Incorporating Best Practices Into Undergraduate Critical Care Nursing Education

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Incorporation of best clinical practices into the baccalaureate critical care nursing curriculum is important. At The College at Brockport, best clinical practices are introduced early in the semester and are reinforced throughout the semester in both class and clinical settings. Among the best clinical practices included are those recommended by the American Association of Critical-Care Nurses, The Centers for Medicare and Medicaid Services, the Institute for Healthcare Improvement, The Joint Commission, Quality and Safety Education for Nurses, the Surviving Sepsis Campaign, and the Institute for Safe Medication Practices. The culminating assignment of the semester requires students to focus on patient safety. Students describe the use of the National Patient Safety Goals and other best practices in the critical care setting. The role of the nurse leader and exploration of near-miss and work-around events also are described. Nursing students need to provide safe competent nursing care by incorporating best practices into their clinical practice now and in the future when they become registered professional nurses. (Critical Care Nurse. 2014;34[1]:61-65)

Critical care nursing is a requirement for senior baccalaureate nursing students at The College at Brockport. The critical care nursing curriculum is 1 semester and includes 2 concurrent 3-credit courses, “Critical Care Nursing Class” and “Critical Care Nursing Clinical.” The clinical settings used include many units within 2 large teaching hospitals. Each student’s clinical training during the semester includes weekly clinical practice on 2 different critical care and/or step-down nursing units.

The instructors in this course strongly emphasize the importance of safety and the use of best practices. Best practices are introduced at the beginning of the critical care nursing courses and are continuously reinforced throughout the semester in both the class and clinical settings. Also introduced in the first class is the final assignment of the semester in which students apply principles of leadership to the use of best practices in clinical settings. In this article, we describe how best practices are assimilated throughout the semester and highlight a participative leadership assignment centered on best practices. Students discuss their leadership assignment and experience on the last day of class.

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Best Practices

Best practices is a term that incorporates “the use of care concepts, interventions and techniques that are grounded in research and known to promote higher quality of care.” Hospital settings use best practices to support their clinical protocols and standards of care. Our students have previously learned about nursing research and evidence-based practice in the nursing program. The critical care nursing courses take the students’ education to the next level with the translation of evidence-based practice into best practices.

The American Association of Critical-Care Nurses (AACN) website often uses the terms clinical practice and evidence-based resources together, often in the context of best practices. Throughout the semester, students are referred to the AACN website section of clinical practice, where nurses can find “evidence-based clinical practice resources.”

Local chapters also recognize the importance of best practices. The Greater Rochester Areas Finger Lakes Chapter (GRAFL), which is our local chapter of AACN, has an annual meeting titled “Best Practices Sharing Session.” Through podium and poster presentations, local nurses showcase how best practices are implemented at their place of work. Faculty members strongly encourage students to attend this meeting. Students receive a week off from their required written clinical assignment in exchange for the time and energy used to attend the meeting.

Care concepts, interventions, and techniques that are grounded in research and known to promote higher quality of care are called best practices.

Best Practices in Class and Clinical Settings

To begin the semester, students have a class titled “Overview of Critical Care Nursing.” This class introduces or reintroduces students to some of the most important national best practices in nursing and in critical care. These include Quality and Safety Education for Nurses competencies, National Patient Safety Goals (NPSGs), Institute for Healthcare Improvement care bundles, AACN practice alerts, the Surviving Sepsis Campaign, Centers for Medicare and Medicaid Services quality indicators and Surgical Care Improvement Project indicators, and Institute for Safe Medication Practices.

As part of the introductory class, students receive laminated pocket cards on NPSGs and the Surviving Sepsis Campaign to which they can refer throughout the semester. These documents are also available in the online course management system in case they are misplaced. Students are encouraged to bring the handouts to the clinical sites and to use them in the clinical setting. A digital copy of “Look-Alike Drug Names with Recommended Tall Man Letters” from the Food and Drug Administration and the Institute for Safe Medication Practices is also made available for students to use.

Students are not required to download this 5-page handout, but they need to be aware of Tall Man Letters, and they see this concept used throughout the semester in class and in clinical settings.

Best practices are continually reinforced throughout the entire semester in class, clinical settings, assignments, and examinations. The Table provides examples of how and where best practices are incorporated into the critical care nursing courses.

Best Practices in the Leadership Assignment

The concluding requirement for critical care nursing is a leadership assignment in which students identify and analyze best practices in a clinical setting. Students are asked to describe best practices that they observed while working with critical care nurses and during their shadowing experiences with a nurse leader. This leader is most often a nurse manager, an assistant nurse manager, or a charge nurse. Although this is an analysis of clinical encounters, the final discussion takes place in a classroom at the end of the semester.

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The first component of the leadership assignment asks students to describe nurse leaders in the clinical setting. Students frequently start the discussion by listing tasks such as giving report, running “huddle,” and helping nurses with daily care. With the help of the nursing faculty, the dialogue expands to an exploration of the roles and responsibilities of the nurse leader. Students discuss leadership skills such as managing patient flow, critical care, and patient safety.
supporting staff, facilitating communication, effectively using resources, and implementing best practices. Leadership functions are then grouped in terms of the nurse leader’s responsibilities to patients and their families, nursing staff, and the health care team. By identifying tasks and then roles, students are able to identify the nurse leader as a respected figure who supports the health care team in its ongoing effort to provide the best possible patient care.

In the next section of the assignment, students examine best practices from several vantage points. Students are instructed to refer to the NPSGs and to explain strategies used by the nurse leader to implement best practices in order to attain and maintain patient safety and satisfaction. Students typically provide many examples under the NPSG headings of patient identification, effective communication, medication safety, reduction of health care–associated infections, and preventing mistakes in surgery. When giving examples of ways to prevent health-care–associated infections, students often refer back to AACN practice alerts. Students are less likely to provide examples under the headings of identification of patient safety risk (suicide) but can provide examples when prompted. In the discussion, students are able to identify many successful strategies used by nurse leaders to improve patient care through the use of NPSGs. In this discussion, students are also encouraged to develop alternative ways to provide care when best practices have not been incorporated.

As part of their first critical care class, students are required to read an article by Henneman that identifies the challenges of reporting medical errors and highlights ways to incorporate system reporting strategies into clinical practice. In the last part of the best-practices leadership assignment, students are asked to use the salient points from this article by identifying errors, near misses, and work-arounds that they observed in their clinical settings. During the discussion, students provide examples and are prompted to go a step further by offering suggestions so that overt and/or covert mistakes would be less likely to happen in the future. Students are able to recognize that communication or the lack thereof is responsible for most mistakes that happen in the clinical setting.

Throughout this class discussion, students are able to consistently verbalize a multitude of ways in which safety is maintained in the clinical setting through the use of best practices. Readers interested in getting a copy of the assignment may request one by e-mailing the corresponding author.

Thoughts on Incorporating Best Practices

We have been incorporating best practices throughout our critical care curriculum for several years. Because this process was designed as a key component of our baccalaureate curriculum rather than a research study, we can offer only anecdotal comments on its effectiveness. Examples have been cited in the article and in the accompanying table, but additional observations can be provided.

In January 2013, many of our students attended GRAFL’s “Best Practices Sharing Session,” where they saw examples of best practices being implemented at local hospitals even before they started their clinical training for the upcoming semester. GRAFL members were excited that students were becoming involved in their organization. The critical care nurses at this meeting were also pleased that these students and future colleagues were learning to embrace best practices. Two of our students presented a poster at this meeting, which was very well received. With the encouragement and help of the faculty, these students went on to present their work on best practices at the college’s Scholars Day later in the semester. As part of their presentation, the students were able to use a video on safe practices that was developed and presented by several GRAFL members at the January 2013 meeting.

We will continue to incorporate best practices in our critical care curriculum. One of the most rewarding parts of teaching critical care nursing is being present at the last class when the students discuss how they saw best practices implemented in the clinical setting and how they plan on using them in their future practice of nursing.

Summary

When preparing nurses for the future, goals go beyond students passing the course, graduating, and becoming registered professional nurses. It is essential that all nursing students learn to provide safe, competent nursing care by incorporating best practices. It is also of the utmost importance that students become lifelong learners, critical thinkers, and leaders. Incorporation of
best practices throughout an entire semester in both the critical care class and the clinical setting enables students to learn to provide safe and competent nursing care. Students’ incorporation of quality and safety into their professional learning is evidenced in a culminating assignment focused on best practices. Our goal is that our student nurses go on to become registered professional nurses who can provide leadership skills to benefit both patients and the nursing profession through the use of best practices. CCN

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