies to implement the same on a larger scale, and to examine the impact on patient outcomes. (Source: PubMed)

@article{RefWorks:1164,
author={P. Varkey and M. K. Reller and A. Smith and J. Ponto and M. Osborn},
year={2006},
title={An experiential interdisciplinary quality improvement education initiative },
journal={American journal of medical quality},
volume={21},
number={5},
pages={317-322},
note={id: 1166; Language: English. Entry Date: 20070511. Publication Type: journal article; CEU; pictorial; research; tables/charts. Journal Subset: Blind Peer Reviewed; Editorial Board Reviewed; Health Services Administration; Peer Reviewed; USA. Special Interest: Quality Assurance. Instrumentation: QI Knowledge Application Tool. Grant Information: Robert Wood Johnson Foundation. No. of Refs: 22 ref. PMID: 16973948 NLM UID: 9300756. },

keywords={Health Personnel--Education; Medication Errors--Prevention and Control; Quality Assurance; Attitude to Health; Education, Continuing (Credit); Funding Source; Pilot Studies; Research Instruments; Root Cause Analysis; United States}

Preparing for clinical: Just-in-Time.

White, L. L.. (2006). Preparing for clinical: Just-in-Time. *Nurse educator*, 31(2), 57-60.

[Abstract]

Clinical nurse educators are expected to prepare students for the realities of practice while providing meaningful learning experiences. However, shortened patient stays in the acute care setting often lead to wasted and useless effort for both instructors and students. The application of Just-in-Time principles offers a viable and alternative solution for clinical practice preparation in today's rapidly changing healthcare environment. (Source: PubMed)

@article{RefWorks:1165,
author={L. L. White},
year={2006},

month={Mar-Apr},
title={Preparing for clinical: Just-in-Time },
journal={Nurse educator},
volume={31},
number={2},
pages={57-60},
note={id: 428; PUBM: Print; JID: 7701902; ppublish },

keywords={Clinical Competence; Education, Nursing, Baccalaureate; Humans; Preceptorship;
Task Performance and Analysis; Total Quality Management/methods; United States},
isbn={0363-3624},
language={eng}

2005

What we know and what they do: nursing students' experiences of improvement knowledge in clinical practice.

Kyrkjebø, J. M., & Hage, I.. (2005). What we know and what they do: nursing students' experiences of improvement knowledge in clinical practice. *Nurse education today*, 25(3), 167-175.

[Abstract]

Nations around the world face mounting problems in health care, including rising costs, challenges to accessing services, and wide variations in safety and quality. Several reports and surveys have clearly demonstrated that adverse events and errors pose serious threats to patient safety. It has become obvious that future health professionals will need to address such problems in the quality of patient care. This article discuss a research study examining improvement knowledge in clinical practice as experienced by nursing students with respect to a patient-centred perspective, knowledge of health-care processes, the handling of adverse events, cross-professional collaboration, and the development of new knowledge. Six focus groups were conducted, comprising a total of 27 second-year students. The resulting discourses were recorded, coded and analysed. The findings indicate a deficiency in improvement knowledge in clinical practice, and a gap between what students learn about patient care and what they observe. In addition the findings suggest that there is a need to change the culture in health care and health professional education, and to develop learning models that encourage reflection, openness, and scrutiny of underlying individual and organizational values and assumptions in health care. (Source: PubMed)

@article{RefWorks:1132,
author={J. M. Kyrkjebø and I. Hage},
year={2005},
month={Apr},
title={What we know and what they do: nursing students' experiences of improvement

knowledge in clinical practice },
journal={Nurse education today},
volume={25},
number={3},
pages={167-175},
note={id: 28; PUBM: Print; JID: 8511379; 2004/02/18 [received]; 2004/11/17 [accepted];
publish },

keywords={Education, Nursing; Female; Focus Groups; Humans; Interprofessional Relations;
Learning; Medical Errors/prevention & control; Norway; Nursing Process; Patient-Centered
Care; Quality Assurance, Health Care},
isbn={0260-6917 (Print)},
language={eng}

Strategies to overcome obstacles in the facilitation of critical thinking in nursing education.

Mangena, A., & Chabeli, M. M.. (2005). Strategies to overcome obstacles in the facilitation of critical thinking in nursing education. *Nurse education today*, 25(4), 291-298.

[Abstract]

This paper seeks to describe strategies that can be used to overcome obstacles in the facilitation of critical thinking in nursing education. A qualitative, explorative, descriptive and contextual design was used to conduct the research in which fourth year basic comprehensive students and nurse educators volunteered to take part in the study by signing an informed consent. The participants were purposively selected. Focus group interviews were used to collect data from both groups. Tesch's descriptive method of open coding was used to analyse data. (Democratic Nursing Organisation of South Africa, 1998. Ethical standards for nurse researchers. The following obstacles were identified and recontextualised within the existing literature to be able to describe the strategies to overcome the identified obstacles to the facilitation of critical thinking of students: the educators' lack of knowledge; use of teaching and assessment methods that do not facilitate critical thinking of learners; the negative attitudes of educators and their resistance to change; inappropriate selection process and poor educational background that did not facilitate critical thinking of students; inadequate socialisation, cultural and instructional language incompetence. Findings indicated that there is a need for nurse educators to model critical thinking in all aspects of nursing education. It is recommended that there be a whole paradigm shift in nursing education from the traditional teacher-centred methods to a more learner-centred approach that will facilitate critical thinking of student nurses. (Source: PubMed)

@article{RefWorks:1139,
author={A. Mangena and M. M. Chabeli},
year={2005},
month={05//},
title={Strategies to overcome obstacles in the facilitation of critical thinking in nursing education },
journal={Nurse education today},

volume={25},
number={4},
pages={291-298},
note={id: 304; Language: English. Entry Date: 20050729. Revision Date: 20060106.
Publication Type: journal article; research; tables/charts. Journal Subset: Nursing; Peer
Reviewed; UK & Ireland. Special Interest: Nursing Education. No. of Refs: 38 ref. PMID:
15896414 NLM UID: 8511379. Email: agnesm@netcare.co.za. },

keywords={Critical Thinking--Education; Education, Nursing; Audiorecording; Coding;
Descriptive Research; Education Research; Exploratory Research; Faculty Attitudes--Evaluation;
Faculty, Nursing; Focus Groups; Multimethod Studies; Purposive Sample; Qualitative Studies;
Qualitative Validity; South Africa; Student Attitudes--Evaluation; Teaching Methods},
isbn={0260-6917}

Transformative teaching in nursing education: leading by example.

McAllister, M.. (2005). Transformative teaching in nursing education: leading by example.
Collegian, 12(2), 11-16.

[Abstract]

This is the second in a pair of articles exploring critical education, an illuminating philosophy relevant to practice development facilitators, clinical teachers, academics, clinicians and others involved in the rethinking of nursing practice. I argue that critical education and its practice equivalent--transformative teaching and learning, can restore optimism in those who feel that longstanding practice problems have become insoluble. It can provide clear direction to assist new nurses, students and lifelong learners to become strategic about change, aware of the rich and varied history of their profession, critical thinkers and creative solution generators. In this article, I move beyond the forming phase of the teacher-student relationship to the building, or working phase of learning. Two particular ways of encouraging critical thinking are emphasised: reflective practice and dialectical critique. In order to move beyond the purely abstract, I draw on my experiences teaching undergraduate and postgraduate students, and clinicians working in education, practice and research. (Source: PubMed)

@article{RefWorks:1142,
author={M. McAllister},
year={2005},
month={04//},
title={Transformative teaching in nursing education: leading by example },
journal={Collegian},
volume={12},
number={2},
pages={11-16},
note={id: 306; Language: English. Entry Date: 20050805. Publication Type: journal article;
review; tables/charts. Journal Subset: Australia & New Zealand; Double Blind Peer Reviewed;
Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed. Special Interest:
Nursing Education. No. of Refs: 27 ref. NLM UID: 9612493. Email:

m.mcallister@griffith.edu.au. },

keywords={Critical Theory; Education, Nursing; Learning; Teaching Methods; Critical Thinking; Faculty, Nursing; Faculty-Student Relations; History of Nursing; Paradigms; Reflection; Students, Nursing},
isbn={1322-7696}

Educational innovations. Using simulation technology for undergraduate nursing education.

Medley, C. F., & Horne, C.. (2005). Educational innovations. Using simulation technology for undergraduate nursing education. *Journal of nursing education*, 44(1), 31-34.

[Abstract]

As simulation technology is rapidly expanding, nursing programs are making large investments in this technology, which has great potential for undergraduate nursing programs. Unfortunately, this potential is underestimated and underused. With simulation technology, undergraduate students can gain and improve skills in a safe, non-threatening, experiential environment that also provides opportunities for decision making, critical thinking, and team building. This article describes how to use simulation technology to enhance undergraduate nursing education. The process for simulation technology instruction, leveling content from simple to complex, and faculty resources are discussed. An example of a simulation program is included. (Source: PubMed)

@article{RefWorks:1144,
author={C. F. Medley and C. Horne},
year={2005},
month={01//},
title={Educational innovations. Using simulation technology for undergraduate nursing education },
journal={Journal of nursing education},
volume={44},
number={1},
pages={31-34},
note={id: 309; Language: English. Entry Date: 20050325. Publication Type: journal article. Journal Subset: Core Nursing; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. Special Interest: Informatics; Nursing Education. No. of Refs: 3 ref. PMID: 15673172 NLM UID: 7705432. Email: medlecf@nursing.ufl.edu. },

keywords={Computer Assisted Instruction; Computer Simulation--Utilization; Education, Nursing; Models, Anatomic--Utilization; Teaching Methods, Clinical; Critical Thinking--Education; Experiential Learning},
isbn={0148-4834}

Learning from unexpected events: a root cause analysis training program.

Sweitzer, S. C., & Silver, M. P.. (2005). Learning from unexpected events: a root cause analysis training program. *Journal for Healthcare Quality: Promoting Excellence in Healthcare*, 27(5), 11-19.

[Abstract]

Staff members need appropriate training before the investigation and causal analysis of accidents in any complex system. Otherwise results will be incomplete and will be focused on the least manageable contributors, such as the unsafe acts of frontline operators. This article outlines an incident investigation and root cause analysis workshop developed to address this training need in a spectrum of healthcare settings and reviews feedback from participants. (Source:PubMed)

@article{RefWorks:1157,
author={S. C. Sweitzer and M. P. Silver},
year={2005},
month={09},
title={Learning from unexpected events: a root cause analysis training program },
journal={Journal for Healthcare Quality: Promoting Excellence in Healthcare},
volume={27},
number={5},
pages={11-19},
note={id: 1168; Language: English. Entry Date: 20050930. Publication Type: journal article; CEU; tables/charts. Journal Subset: Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Health Services Administration; Online/Print; Peer Reviewed; USA. Special Interest: Patient Safety; Quality Assurance. No. of Refs: 28 ref. NLM UID: 9202994. },

keywords={Administrative Personnel--Education; Adverse Health Care Event--Education; Health Personnel--Education; Root Cause Analysis--Education; Course Content; Education, Continuing; Education, Continuing (Credit); Information Needs; Interviews; Nevada; Program Evaluation; Program Planning; Seminars and Workshops; Teaching Methods; Utah}

Incorporating CQI concepts into student community health projects.

Teeley, K. H.. (2005). Incorporating CQI concepts into student community health projects. *The Journal of nursing education*, 44(10), 479-480.

[Abstract]

The nursing program at Simmons College in Boston incorporated continuous quality improvement (CQI) concepts into the undergraduate baccalaureate community health nursing curriculum. By integrating eight core CQI concepts into classroom learning and the community setting, students became more effective at identifying problems and creating sustainable improvements. (Source: QSEN Team)

@article{RefWorks:1159,
author={K. H. Teeley},
year={2005},
month={Oct},

title={Incorporating CQI concepts into student community health projects },
journal={The Journal of nursing education},
volume={44},
number={10},
pages={479-480},
note={id: 431; PUBM: Print; JID: 7705432; ppublish },

keywords={Boston; Community-Institutional Relations; Education, Nursing,
Baccalaureate/methods; Humans; Total Quality Management},
isbn={0148-4834},
language={eng}

Nursing student stories on learning how to think like a nurse.

Vito-Thomas, D. P.. (2005). Nursing student stories on learning how to think like a nurse. *Nurse educator*, 30(3), 133-136.

[Abstract]

The ability to think critically, improve clinical systems, and decrease errors in clinical judgments are ever the vision of nursing practice. The author describes the thinking processes of nursing students as they make clinical judgments and the most important teaching/learning strategies that help develop their clinical judgment. (Source: PubMed)

@article{RefWorks:1114,
author={P. Di Vito-Thomas},
year={2005},
month={05//2005 May-Jun},
title={Nursing student stories on learning how to think like a nurse },
journal={Nurse educator},
volume={30},
number={3},
pages={133-136},
note={id: 305; Language: English. Entry Date: 20050722. Revision Date: 20060106.
Publication Type: journal article; research. Journal Subset: Core Nursing; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA.
Special Interest: Nursing Education. No. of Refs: 25 ref. PMID: 15900208 NLM UID: 7701902.
Email: pdivito-thomas@mmind.net. },

keywords={Critical Thinking--Education; Education, Nursing, Baccalaureate; Adult; Constant Comparative Method; Deans, Academic; Learning Methods; Mail; Middle Age; Purposive Sample; Qualitative Studies; Questionnaires; Schools, Nursing; Student Attitudes; Students, Nursing, Baccalaureate; Teaching Methods},
isbn={0363-3624}

2004

"Covering content" and teaching thinking: deconstructing the additive curriculum.

Ironside, P. M.. (2004). "Covering content" and teaching thinking: deconstructing the additive curriculum. *The Journal of nursing education*, 43(1), 5-12.

[Abstract]

For more than 25 years, reliance on conventional pedagogy has led nurse educators to persistently focus on what students need to learn to enter contemporary practice settings. Therefore, as biomedical and nursing knowledge grows and the health care system in which students will practice becomes increasingly complex, content is persistently added to nursing curricula, while little is taken out. An underlying assumption of this approach is that if important content is "covered," thinking necessarily follows. This study, using Heideggerian hermeneutics, examines the relationship between covering content and thinking by explicating the common experiences of teachers enacting interpretive pedagogies. One of the themes that emerged from this analysis is presented: "Covering Content" and Teaching Thinking: Deconstructing the Additive Curriculum. (Source: PubMed)

@article{RefWorks:1125,
author={P. M. Ironside},
year={2004},
month={Jan},
title={"Covering content" and teaching thinking: deconstructing the additive curriculum },
journal={The Journal of nursing education},
volume={43},
number={1},
pages={5-12},
note={id: 440; LR: 20061115; PUBM: Print; JID: 7705432; CIN: J Nurs Educ. 2004 Jan;43(1):3-4. PMID: 14748528; ppublish },

keywords={Attitude of Health Personnel; Curriculum; Education, Nursing, Baccalaureate/methods; Faculty, Nursing; Humans; Knowledge; Models, Educational; Narration; Nursing Education Research; Nursing Methodology Research; Philosophy, Nursing; Psychology, Educational; Questionnaires; Students, Nursing/psychology; Teaching/methods; Thinking},
isbn={0148-4834},
language={eng}

Reflective journaling: developing an online journal for distance education.

Kessler, P. D., & Lund, C. H.. (2004). Reflective journaling: developing an online journal for distance education. *Nurse educator*, 29(1), 20-24.

[Abstract]

Reflective journal writing can be a useful heuristic tool to foster critical thinking skills and

develop reflective clinical practice in nursing. When combined with a distance education delivery format, the online journal helps to leverage the strengths of reflective learning with educational technology as well as provide a seamless record of learning outcomes across the curriculum. The authors discuss the incorporation of an online reflective journal into a distance education clinical course and provide guidelines for educators considering a similar approach. (Source: PubMed)

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@article{RefWorks:1130,
  author={P. D. Kessler and C. H. Lund},
  year={2004},
  month={Jan-Feb},
  title={Reflective journaling: developing an online journal for distance education },
  journal={Nurse educator},
  volume={29},
  number={1},
  pages={20-24},
  note={id: 437; LR: 20041117; PUBM: Print; JID: 7701902; ppublish },
  abstract={Reflective journal writing can be a useful heuristic tool to foster critical thinking skills and develop reflective clinical practice in nursing. When combined with a distance education delivery format, the online journal helps to leverage the strengths of reflective learning with educational technology as well as provide a seamless record of learning outcomes across the curriculum. The authors discuss the incorporation of an online reflective journal into a distance education clinical course and provide guidelines for educators considering a similar approach. (Source: PubMed) },
  keywords={Attitude of Health Personnel; Clinical Competence/standards; Community Health Nursing/education; Curriculum; Education, Distance/methods; Education, Nursing, Baccalaureate/methods; Guidelines; Humans; Internet/organization & administration; Nursing Education Research; Online Systems/organization & administration; Program Development; Program Evaluation; Questionnaires; Self Assessment (Psychology); Students, Nursing/psychology; Thinking; Writing},
  isbn={0363-3624},
  language={eng}
}
```

Using clinical journaling to capture critical thinking across the curriculum.

Ruthman, J., Jackson, J., Cluskey, M., Flannigan, P., Folse, V. N., & Bunten, J.. (2004). Using clinical journaling to capture critical thinking across the curriculum. *Nursing education perspectives*, 25(3), 120-123.

[Abstract]

Clinical journaling is used as an integrated teaching methodology throughout the practicum component of a baccalaureate nursing curriculum. Two disciplines, Nursing and English, collaborated to develop clinical journaling guidelines to provide a consistent framework for student learning and evaluation in a variety of clinical settings. Students complete a weekly log for each clinical rotation. They identify learning goals, analyze events and relate them to nursing practice, use critical thinking to connect theory and practice, and reflect on the experience.A

collegiate standard of writing is used. As the student advances through the program, a pattern of accomplishments and a cumulative integration of skills is evidenced to provide consistent standards for student evaluation. (Source: PubMed)

@article{RefWorks:1149,
author={J. Ruthman and J. Jackson and M. Cluskey and P. Flannigan and V. N. Folse and J. Bunten},
year={2004},
month={May-Jun},
title={Using clinical journaling to capture critical thinking across the curriculum },
journal={Nursing education perspectives},
volume={25},
number={3},
pages={120-123},
note={id: 436; LR: 20041117; PUBM: Print; JID: 101140025; ppublish },

keywords={Attitude of Health Personnel; Clinical Competence/standards; Cognition; Communication; Curriculum; Education, Nursing, Baccalaureate/methods/standards; Emotions; Guidelines; Health Knowledge, Attitudes, Practice; Humans; Illinois; Nursing Education Research; Problem-Based Learning; Program Evaluation; Students, Nursing/psychology; Thinking; Writing},
isbn={1536-5026},
language={eng}}

2003

Four elements of a successful quality program: alignment, collaboration, evidence-based practice, and excellence.

Caramanica, L., Cousino, J., & Petersen, S.. (2003). Four elements of a successful quality program: alignment, collaboration, evidence-based practice, and excellence. *Nursing administration quarterly*, 27(4), 336-343.

[Abstract]

The nurse's role in quality improvement and assurance is well established, but this is particularly true as hospitals engage in a culture of patient safety and view quality-related activities as important "safety checks." The role of the nurse in ensuring quality related to patient care and safety cannot be overstated. The achievement of quality and safety in patient care is the result of caregivers doing the right thing the right way the first time. Nurses serve as a critical link to the best quality health care organizations have to offer. This article describes four elements of a successful quality program in a large tertiary health care setting (alignment, collaboration, evidence-based practice, and excellence) and makes the connection between quality and safety in the provision of exemplary patient care. Three examples are provided that show how nurses and other members of the health care team grouped together as a governing council for quality

(Performance Improvement Council) and at the bedside as direct caregivers in ensuring patient safety and quality patient care. (Source: PubMed)

@article{RefWorks:1110,
author={L. Caramanica and JA Cousino and S. Petersen},
year={2003},
title={Four elements of a successful quality program: alignment, collaboration, evidence-based practice, and excellence },
journal={Nursing administration quarterly},
volume={27},
number={4},
pages={336-343},
note={id: 233; Language: English. Entry Date: 20040213. Revision Date: 20050826.
Publication Type: journal article; forms. Journal Subset: Core Nursing; Nursing; Peer Reviewed; USA. Special Interest: Evidence-Based Practice; Nursing Administration; Patient Safety. No. of Refs: 9 ref. PMID: 14649026 NLM UID: 7703976. },

keywords={Patient Safety; Quality Improvement; Quality of Health Care; Academic Medical Centers; Collaboration; Connecticut; Drug Administration; Excellence; Interprofessional Relations; Joint Commission on Accreditation of Healthcare Organizations; Multidisciplinary Care Team; Nursing Records; Nursing Role; Nursing Service; Organizational Culture; Organizational Objectives; Professional Practice, Evidence-Based; Treatment Errors--Prevention and Control},
isbn={0363-9568}

Health Professions Education: A Bridge to Quality.

Greiner, A. C., Knebel, E., & of on the Summitt, I. M. C. H. P. E.. (2003). *Health Professions Education: A Bridge to Quality*. Washington, D.C.: National Academies Press.
[BibTeX] [Abstract] [[Download PDF](#)]

On June 17-18, 2002 over 150 leaders and experts from health professions education, regulation, policy, advocacy, quality, and industry attended the Health Professions Education Summit to discuss and help the committee develop strategies for restructuring clinical education to be consistent with the principles of the 21st-century health system. The report says that doctors, nurses, pharmacists and other health professionals are not being adequately prepared to provide the highest quality and safest medical care possible, and there is insufficient assessment of their ongoing proficiency. Educators and accreditation, licensing and certification organizations should ensure that students and working professionals develop and maintain proficiency in five core areas: delivering patient-centered care, working as part of interdisciplinary teams, practicing evidence-based medicine, focusing on quality improvement and using information technology. (Source: Publisher)

@book{RefWorks:1121,
author={A. C. Greiner and E. Knebel and Institute of Medicine Committee on the Health Professions Education Summitt},

year={2003},
title={Health Professions Education: A Bridge to Quality },
publisher={National Academies Press},
address={Washington, D.C.},
note={id: 389},

url={<http://www.nap.edu/catalog/10681.html>}

Personal improvement project in nursing education: learning methods and tools for continuous quality improvement in nursing practice.

Kyrkjebø, J. M., & Hanestad, B. R.. (2003). Personal improvement project in nursing education: learning methods and tools for continuous quality improvement in nursing practice. *Journal of advanced nursing*, 41(1), 88-98.

Abstract:

BACKGROUND: All health care providers, including nurses, need to learn how to improve the care they give. Continuous quality improvement (CQI) is a theory and method used in health care to guide improvement. The question is how best to teach it, particularly to nursing students. It was conjectured that a systematic approach to improve study habits and lifestyle would increase nursing students' awareness of how they handled their studies and, at the same time, became acquainted with improvement knowledge methodology. Using the starting point that 'quality is personal', students worked on personal change and improvement. The purpose was to learn methods and tools for improvement in their personal life and enable them to transfer and use this knowledge in their professional work. **AIMS:** To describe the use of a personal improvement project (PIP) by nursing students and the resulting increased knowledge, skills, and enthusiasm to continue working with CQI. **METHODS:** Forty-four nursing students worked on a PIP, which they felt was important, and presented their projects to fellow students. The students answered a questionnaire, and their presentations documented the results of their work. **RESULTS:** All 44 students followed the instructions in a workbook describing PIPs over an 8-week period and answered a questionnaire. Forty-five per cent felt they had made an improvement in their study habits or lifestyle. Eighty-nine per cent reported that this project helped them to start learning CQI, and 75% reported that they could see the benefit of this kind of knowledge in their future clinical practice. **CONCLUSIONS:** Personal improvement projects seem to be an effective way of introducing CQI knowledge to nursing students. Even those who did not succeed in achieving personal improvement felt they had a positive learning outcome from the project. (Source: PubMed)

@article{RefWorks:1133,
author={J. M. Kyrkjebø and B. R. Hanestad},
year={2003},
title={Personal improvement project in nursing education: learning methods and tools for continuous quality improvement in nursing practice },
journal={Journal of advanced nursing},
volume={41},
number={1},

pages={88-98},
note={id: 300; Language: English. Entry Date: 20030418. Revision Date: 20050414.
Publication Type: journal article; research; tables/charts. Journal Subset: Core Nursing; Nursing;
Peer Reviewed; UK & Ireland. Special Interest: Advanced Nursing Practice; Nursing Education;
Quality Assurance. No. of Refs: 27 ref. PMID: 12519292 NLM UID: 7609811. Email:
jane.kyrkjebo@psyph.uib.no. },

keywords={Quality Improvement--Education--Norway; Education, Nursing, Baccalaureate--
Norway; Students, Nursing, Baccalaureate--Norway; Personal Growth; Descriptive Statistics;
Outcomes of Education; Education Research; Norway; Teaching Methods--Evaluation; Teaching
Materials--Evaluation; Convenience Sample; Colleges and Universities; Data Analysis Software;
Learning Methods; Student Attitudes--Evaluation; Nursing Knowledge--Evaluation; Change
Theory; Nursing Process; Counseling; Content Analysis; Adult; Male; Female},
isbn={0309-2402}

Imbedding quality improvement into all aspects of nursing practice.

Long, L. E.. (2003). Imbedding quality improvement into all aspects of nursing practice.
International journal of nursing practice, 9(5), 280-284.
[BibTeX] [Abstract]

Influencing nurses to accept and implement best practice and continuous quality improvement into everyday nursing activities and to change practice is a significant challenge for any nursing service. Quality improvement is often considered by clinicians to be yet another task to be added to their already busy workloads. This paper describes the attempts of one large metropolitan tertiary teaching hospital to imbed quality improvement and best practice across the spectrum of its nursing service and to foster a culture of quality within clinical practice and documentation. It outlines the methods used by one hospital to enshrine best practice into all nursing activities and to minimize variations in practice throughout the hospital through the use of its nursing clinical information system. (Source: PubMed)

@article{RefWorks:1136,
author={L. E. Long},
year={2003},
month={Oct},
title={Imbedding quality improvement into all aspects of nursing practice },
journal={International journal of nursing practice},
volume={9},
number={5},
pages={280-284},
note={id: 432; LR: 20051116; PUBM: Print; JID: 9613615; RF: 12; ppublish },

keywords={Benchmarking/organization & administration; Hospital Information Systems;
Hospitals, Teaching; Hospitals, Urban; Humans; Medical Records Systems, Computerized;
Nursing Administration Research; Nursing Audit; Nursing Care/standards; Nursing Service,
Hospital/standards; Organizational Culture; Outcome Assessment (Health Care)/organization &
administration; Practice Guidelines; Quality Indicators, Health Care; South Australia; Total

Quality Management/organization & administration},
isbn={1322-7114},
language={eng}

Educational innovations. Teaching baccalaureate nursing students to prevent medication errors using a problem-based learning approach.

Papastrat, K., & Wallace, S.. (2003). Educational innovations. Teaching baccalaureate nursing students to prevent medication errors using a problem-based learning approach. *Journal of nursing education*, 42(10), 459-464.
[BibTeX] [Abstract]

An objective of the baccalaureate nursing curriculum at Thomas Jefferson University, Jefferson College of Health Professions is to facilitate nursing students' transfer of medication error knowledge into preventive action in the clinical unit. Using a problem-based learning approach, first-semester students are exposed to situations that reflect the real-world scope and complexity of medication administration and errors. Using the frameworks of Failure Mode Analysis and Human Error Mode and Effects Analysis, student groups identify hypotheses, devise solutions, and develop continuous quality improvement processes to prevent errors and facilitate error reporting. Problem-based learning is used in subsequent clinical experiences throughout the curriculum. This reinforcement, combined with a focus on increasingly complex pharmacological agents and medication calculations, enables students to employ critical thinking skills and develop the confidence necessary for safe, professional practice. (Source: PubMed)

@article{RefWorks:1146,
author={K. Papastrat and S. Wallace},
year={2003},
month={10//},
title={Educational innovations. Teaching baccalaureate nursing students to prevent medication errors using a problem-based learning approach },
journal={Journal of nursing education},
volume={42},
number={10},
pages={459-464},
note={id: 234; Language: English. Entry Date: 20031128. Publication Type: journal article; case study; tables/charts. Journal Subset: Core Nursing; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. Special Interest: Nursing Education. No. of Refs: 13 ref. PMID: 14577733 NLM UID: 7705432. Email: karen.papastrat@jefferson.edu. },

keywords={Drug Administration--Education; Education, Nursing, Baccalaureate; Medication Errors--Education; Medication Errors--Prevention and Control; Problem-Based Learning; Student Satisfaction--Evaluation; Students, Nursing, Baccalaureate; Teaching Methods; Aged; Conceptual Framework; Female; Information Resources; Inpatients; Program Implementation; Systems Analysis; World Wide Web},
isbn={0148-4834}

Teaching and measuring critical thinking.

Staib, S.. (2003). Teaching and measuring critical thinking. *The Journal of nursing education*, 42(11), 498-508.

[BibTeX] [Abstract]

Nurse educators are under pressure to show critical thinking as a program outcome. Many different strategies have been suggested for developing critical thinking among nursing students. It is easy to believe these strategies increase critical thinking, but not all have actually been measured for reliability or validity. Based on an exhaustive literature search, the author attempted to identify teaching strategies that are being used to increase critical thinking and how effective those strategies have been. (Source: PubMed)

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@article{RefWorks:1156,
  author={S. Staib},
  year={2003},
  month={Nov},
  title={Teaching and measuring critical thinking },
  journal={The Journal of nursing education},
  volume={42},
  number={11},
  pages={498-508},
  note={id: 443; LR: 20051116; PUBM: Print; JID: 7705432; RF: 69; publish },

  keywords={Clinical Competence; Education, Nursing, Baccalaureate/methods; Educational Measurement; Humans; Nursing Education Research; Nursing Methodology Research; Nursing Process; Students, Nursing; Teaching/methods; Thinking},
  isbn={0148-4834},
  language={eng}
}
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2001

Introducing quality improvement to pre-qualification nursing students: evaluation of an experiential programme.

Kyrkjebø, J. M., Hanssen, T. A., & B.Ø., H.. (2001). Introducing quality improvement to pre-qualification nursing students: evaluation of an experiential programme. *Quality in health care*, 10(4), 204-210.

[BibTeX] [Abstract]

OBJECTIVE: To evaluate a programme introducing quality improvement (QI) in nursing education. SETTINGS: Betanien College of Nursing and clinical practices at hospitals in Bergen. SUBJECTS: 52 nursing students from a second-year class working in 16 groups undertaking

hospital-based practical studies. INTERVENTION: Second-year nursing students were assigned to follow a patient during a day's work and to record the processes of care from the patient's perspective. Data collected included waiting times, patient information, people in contact with the patient, investigations, and procedures performed. Students also identified aspects of practice that could be improved. They then attended a 2-day theoretical introductory course in QI and each group produced flow charts, cause/effect diagrams, and outlines of quality goals using structure, process, and results criteria to describe potential improvements. Each group produced a report of their findings. Main measures-A two-part questionnaire completed by the students before and after the intervention was used to assess the development of their understanding of QI. Evidence that students could apply a range of QI tools and techniques in the specific setting of a hospital ward was assessed from the final reports of their clinical attachments. RESULTS: The students had a significantly better knowledge of QI after the introductory course and group work than before it, and most students indicated that they considered the topic highly relevant for their later career. They reported that it was quite useful to observe one patient throughout one shift and, to some extent, they learned something new. Students found the introductory course and working in groups useful, and most thought the programme should be included in the curriculum for other nursing students. They considered it important for nurses, in general, to have knowledge about QI, indicating a high perceived relevance of the course. All 16 groups delivered reports of their group work which were approved by the tutors. Through the reports, all the groups demonstrated knowledge and ability to apply tools and techniques in their practical studies in a hospital setting. CONCLUSIONS: The introduction of a short experience-based programme into the practical studies of second-year nursing students enabled them to learn about the concepts, tools, and techniques of continuous QI in a way that should provide them with the skills to undertake it as part of routine practice. (Source: PubMed)

@article{RefWorks:1134,
author={J. M. Kyrkjebø and T. A. Hanssen and Haugland B.Ø.},
year={2001},
month={12//},
title={Introducing quality improvement to pre-qualification nursing students: evaluation of an experiential programme },
journal={Quality in health care},
volume={10},
number={4},
pages={204-210},
note={id: 296; Language: English. Entry Date: 20020712. Revision Date: 20030131.
Publication Type: journal article; algorithm; research; tables/charts. Journal Subset: Health Services Administration; Online/Print; Peer Reviewed; UK & Ireland. Special Interest: Nursing Education; Quality Assurance. No. of Refs: 9 ref. PMID: 11743148 NLM UID: 9209948. Email: jane.kyrkjebo@psych.uib.no. },
keywords={Education, Nursing; Quality Improvement--Education; Process Assessment (Health Care); Questionnaires; Program Evaluation; Evaluation Research; Pretest-Posttest Design; Coding; Data Analysis Software; Descriptive Statistics; Statistical Significance; Norway},
isbn={0963-8172}

Crossing the quality chasm: A new health system for the 21st century.

of Medicine, I. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.

[BibTeX] [Abstract]

Crossing the Quality Chasm makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. In this comprehensive volume, the committee offers: a set of performance expectations for the 21st-century health care system; a set of 10 new rules to guide patient-clinician relationships; a suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality; and key steps to promote evidence-based practice and strengthen clinical information systems. (Source: QSEN Team)

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@book{RefWorks:1124,
  author={Institute of Medicine},
  year={2001},
  title={Crossing the quality chasm: A new health system for the 21st century },
  publisher={National Academy Press},
  address={Washington, DC},
  note={id: 42}
```

Involving nursing students in continuous improvement projects.

Taylor, K. J.. (2001). Involving nursing students in continuous improvement projects. *Nurse educator*, 26(4), 175-177.

[BibTeX] [Abstract]

Reducing medication errors is a topic of national concern and action. Nursing students participated in a healthcare organization's continuous quality improvement project targeting patient safety. Students were actively involved in chart review and became acutely aware of safety issues related to medication administration, order transcription and implementation, and documentation. Both the students and the hospital realized expected and unexpected benefits. (Source: PubMed)

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@article{RefWorks:1158,
  author={K. J. Taylor},
  year={2001},
  month={07//2001 Jul-Aug},
  title={Involving nursing students in continuous improvement projects },
  journal={Nurse educator},
  volume={26},
  number={4},
  pages={175-177},
  note={id: 298; Language: English. Entry Date: 20011012. Publication Type: journal article.
```

Journal Subset: Core Nursing; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. Special Interest: Nursing Education; Quality Assurance. No. of Refs: 5 ref. NLM UID: 7701902. Email: Ktaylor@chippewa.tgc.wi.us. },

keywords={Students, Nursing; Quality Improvement; Patient Safety; Medication Errors; Record Review},
isbn={0363-3624}

A case study in implementing CQI in a nursing education program.

Yearwood, E., Singleton, J., Feldman, H. R., & Colombraro, G.. (2001). A case study in implementing CQI in a nursing education program. *Journal of professional nursing*, 17(6), 297-304.

[BibTeX] [Abstract]

This article presents a case study of the implementation of a continuous quality improvement (CQI) effort in a school of nursing. By using the process of CQI reported in the literature and used in clinical settings, the school has transformed its governance and structure to address issues of faculty, student, administrative, and staff performance and satisfaction, curriculum development, and organizational change. An annual "Report Card" monitors all CQI-related activities and provides structure for the feedback and change that are integral to the process. (Source: PubMed)

@article{RefWorks:1166,
author={E. Yearwood and J. Singleton and H. R. Feldman and G. Colombraro},
year={2001},
month={11//2001 Nov-Dec},
title={A case study in implementing CQI in a nursing education program },
journal={Journal of professional nursing},
volume={17},
number={6},
pages={297-304},

note={id: 297; Language: English. Entry Date: 20020208. Revision Date: 20030131.
Publication Type: journal article; case study; tables/charts. Journal Subset: Core Nursing; Double Blind Peer Reviewed; Nursing; Online/Print; Peer Reviewed; USA. Special Interest: Nursing Education. No. of Refs: 17 ref. PMID: 11712115 NLM UID: 8511298. },

keywords={Quality Improvement; Education, Nursing; Benchmarking; Faculty, Nursing; Faculty Role; Outcomes of Education; Accreditation; Alumni},
isbn={8755-7223}

1999

Thinking in nursing education. Part I. A student's experience learning to think.

Ironside, P. M.. (1999). Thinking in nursing education. Part I. A student's experience learning to think. *Nursing and health care perspectives*, 20(5), 238-242.

Learning to think critically is a central commitment of nursing education. There is a substantial body of literature describing nursing educators' attempts to define critical thinking (1-3) to differentiate critical thinking from other kinds of thinking (1,4) and to measure students' ability (and changes in ability) to think critically (2,5-7). These efforts were facilitated when the National League for Nursing Accrediting Commission (NLNAC) identified critical thinking as an outcome criterion for the accreditation of undergraduate and graduate nursing programs. This change in accreditation led to the proliferation of framework (8,9) and strategies (10,11) for nursing educators to use in demonstrating compliance with this criterion. Describing strategies and frameworks for teaching critical thinking is helpful. However, explicating how teachers teach and students learn critical thinking in actual clinical situations illuminates the contextual aspects of practice that influence learning to think (12). Conventional strategies teachers use to assist students to learn critical thinking include individual and group activities, discussions and interactions between students and teachers, clinical simulations, and problem-solving encounters. Although such strategies are commonly thought to be effective in teaching critical thinking in classroom or laboratory situations, little research has been conducted to evaluate the relationship between specific teaching strategies and students' ability to think critically in specific situations (1). A further limitation of laboratory and classroom strategies is that they need to be supplemented with contextual experiences. Providing students with opportunities to practice critical thinking in actual clinical situations is difficult because the context of care is rapidly changing and schools of nursing continue to allocate limited resources to practice education. This two-year study, which was undertaken to reveal common contemporary approaches to teaching and learning critical thinking in clinical courses, analyzes the lived experiences of 45 students and teachers. Part I describes a typical student's experiences of learning "nurse thinking" in the context of clinical practice. Part II describes a typical teacher's experiences creating opportunities for students to learn and practice critical thinking in a community clinical course. (Source: PubMed)

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@article{RefWorks:1126,  
  author={P. M. Ironside},  
  year={1999},  
  month={Sep-Oct},  
  title={Thinking in nursing education. Part I. A student's experience learning to think },  
  journal={Nursing and health care perspectives},  
  volume={20},  
  number={5},  
  pages={238-242},  
  note={id: 438; LR: 20061115; PUBM: Print; JID: 9711055; ppublish },  
  keywords={Attitude of Health Personnel; Clinical Competence/standards; Education, Nursing, Baccalaureate/methods; Humans; Nursing Education Research; Nursing Methodology Research; Nursing Process; Questionnaires; Students, Nursing/psychology; Teaching/methods; Thinking},  
  isbn={1094-2831},  
  language={eng}
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