Implementing TeamSTEPPS strategies and Relationship-based Care concepts to develop practice-focused quality and safety clinical learning competencies for baccalaureate nursing students in a hospital setting

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Objectives

• To review the recommendations for quality and safety competencies in undergraduate nursing education outlined by (Quality and Safety in Education for Nurses) www.qsen.org

• To discuss TeamSTEPPS program tools introduced in our clinical rotation this semester at Huntington Hospital, a Magnet Hospital

• To present the relationship-based caring and TeamSTEPPS competencies developed for nursing students in the clinical learning environment
Background: A Call for Transformation

“... The education system needs to provide high-quality education from basic to advanced levels. It needs to ensure that there is adequate capacity to educate the right number of nurses across all levels with the right competencies and skills.” IOM Future of Nursing Report, 2010

“Clinical practice assignments provide powerful learning experiences, especially in those programs where educators integrate clinical and classroom teaching”

CARNEGIE FOUNDATION, 2010
Competencies needed for the 21st Century Nurse

• Cultural competencies across the lifespan
• Quality and Safety competencies
• Inter-professional collaboration and communication competencies across continuum of care
• Technology competencies
• Literacy and Educational competencies
Quality and Safety Competencies identified by QSEN report

- **Definitions and Pre-licensure KSAs**
- Patient-centered Care
- Teamwork and Collaboration
- Evidence-based Practice (EBP)
- Quality Improvement (QI)
- Safety
- Informatics
Knowledge translation: “You have to start somewhere...”

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• Course Lead Faculty reviewed the QSEN competency KSA (knowledge, skills, attitudes) recommendations at end of semester, 2011 to identify gaps within their courses, with intent to begin incorporation based on recommendations of report.

• NUR 299 Faculty agreed that assignments for Spring 2012 would reflect QSEN KSA’s “formal” introduction into course/clinical objectives with “SBAR” communication

• Individual faculty would decide the innovations for their sections while threading the main concepts through their course/clinicals
Knowledge Dissemination

- SBAR classroom presentation/materials given by lead faculty with written SBAR clinical assignment required across all six clinical settings (n= 8 students per clinical, 6 clinical instructors)

- TeamSTEPPS “Rapid response” video shown in class as it related to fluid/electrolyte balance (second lecture) demonstrating SBAR communication

- Class size 48 undergraduate BSN students-each student randomized into clinical groups with 2 eight hour clinical days per week (all sections met on mon/tues, with written patient assignment given one day prior to clinical). Pre and post-conference each day with instructor. Instructors had autonomy in their approach to address the assignment and applications.
“Our Clinical Learning Experiences”

• Lead faculty for didactic course had clinical section with 8 students at Huntington Hospital, a Magnet-designated hospital which is affiliated with NSLIJ Health System. Lead faculty is a certified TeamSTEPPS master trainer.

• Clinical site was an acute medicine unit with focus on geriatrics and infectious diseases.

• Unit staff embraced the “Patient-Centered Care” Model adapted from Relationship-based care training across NSLIJ Healthcare system.

• Unit staff incorporated TeamSTEPPS tools in their everyday communication and practice.
“The Magnet Forces” and Their alignment with Team STEPPS and Relationship-based care
Our Clinical “QSEN” focus was to engage and immerse the students in the clinical unit’s operational function

- Foster teamwork and collaboration by use of the following Team STEPPS tools:
  - “the huddle”
  - “the debriefing”
  - “SBAR”

- Promote patient-centered care using the model and tools incorporated in unit’s daily routines (white boards, rounds, checklists, patient/family resources)
The “huddle”

- Students joined the staff in early morning huddle at nurses’ station which occurred after patients had their breakfast, called by either Nurse Manager or Charge RN

- This provided a “situational awareness” of “the state of the unit” for the day- e.g. who was on falls precautions, infection control precautions, discharges and new admissions, and frequent monitoring.

- Support included an electronic bed board with codes on center wall of unit, an elaborate call system and vocera communication system to find team members when needed, and high-tech bed/chair alarm systems
SBAR communication tools

- Phone “prompts”
- Laminated “rapid response scripts” for calls
- Trigger tools- example “Palliative Care Consult” checklist
- “Hand-off coverage” for meals, breaks, change of shift bedside reports
- Unit-developed interdisciplinary written plan of care for specific diagnoses utilized
The “Debrief”

- Encouraged students’ presence at “Rapid Response” calls, palliative care family meetings
- Team review of scenario at completion/resolution of event
- Post-conference student presentations of SBAR and “debriefs” of events of day
Results

- The student’s evaluations of their clinical experiences were “exceeds” in all categories
- They highlighted the fact that the staff was “awesome” in embracing them on unit
- Their written comments were shared with the Nursing Education department and the Nurse Manager
- Faculty evaluation saw increased confidence in student’s communication skills with staff and with each other
- Student’s written SBAR assignments reflected creativity and accuracy in organizing and communicating concerns
Molloy College Nursing 299 Clinical students, Spring 2012 2 SW, Huntington Hospital

* “...Huntington Hospital provided us with an environment that was exceptional. The staff and teamwork instilled confidence in my clinical learning experiences...”

* “...as a nursing student, Huntington Hospital provided me with an amazing opportunity to soak up the knowledge of the staff, expand on my skills and develop a strong work ethic. It is evident that everyone here cares about their community. The family-centered care approach makes me proud that I am becoming a nurse!”

* “2 South West stands out for the kindness and compassion afforded to all who enter. We were embraced as part of the “team” and I would recommend all nursing students to visit a place where there are happy nurses and happy patients”

* “All of the nurses stressed the value of continually finding new learning experiences and being proactive in being the patient’s advocate”

* “The 2 SW team represented how healthcare providers should work towards common goals, and I would someday love to be a part of this team as a nurse”

* “Leadership, nurses with a “take-charge” attitude and commitment to their patients and families sets the stage for excellence and great impressions”

* “Thanks for the respect and confidence you have given us this semester. We all want to work HERE!”
Lessons learned:

- Focus is on “ASK” (Attitudes, skills and knowledge) acquired through experiential learning and clinical exposure

- “Answer the call” to be innovative to bridge the gap between clinical and classroom learning

- Be creative (“real-time” learning opportunities)

- Empower (everyone is a winner with teamwork and patient-centeredness)
Question: Are you ready to innovate and re-invent the way you teach for what needs to be learned?

Nurstoons

COME ON!! SOMEONE HAS TO TAKE THE STUDENT NURSE TODAY!

DON'T ANY OF YOU REMEMBER WHAT IT WAS LIKE BEING A STUDENT?!

I'LL TAKE THE STUDENT; I HAVEN'T FORGOTTEN WHAT IT WAS LIKE

OK, THE BEDRIDDEN PATIENT IN 501 NEEDS GO-LYTELY UNTIL CLEAR, AND THE PATIENT IN 502 NEEDS KATEXALATE ENEMAS

THIS IS A LEARNING EXPERIENCE?
Useful websites to “get started” on the radical transformations needed in education...

- www.qsen.org
- www.teamstepps.ahrq.gov
- www.chcm.com
- www.ihi.org