"Leadership Interview Questions & Answers." Retrieved 9/9/2019, from https://www.wikijob.co.uk/content/interview-advice/interview-questions/leadership-interview-questions


The Quality and Safety Education for Nurses (QSEN) national initiative, started in 2005, has supported the adoption and integration of updated quality and safety competencies in nursing education. However, faculty needs regarding QSEN competency integration, and the degree to which QSEN competencies are reflected in current nursing curricula, have not been assessed nationally. This study (N = 2037) reports the findings of the 2017 National QSEN Faculty Survey and discusses implications for nurse educators and programs of nursing education. https://www.ncbi.nlm.nih.gov/pubmed/?otool=iaufhhslib&term=28832454


Over a decade has passed since the Institute of Medicine’s reports on the need to improve the American healthcare system, and yet only slight improvement in quality and safety has been reported. The Quality and Safety Education for Nurses (QSEN) initiative was developed to integrate quality and safety competencies into nursing education. The current challenge is for nurses to move beyond the application of QSEN competencies to individual patients and families and incorporate systems thinking in quality and safety education and healthcare delivery. This article provides a history of QSEN and proposes a framework in which systems thinking is a critical aspect in the application of the QSEN competencies. We provide examples of how using this framework expands nursing focus from individual care to care of the system and propose ways to teach and measure systems thinking. The conclusion calls for movement from personal effort and individual care to a focus on care of the system that will accelerate improvement of healthcare quality and safety.


Harrison EM.

**Quality and safety education for nurses: a nursing leadership skills exercise.**


The Quality and Safety Education for Nurses (QSEN) initiative was established to answer the Institute of Medicine’s trio of reports that stress the need to enhance the quality and safety of health care in the United States. The initiative has resulted in six competencies, along with innovative curricular guides to better prepare nurses to improve the health care systems within which they work. Participating in a root cause analysis (RCA) is one of several teaching strategies common to the development of QSEN competencies. This article describes the development, evaluation, and revision of a nursing leadership skills exercise that enabled students to participate in an RCA. In addition to making learning relevant, this exercise focused student attention on the nation’s concern about the quality and safety of health care in the United States.


James DH, Patrician PA, Miltner RS.

**Testing for Quality and Safety Education for Nurses (QSEN): Reflections From Using QSEN as a Framework for RN Orientation.**


The use of the Quality and Safety Education for Nurses (QSEN) competencies for nursing professional development is in its infancy. QSEN content was incorporated into nursing orientation and tested knowledge gain for three QSEN competencies. Results showed an increase in patient safety knowledge. A difference was noted in
knowledge between ADN and BSN nurses for evidence-based practice and quality improvement. The results indicate a need for stronger interventions to build practicing nurses’ QSEN competencies.


Jeffs L.
Achieving the Quadruple Aim in Healthcare: The Essential Role of Authentic, Complex and Resilient Nurse Leaders.
Now more than ever with the increasing complexity of care needs and the aging nursing workforce, nurse executives need to embrace the opportunity to acquire and enhance their transformation leadership competencies to advance and accelerate patient safety and quality improvement in healthcare. This paper calls for nurse leaders to engage in authentic, complex and resilient leadership to meet the evolving challenges and advances in technology in healthcare amidst achieving the quadruple aim of improving the care experience, improving population health, reducing the cost of care and improving the provider experience.


Kruszewski BD, Spell NO, 3rd.
A Consensus Approach to Identify Tiered Competencies in Quality Improvement and Patient Safety.
Background: Quality improvement and patient safety (QI/PS) competencies have been proposed separately for undergraduate medical education (UME) and graduate medical education (GME). The work forms a foundation at each educational level, yet curriculum development would benefit from more specific guidance that considers the continuum of physician training. Objective: We identified a core set of QI/PS items to be taught during medical school, residency, and independent practice, with specificity to guide curriculum development at each level. Methods: A panel of 12 QI leaders and educators with backgrounds in internal medicine from 10 academic institutions participated in consensus development using a modified Delphi technique. Three rounds of anonymous surveys were conducted, followed by a teleconference and then a fourth survey round, until consensus regarding the relevance of candidate items was reached. Items considered relevant were recommended for teaching at 1 of the 3 stages. Results: The panel identified 30 QI/PS items for learners. Of the 30 (80%), 24 were unanimously agreed on as relevant, while 6 of 30 (20%) had the agreement of 11 of the 12 experts and the assent of the remaining expert. Thirteen items were identified as appropriate for undergraduate medical education, 14 for graduate medical education, and 3 for the continuing professional development level. Conclusions: There was a high degree of agreement among 12 internists from geographically diverse institutions on the relevance of 30 QI/PS items identified for trainees in competency-based educational

Lane-Fall MB, Davis JJ, Clapp JT, Myers JS, Riesenberg LA.

_Academic medicine : journal of the Association of American Medical Colleges._ 2018;93(6):904-10.

PURPOSE: Quality improvement (QI) and patient safety (PS) are broadly relevant to the practice of medicine, but specialty-specific milestones demonstrate variable expectations for trainee competency in QI/PS. The purpose of this study was to develop a unifying portrait of QI/PS expectations for graduating residents irrespective of specialty.

METHOD: Milestones from 26 residency programs representing the 24 member boards of the American Board of Medical Specialties were downloaded from the Accreditation Council for Graduate Medical Education (ACGME) Web site in 2015. A codebook was generated by in-depth reading of all milestone sets by two authors. Using a content analytic approach, milestones were then coded by a single author, with a 25% sample double coded by another author. Descriptive statistics were used to characterize frequency counts.

RESULTS: Of 612 total milestones, 249 (40.7%) made mention of QI/PS. A median 10 milestones per specialty (interquartile range, 5.25-11.75) mentioned QI/PS. There were 446 individual references to QI, 423 references to PS, and another 1,065 references to QI/PS-related concepts, including patient-centered care, cost-effective practice, documentation, equity, handoffs and care transitions, and teamwork. QI/PS references reflected expectations about both individual-level practice (531/869; 61.1%) and practice within a health care system (338/869; 38.9%). QI and PS references were linked to all six ACGME core competencies.

CONCLUSIONS: Although there is variability in the emphasis placed on QI/PS across specialties, overall, QI/PS is reflected in more than 40% of residency milestones. Graduating residents in all specialties are expected to demonstrate competence in QI, PS, and multiple related concepts.

Competencies for Patient Safety and Quality Improvement: A Synthesis of Recommendations in Influential Position Papers.

Moran KM, Harris IB, Valenta AL.


BACKGROUND: There is limited conformity among patient safety and quality improvement (QI) competencies of the knowledge, skills, and attitudes (KSA), by stage of skill acquisition, essential for all health professionals. A study was conducted to identify, categorize, critically appraise, and discuss implications of competency recommendations published in influential position papers.

METHODS: A literature search was conducted of competency recommendations in position papers published by national and international professional associations, expert panels, consortia,
centers and institutes, and convened committees, in the domain of patient safety and QI. To be included in the analysis, the competency had to be recommended in at least 20% (rounded) of the position papers. Qualitative content analysis was used to identify themes among the published competencies for the skill acquisition levels of competent and expert, using Dreyfus's definitions. RESULTS: On the basis of the 22 papers that met the inclusion criteria, 17 themes were identified among the 59 competencies for the skill level competent. Among the 23 competencies for the skill level expert, 13 themes were identified. Competencies within the theme "Evidence-Based Practice" were most frequently recommended across both skill levels. The themes "Interdisciplinary Teamwork and Collaboration" and "Evidence-Based Practice" were the themes identified among the greatest number of position papers for the skill level competent and expert, respectively. CONCLUSIONS: The identified themes for competencies in patient safety and QI have implications for curriculum development and assessment of competence in education and practice. The findings in this study demonstrate a need to discourage publication of recommendations of yet more competencies and to instead encourage development of an international consensus on the essential KSA for patient safety and QI across all health professions and all levels of skill acquisition.


PROBLEM: Quality improvement (QI) and patient safety (PS) are now core competencies across the medical education continuum. A major challenge to developing and implementing these new curricular requirements is the lack of faculty expertise. APPROACH: In 2015, the authors developed a centralized, vertically integrated, competency-based approach to meet QI/PS educational requirements across the continuum of graduate medical education in the Department of Medicine, Perelman School of Medicine, University of Pennsylvania. By leveraging the QI/PS expertise of one individual, the authors identified and trained core QI/PS faculty members and sequentially deployed QI/PS activities that were tailored to the learner level and specialty. The curriculum includes PS event reporting, systems thinking and root causes analysis skills, adverse event disclosure, and a QI workshop series and project. OUTCOMES: PS event reporting, an indication of engagement in PS culture, increased by 186% among interns, 384% among postgraduate year 2 and 3 residents, and 613% among fellows between academic years (AYs) 2013-2014 and 2016-2017. In AY 2017-2018, 9 faculty members and 40 fellows from 9 fellowships participated in the QI workshop series, and 53 fellows from 7 fellowships participated in the adverse event disclosure simulation activity. All educational activities were rated highly. NEXT
STEPS: The authors are expanding the adverse event disclosure activity to include residents and the remaining fellowship programs, identifying fellowships to pilot curricular efforts related to clinical quality metrics, developing introductory activities in basic QI/PS concepts for medical students, and evaluating the impact of efforts on participating faculty members.


Okuyama A, Martowirono K, Bijnen B. 
**Assessing the patient safety competencies of healthcare professionals: a systematic review.** 

**Background** Patient safety training of healthcare professionals is a new area of education. Assessment of the pertinent competencies should be a part of this education. This review aims to identify the available assessment tools for different patient safety domains and evaluate them according to Miller's four competency levels. Methods The authors searched PubMed, MEDLINE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, psycINFO and the Education Resource Information Center (ERIC) from the start of each database to December 2010 for English-language articles that evaluated or described tools for the assessment of the safety competencies of individual medical and/or nursing professionals. Reports on the assessment of technical, clinical, medication and disclosure skills were excluded. Results Thirty-four assessment tools in 48 studies were identified: 20 tools for medical professionals, nine tools for nursing professionals, and five tools for both medical and nursing professionals. Twenty of these tools assessed the two highest Miller levels (‘shows how’ and ‘does’) and four tools were directed at multiple levels. Most of the tools that aimed at the higher levels assessed the skills of working in teams (17 tools), risk management (15 tools), and communication (11 tools). Internal structure (reliability, 22 tools) and content validity (14 tools) when described were found to be moderate. Only a small number of tools addressed the relationship between the tool itself and (1) other assessments (concurrent, predictive validity, eight tools), and (2) educational outcomes (seven tools). Conclusions There are many tools designed to assess the safety competencies of healthcare professionals. However, a reliable and valid toolbox for summative testing that covers all patient safety domains at Miller’s four competency levels cannot yet be constructed. Many tools, however, are useful for formative feedback.


Sherwood G, Zomorodi M. 
**A new mindset for quality and safety: the QSEN competencies redefine nurses’**
roles in practice.


Preventable errors are a major issue in health care. The complexity of health care requires interactions among numerous providers for any patient multiple times a day. Nurses are the constant presence with patients and have an important role in coordinating the contributions of the myriad of caregivers. Nurses are also the last line of defense. Increasingly, it is recognized that nurses need to be better prepared with quality and safety competencies to have a leading role in making our healthcare system safer. This article presents evidence related to quality and safety, describes the six core competencies from the Quality and Safety Education for Nurses (QSEN) project for integration in nursing practice, describes a practice based on inquiry and engagement, and presents a toolkit for developing a new mindset based on new quality and safety science.


The Quality and Safety Education for Nurses (QSEN) Institute RN-BSN Task Force presents a white paper on Recommendation for a Systems-based Practice Competency. The task force proposes a seventh QSEN competency, systems-based practice, to improve patient quality and safety. Recommendations to integrate systems-based practice into both education and practice settings, consistent with job descriptions and promotion criteria, involve a comprehensive continuing education program for nurses upon interview, orientation, residency programming, performance evaluation, and license renewal.


Current models of quality improvement and patient safety (QIPS) education are not fully integrated with clinical care delivery, representing a major impediment toward achieving widespread QIPS competency among health professions learners and practitioners. The Royal College of Physicians and Surgeons of Canada organized a 2-day consensus conference in Niagara Falls, Ontario, Canada, called Building the
Bridge to Quality, in September 2016. Its goal was to convene an international group of educational and health system leaders, educators, front-line clinicians, learners, and patients to engage in a consensus-building process and generate a list of actionable strategies that individuals and organizations can use to better integrate QIPS education with clinical care. Four strategic directions emerged: Prioritize the integration of QIPS education and clinical care; build structures and implement processes to integrate QIPS education and clinical care; build capacity for QIPS education at multiple levels; and align educational and patient outcomes to improve quality and patient safety. Individuals and organizations can refer to the specific tactics associated with the 4 strategic directions to create a roadmap of targeted actions most relevant to their organizational starting point. To achieve widespread change, collaborative efforts and alignment of intrinsic and extrinsic motivators are needed on an international scale to shift the culture of educational and clinical environments and build bridges that connect training programs and clinical environments, align educational and health system priorities, and improve both learning and care, with the ultimate goal of achieving improved outcomes and experiences for patients, their families, and communities.