Graduate-Level QSEN Competencies
Knowledge, Skills and Attitudes
September 24, 2012

Background

The Robert Wood Johnson Foundation (RWJF) has made significant and ongoing contributions to ensure that nursing professionals are provided the knowledge and tools needed to deliver high quality, safe, effective, and patient-centered care. Much of this work has focused on nurses in entry-level roles. Beginning with Phase I, the Quality and Safety Education in Nursing (QSEN) project, led by Dr. Linda Cronenwett, identified the knowledge, skills, and attitudes (KSAs) that nurses must possess to deliver safe, effective care (Smith, Cronenwett, & Sherwood, 2007). This phase met the challenge of preparing future nurses to continuously improve the quality and safety of the healthcare systems within which they work. In Phase II, QSEN faculty, a National Advisory Board, and 17 leaders from 11 professional organizations representing advanced nursing practice defined graduate-level quality and safety competencies for nursing education and proposed targets for the KSAs for each competency (Cronenwett et al., 2009). Additionally, in QSEN Phase III, RWJF funded significant work at the American Association of Colleges of Nursing (AACN). This work developed the capacity of faculty engaged in pre-licensure nursing education of all types to mentor their colleague faculty members in the integration of the evidence-based content that will educate entry-level students about the six QSEN competencies.

The growing focus on ensuring and measuring quality and efficiency of healthcare outcomes necessitates markedly transformed graduate-level nursing education. In keeping with the Institute of Medicine's report on the *Future of Nursing* (2011), graduate nurses will be the future leaders in practice, administration, education, and research. Due to healthcare reform, multiple changes in the delivery of care, and the number of Americans with access to this care, the need for highly educated nurses will expand dramatically. It is essential that these nurses understand, provide leadership by example, and promote the importance of providing quality health care and outcome measurement.

In February 2012, RWJF engaged AACN in an effort to expand the reach of the national QSEN initiative in graduate education programs. Building on work completed by AACN at the undergraduate level and also in Phase II of the earlier QSEN initiative, this new project was launched to provide educational resources and training to enhance the ability of faculty in master's and doctoral nursing programs to teach quality and safety competencies. During this phase of QSEN, AACN collaborated with expert consultants and stakeholders to achieve four primary goals, specifically:

- Update and reach consensus on the quality and safety competencies that must be accomplished in a graduate nursing program;
- Create learning resources, modules, and interactive case studies to help prepare graduates with the competencies needed to provide quality and safe care across all settings;
- Host workshops to train faculty from over half of the nation's graduate-level nursing programs and their clinical partners to facilitate the implementation of the consensus-based competencies; and
- Develop a Web-based learning program, a speakers' bureau, an online collaboration community, and content-specific teaching materials for graduate-level faculty and their clinical partners.

In order to accomplish the first goal, AACN convened a panel of experts in the field of quality and safety education and graduate-level practice as well as representatives of key stakeholder organizations. This advisory group reviewed the existing QSEN graduate competencies, as well as AACN's recently revised *Essentials of Master's Education in Nursing* (2011), to determine the competencies that graduate-prepared nurses must possess to meet contemporary care standards.

The KSAs on pages 5-18 represent the advisory group's consensus on the graduate-level quality and safety competencies that are relevant to the existing standards for all graduate nursing education. Sections in bold represent content from the 2009 *Nursing Outlook* article by Dr. Cronenwett and colleagues; the non-bolded sections are the revisions recommended by the advisory group.

<center>**Definitions of QSEN Competencies**</center>

Quality Improvement (QI): Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems.

Safety: Minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Teamwork and Collaboration: Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Patient-centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

Evidence-Based Practice (EBP): Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

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

Graduate-Level QSEN Competencies

Quality		
Knowledge	Skills	Attitudes
Describe strategies for improving outcomes at all points of care	Translate **aims for quality improvement efforts** **Align the aims, measures, and changes involved in improving care**	Commit to concepts of transparency, managing variability measurement and accountability
Describe nationally accepted quality measures and benchmarks in the practice setting	**Use a variety of sources of information to review outcomes, compare benchmarks of care, and identify potential areas for improvement (e.g.,** National Database of Nursing Quality Indicators; Hospital Compare; Center for Medicare/ Medicaid Services (CMS) indicators, Joint Commission: ORYX, National Public Health Performance Standards and others) **Participate in analysis of databases as sources of information for improving patient care** Use quality indicators and benchmarks for improving system processes and outcomes	Commit to achieving the highest level of processes and outcomes of care Inspire others to achieve benchmark performance Model behaviors reflective of a commitment to high quality outcomes
Evaluate the relevance of quality indicators and their associated	Identify useful measures that can be acted on to improve outcomes and processes	Value the importance of the use of data in quality improvement

measurement strategies		
Explain variance and its common causes in patient care process and outcomes including costs	**Select and use quality improvement tools (e.g., run charts, control charts, root cause analysis, flow diagrams and GANTT charts)** to achieve best possible outcomes	Commit to reducing unwarranted variation in care
Analyze ethical issues associated with continuous quality improvement	**Participate in the design and monitoring of ethical oversight of** continuous **quality improvement projects** **Maintain confidentiality of any patient information used in quality improvement efforts**	**Value ethical conduct in quality improvement efforts** Value the roles of others, such as IRBs, in assessing ethical and patient rights/informed decision making
Analyze the impact of context such as access, cost, environment, workforce, team functioning, or community engagement on improvement efforts	Lead improvement efforts, taking into account context and best practices based on evidence	Demonstrate commitment to process improvement Value context (e.g., work environment, team functioning, social determinants) as an important contributor in quality care
Understand principles of change management	Apply change management principles by using data to improve patient and systems outcomes	Appreciate that all improvement is change Demonstrate leadership in affecting the necessary change
Evaluate the effect of planned change on outcomes	**Design, implement, and evaluate small tests of change in daily work (e.g., using an experiential learning method such as Plan-Do-Study-Act)**	Value planned change
Analyze the impact of linking payment to quality	Use benchmarks that carry financial penalties (e.g., serious reportable	Consistent with the National Quality Strategy, commit to achieving the highest quality of care in the practice

improvement	events) to improve care	setting (e.g., National Strategy's aims of Better Care, Healthy People, and Affordable Care)
Describe the intent and outcomes of public reporting	Use public reporting information to advance quality improvement efforts	Appreciate that consumers will be more empowered to make decisions based on quality information Value community engagement in quality improvement decision making

Safety		
Knowledge	Skills	Attitudes
Analyze factors that create a culture of safety and a "just culture"	Use existing resources to design and implement improvements in practice (e.g., National Patient Safety Goals) Use evidence and research-based strategies to promote a "just culture"	Commit to **being a safety mentor and role model** Accept **the cognitive and physical limits of human performance** **Value a systems approach to improving patient care** instead **of blaming individuals**
Identify best practices that promote patient, community, and provider safety in the practice setting	Integrate strategies and safety practices to reduce risk of harm to patients, self and others (e.g., risk evaluation and mitigation strategy [REM])	Value the process of risk reduction in health systems
Analyze human factors safety design principles as well as commonly used unsafe practices (e.g., work-arounds, risky behavior, and hazardous abbreviations)	Demonstrate leadership skills in creating a culture where safe design principles are developed and implemented Engage in systems focus when errors or near misses occur Promote systems that reduce reliance on memory	Appreciate the role of systems problems as a context for errors Accept the limitations of humans

Identify effective strategies to promote a high reliability organization	Create **high reliability organizations** based **on human factors research** **Report errors and support members of the health care team to be forthcoming about errors and near misses** Anticipate/prevent systems failures/hazards	Commit to working to achieve a high reliability organization **Value the contribution of standardization and reliability to safety** Value open and honest communication with patients and families about errors and hazards Encourage reporting of errors as a foundational element to improve quality and systems
Describe evidence-based practices in responding to errors and good catches	Use evidenced-based best practices to create policies to respond to errors and "good catches"	**Value the use of organizational error and reporting systems**
Identify process used to analyze causes of error and allocation of responsibility and accountability (e.g., root cause analysis and failure mode effects analysis)	**Design and implement microsystem changes in response to identified hazards and errors**	Commit to identification of errors and hazards Commit to individual accountability for errors
Summarize **methods to identify and prevent verbal, physical and psychological harm to patients and staff**	Encourage a positive practice environment of high trust and high respect Develop culture where hostile work environment is not tolerated. Use best practices and legal requirements to report and prevent harm	**Value a work and patient care culture where dignity and respect are fostered inclusive of prevention of assaults and loss of dignity for patients, staff and aggressors**
Analyze potential and actual impact of national patient safety resources, initiatives and regulations on systems and practice	Use national patient safety resources to design and implement improvements in practice	**Value the relationship between national patient safety campaigns and implementation of system and practice improvements**

Teamwork and Collaboration		
Knowledge	Skills	Attitudes
Analyze self and other team members **strengths, limitations, and values**	**Demonstrate awareness of personal strengths and limitations as well as those of team members**	Value the contributions of self and others to effective team function
Understand the roles and scope of practice of each interprofessional team member including patients, in order to work effectively to provide the highest level of care possible	Work with team members to identify goals for individual patients and populations **Function competently within own scope of practice as a member of the health care team** Ensure inclusion of patients and family members as part of the team based on their preferences to be included	**Respect the centrality of the patient/family as core member of any health care team** Value the team approach to providing high quality care
Analyze the impact of team-based practice	**Act with integrity, consistency, and respect for differing views** **Continuously plan for improvement in self and others for effective team development and functioning**	Commit to being an effective team member Be open to continually assessing and improving your skills as a team member and leader
Analyze strategies for identifying and managing overlap in team member roles and accountabilities	**Guide the team in managing areas of overlap in team member functioning** Use effective practices to manage team conflict **Elicit input from other team members to improve individual, as well as team, performance**	Value conflict resolution as a means to improve team functioning Support the development of a safe team environment where issues can be addressed between team members and conflict can be resolved

Analyze strategies that influence the ability to initiate and sustain effective partnerships with member of nursing and interprofessional teams	**Initiate and sustain effective health care teams** Integrate into practice interprofessional competencies as developed (e.g., IPEC teamwork, collaboration, understanding each other's roles, communication)	Commit to interprofessional and intraprofessional collaboration
Analyze impact of cultural diversity on team functioning	Communicate with team members, adapting communication style to the needs of team and situation	Commit to cultural humility within the team
Analyze differences in communication style and preferences among patients and families, nurses, **and other members of the health team**	**Communicate respect for team member competence in communication**	**Value different styles of communication**
Describe strategies to integrate patients/families as primary members of the healthcare team	Use patient-engagement strategies to involve patients/families in the healthcare team	Value patients/families as the source of control for their health care
Describe strategies to engage patients, families and communities in health promoting activities and behaviors	Use participatory engagement strategies to involve patients, families and communities as partners in promoting healthy behaviors	Value equitable partnership with patients, families and communities in determining health promotion priorities and strategies
Describe appropriate handoff communication practices	**Use communication practices that minimize risks associated with handoffs among providers and across transitions of care**	**Appreciate the risks associated with handoffs among providers and across transitions in care**
Analyze authority gradients and their influence on teamwork and patient safety	Choose communication **styles that diminish the risks associated with authority gradients among team members**	**Value the solutions obtained through systematic interprofessional collaborative efforts**

	Assert own position, perspectives, and supporting evidence in discussion about patient care	
Identify system barriers and facilitators of effective team function	**Lead or participate in the design and implementation of systems that support effective teamwork**	**Value the influence of system solutions in achieving team functioning**
Examine strategies for improving systems to support team functioning	**Apply state and national policy efforts to practice setting that improve teamwork and collaboration**	Value the importance of state and national policy work in setting standards for improvement of teamwork and collaboration

Patient-Centered Care		
Knowledge	Skills	Attitudes
Analyze multiple dimensions of patient-centered care including patient/family/community preferences and values, as well as social, cultural, psychological, and spiritual contexts	Based on active listening to patients, **elicit values, preferences, and expressed needs as part of clinical interview, diagnosis, implementation of care plan** as well as coordination and **evaluation of care**	Commit to the patient being the source of control and full partner in his/her care
Analyze the factors that create barriers to patient-centered care	Identify and create plans to address barriers in care settings that prevents fully integrating patient-centered care	Commit to system changes to create a patient-centered care environment
Synthesize critical information about health literacy based on diversity of patient population	Assess patients' understanding of their health issues and create plans with the patients to manage their health	Commit to patient-centered collaborative care planning. Accept that health literacy is a problem in safe care, especially during the transition to home-based care Value diversity of health literacy levels among patient populations

Analyze the effectiveness of methods to engage specific patients as partners in their health care	Effectively work with patients to engage them in their health care as they deem appropriate for them	Respect preferences of patients related to their level of engagement in health care decision-making.
Analyze patient-centered care in the context of care coordination, patient education, physical comfort, emotional support, and care transitions	Work with patients to create plans of care that are defined by the patient	Commit to respecting the rights of patients to determine their care plan to the extent that they want
Analyze ethical and legal implications of patient-centered care	Work to address ethical and legal issues related to patients' rights to determine their care	Respect that legal and ethical issues provide a framework for patient-centered care
Describe the limits and boundaries of patient-centered care	Support patients in their decisions even when the decision conflicts with personal values	**Respect the boundaries of therapeutic relationships**
Analyze concepts related to conflictual decision making by patients	**Assess level of patient's decisional conflict and provide appropriate support, education and resources**	Respect the complexity of decision making by patients
Analyze personal attitudes, values, and beliefs related to patient- centered care	Continuously assess and monitor own efforts to be patient-centered	Commit to continuously assess own participation in patient-centered care
Analyze strategies that empower patients or families in all aspects of the health care process	**Engage patients or designated surrogates in active partnerships along the health-illness continuum** **Eliminate barriers to presence of families and other designated surrogates based on patient preferences**	Respect patient preferences for degree of active engagement in care process **Honor active partnership with patients or designated surrogates in planning, implementation, and evaluation of care** Value the involvement of patients and families in care decisions
Analyze features of physical facilities that support or pose barriers to patient-centered care	**Create organizational cultures so that patient and family preferences are assessed and supported**	Appreciate physical and other barriers to patient-centered care

	Assessment of research that exists for physical designs that promote patient-centered care: (e.g., modules or pods concepts, low barriers for children, color designs that support rest and stress reduction, etc.)	

Evidence-based practice		
Knowledge	Skills	Attitudes
Demonstrate knowledge of health research methods and processes	**Use health research methods and processes, alone or in partnership with scientists, to generate new knowledge for practice**	**Appreciate strengths and weaknesses of scientific bases for practice**
Describe evidence-based practice to include the components of research evidence, clinical expertise, and patient/family/community values	**Role model clinical decision making based on evidence, clinical expertise, and patient/family/community preferences**	**Value all components of evidence-based practice**
Identify efficient and effective search strategies to locate reliable sources of evidence	**Employ efficient and effective search strategies to answer focused clinical or health system practices**	**Value development of search skills for locating evidence for best practice**
Identify principles that comprise the critical appraisal of research evidence	**Critically appraise original research and evidence summaries related to area of practice**	**Value knowing the evidence base for one's practice specialty area**
Summarize current evidence regarding major diagnostic and treatment actions within the practice specialty and healthcare delivery system	**Exhibit contemporary knowledge of best evidence related to practice** and healthcare systems	Value cutting-edge knowledge of current practice
Determine evidence gaps within the practice specialty and healthcare delivery system	**Promote a research agenda for evidence that is needed in practice specialty** and healthcare system	Value working in an interactive manner with the Institutional Review Board

	Actively engage with the institutional review board to implement research strategies and protect human subjects	
Identify strategies to address gaps in evidence based guidelines	Use quality improvement methods to address gaps in evidence based guidelines	Appreciate the gaps in evidence related to practice
Develop knowledge that can lead the translation of research into evidence-based practice	Build consensus among key stakeholders through the use of change theory to create evidence-based care Lead and marshal the resources for change that supports evidence-based practice	Champion the changes required that support evidence-based practice
Analyze how the strength of available evidence influences care-(assessment, diagnosis, treatment, and evaluation)	Implement care practices based on strength of available evidence	Appreciate the strength of evidence on provision of care
Evaluate organizational cultures and structures that promote evidence-based practice	Participate in designing organizational systems that support evidence-based practice	Appreciate that organizational systems can significantly influence nursing's efforts in evidence-based practice
Understand the need to define critical questions related to practice and healthcare system delivery	Use coaching skills to engage nurses in evidence based practice and research	Appreciate that all nurses can participate in creating evidence-based practice

Informatics		
Knowledge	Skills	Attitudes
Analyze systems theory and design as applied to health informatics	Use performance improvement tools (e.g., Lean, Six Sigma, PDSA) in system analysis and design to assess use of technology to improve care) Use project management methods in relation to implementation of new technologies	Value systems thinking and use of technology to improve patient safety and quality Appreciate the Systems Development Lifecycle (SDLC) in the design of information systems

	Model behaviors that support theories and methods of change management	
Evaluate **benefits and limitations of common information systems strategies** to improve safety and quality **Evaluate the strengths and weaknesses of information systems** in practice	**Participate in the selection, design, implementation, and evaluation of information systems** Consistently **communicate the integral role of information technology in nurses' work** **Model behaviors that support implementation and an appropriate use of electronic health records** **Assist team members in adopting information technology by piloting and evaluating proposed information technologies** **Participate in the design of clinical decision supports (CDS) systems (e.g., alerts and reminders in electronic health records)** **Anticipate unintended consequences of new technology**	Recognize nursing's important role in selecting, designing, implementing and evaluating health information systems for practice environments. Appreciate the need for an interprofessional team to make final decisions related to selection and use of new information systems **Value the use of information technologies in** practice
Know the current regulatory requirements for information systems use	Use federal and other regulations related to information systems in selecting and implementing information systems in practice	Appreciate the role that federal regulation plays in developing and implementing information systems that will improve patient care and create more effective delivery systems
Identify the critical and useful electronic data needed to provide high quality, efficient care	**Search, retrieve, and manage data to make decisions using information and**	Appreciate the importance of valid, reliable and significant data to improve quality and provide efficient

through effective decision support (clinical, financial and administrative outcomes)	**knowledge management systems** Use the existing coding and billing system to appropriately reflect the level and type of service delivered in practice Model behaviors that support implementation and appropriate use of data accessed through databases, electronic health records, dashboards, remote monitoring devices, telemedicine and other technologies	and effective care
Evaluate benefits and limitations of different health information technologies and their impact on safety and quality	**Promote access to patient care information for all who provide care** **Serve as a resource for documentation of nursing care at basic and advanced levels** **Develop safeguards for protected health information** **Comply with HIPAA regulations in the use of electronic health records and other sources of patient information.** **Champion communication technologies that support clinical decision-making, error prevention, care coordination, interprofessional collaboration, and protection of patient privacy**	**Appreciate the need for consensus and collaboration in developing systems to manage information** in practice **Value the confidentiality and security of all** electronic information

Understand how technology can be used to engage and empower patients as partners in managing their own care	Model behaviors that support the use of consumer informatics (e.g., consumer website, social networking, telemedicine, e-visits, security) Access and evaluate the use of mobile technologies (e.g., sensing devices, mobile communication devices, smart phones and other devices) to improve quality and safety	Appreciate the benefits of socio-technology innovation for improving patient safety and quality
Describe and critique taxonomic and terminology systems used in national efforts to enhance interoperability of information systems and knowledge management systems	Access and evaluate high quality electronic sources of health care information Support efforts to develop interoperable regional health information systems	**Value the importance of standardized terminologies in conducting searches for information** **Appreciate the contribution of information technology to improve patient safety (e.g, alerts reminders and other forms of CDS)** **Appreciate the time, effort, and skill required for computers, databases, and other technologies to become reliable and effective tools** in practice

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Graduate-Level QSEN Competencies

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American Association of Critical-Care Nurses (AACCN)
101 Columbia
Aliso Viejo, CA 92656
http://www.aacn.org/

American Nurses Association (ANA)
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910
http://www.nursingworld.org/

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
2000 L Street, NW, Suite 740
Washington, DC 20036
http://www.awhonn.org/awhonn/

International Society of Nurses in Genetics (ISONG)
461 Cochran Road, Box 246
Pittsburgh, PA 15228
http://www.isong.org/

National Gerontological Nursing Association (NGNA)
3493 Lansdowne Drive, Suite 2
Lexington, KY 40517
http://www.ngna.org/

National Organization of Nurse Practitioner Faculties (NONPF)
1615 M Street NW, Suite 270
Washington, DC 20036
http://www.nonpf.com/

Oncology Nursing Society (ONS)
125 Enterprise Drive
Pittsburgh, PA 15275
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