

# Using the QSEN Competencies to Enhance Leadership in a Nurse Practitioner Residency Program

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Leadership to improve quality and safety is a core component of care delivery. The article presents a crosswalk of the core competencies of the VA Centers of Excellence in Primary Care Education nurse practitioner residency programs with the Quality and Safety Education for Nurses competencies for graduate education to identify areas to enhance leadership in quality and safety in the curriculum.

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In 2010, the Institute of Medicine report *The Future of Nursing*<sup>1</sup> recommended that transition-to-practice programs, also known as residency programs, be implemented to support new graduate advanced practice nurses. Nurse practitioner (NP) residency programs, have expanded within the last few years.<sup>2</sup> Throughout the United States, residency programs provide newly graduated nurse practitioners with postgraduate training in acute care, primary care, psychiatry/mental health, as well as specialty areas. Since 2012, the Veterans Affairs (VA) health system has offered a primary care nurse practitioner residency program at 5 VA Centers of Excellence in Primary Care Education (CoEPCE) located in West Haven, Connecticut; Boise, Idaho; Cleveland Ohio; San Francisco, California; and Seattle, Washington. As of 2017, 60 nurse practitioner residents have completed the residency program, and a competency tool is used to evaluate improvement in nurse practitioner residents' clinical, interprofessional, leadership, and performance improvement skills.<sup>3-5</sup> The VA CoEPCE nurse practitioner residency program's goal is to prepare newly graduate nurse practitioners to provide effective, safe, and high quality care through multiple competency domains. In the spirit of continuous improvement, members of the Cleveland VA nurse practitioner residency program engaged in a crosswalk activity to critically evaluate the competencies of the nurse practitioner residency program with the Quality and Safety Education for Nurses competencies for graduate education to identify areas to enhance leadership in quality and safety in the curriculum.

## THE CLEVELAND-BASED NP RESIDENCY PROGRAM

The Cleveland VA's CoEPCE is referred to as the Transforming Outpatient Primary Care Center of Excellence (TOPC COE) NP residency program. The Cleveland program is a full-time 12-month program that seeks to further develop the primary care clinical and professional skills necessary to achieve competence as a highly functional primary provider. The NP residency curriculum that is delivered in the classroom and the workplace advances clinical and diagnostic skills in addition to developing leadership, academic, and professional skills through interprofessional learning experiences. Interprofessional experiences include learning with physician residents, post-doctorate pharmacy residents, post-doctorate psychology fellows, social work students, and nurse practitioner students.

### KEY POINTS

- Utilizing crosswalk methodology to evaluate and align program competencies of an NP residency program with QSEN competencies resulted in identification of opportunities to improve program curriculum to enhance quality and safety practices within the curriculum.
- Areas identified as needing additional content included informatics and safety.

The TOPC COE program has 4 educational domains of care: shared decision making, sustained relationship, interprofessional collaboration, and performance improvement. The program has curricula and clinical experiences that develop the NP residents' approach to medical decision making, focusing on strategies to empower patients to engage and manage their care. The educational domain of sustained relationships involves training on new models of continuity of care and practices that promote effective longitudinal relationships between learners, faculty, patients, and care team members. Interprofessional collaboration is a core domain of the TOPC COE NP residency program; trainees are engaged in collaborative care delivery and interprofessional educational approaches in population health management and performance improvement. Performance improvement practice is enhanced through development and implementation of an interprofessional primary care clinic-based quality improvement project.

Each NP resident participates in clinical experiences that include: managing a panel of 250+ patients with complex chronic disease states in the primary care setting; conducting urgent care visits; and completing advanced training in specialty clinic rotations including rheumatology, cardiology, pulmonology, gastroenterology, and hepatology. NP residents also participate in shared medical appointments for chronic disease management of diabetes, hypertension, and chronic pain, enhancing skills in patient engagement and education of common disease states. Throughout the program year, NP residents identify an opportunity for continuous quality improvement within the primary care clinic setting. As part of an interprofessional team, the NP residents assist and manage the development, implementation, and outcome evaluation of clinic-based quality improvement project; this project is then submitted to the Institute for Healthcare Improvement's annual National Forum as an opportunity for feedback, improvement suggestions, and professional presentation.

### **COMPETENCIES OF THE CLEVELAND TOPC NP RESIDENCY PROGRAM**

The Cleveland TOPC NP Residency program uses the national CoEPCE NP residency competencies that include 7 domains: clinical, leadership, interprofessional collaboration, patient-centered care, shared decision making, sustained relationships, and quality improvement. These competencies are used by all the National CoEPCE NP residency programs and have been published.<sup>3-5</sup>

The clinical domain assesses the NP resident's competence to assess, diagnose, treat, and manage common health conditions encountered in the primary care setting, as well as conditions that are more prevalent in the veteran population. The leadership domain evaluates the NP resident's ability to function in a

leadership role in various settings including team-based huddles, case conferences, quality improvement projects, and shared medical appointments. Interprofessional team collaboration is assessed by evaluating the NP residents' ability to establish and develop their professional identity, understand and appreciate the contributions of other team members, function as a resource to other professions, maintain quality and safety while transitioning patients among team members, actively seek feedback, and engage in interprofessional development to enhance performance. The patient-centered care domain evaluates the NP residents' ability to collaborate with patients to individualize care to the patient's unique preferences and needs. Shared decision making has been defined as "care that is aligned with values, preferences, and cultural perspectives of the patient"; this NP resident competency focuses on the trainees' ability to communicate effectively with the patient to promote patient self-efficacy. This competency is achieved through the use of active listening skills, motivational interviewing, engaging patients in health care decisions and sharing accountability with other providers, patients, and communities. Within the sustained relationship competency, NP residents are assessed for their ability to develop, review, and adjust care plans to meet patient needs, engage team members, staff, faculty, peers, patients, and families in respectful and trusting relationships, as well as give and receive timely, sensitive, and constructive feedback. Performance improvement is a curriculum domain that seeks to evaluate the NP residents' abilities to develop and engage projects and programs that seek to optimize health through the use of continuous quality improvement strategies.

### **QSEN COMPETENCIES**

The Quality and Safety Education for Nurses (QSEN) project was initiated in 2005 to develop quality and safety competencies for both undergraduate and graduate nurses. Funded by the Robert Wood Johnson Foundation, the QSEN mission was to provide all nurses with the knowledge, skills, and attitudes necessary to improve the quality and safety of the health care systems in which they work.<sup>6</sup> The QSEN founders recognized that competencies were needed to ensure that nurses delivered high quality and safe care. The 6 quality and safety competencies were modeled after the Institute of Medicine competencies and are patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. Each competency includes knowledge, skills, and attitudes to target achievable learning outcomes. The QSEN competencies serve as a guide for leadership to improve quality and safety in the delivery of health care taking on a broader systems approach.<sup>7</sup>

## RATIONALE FOR CROSS WALKING THE QSEN AND TOPC COE NP RESIDENCY COMPETENCIES

As the number of nurses entering the advanced practice field increases, it is essential that advanced practice nurses be role models in the clinical, practice/performance improvement, leadership, and interprofessional practice domains. Evaluating and assessing competency domains between NP residency program curriculum and established competencies, such as those identified by the QSEN initiative, offers an opportunity to assess strengths and weakness within the program. Utilizing established QSEN competencies as a framework to evaluate competencies and curriculum within the Cleveland VA's TOPC COE NP residency program provides a unique opportunity to enhance quality, safety, and patient outcomes through a lens of continuous improvement. Further, previous reports have indicated that structuring training curriculum around QSEN competencies develops health care professionals who are adaptable, interprofessional, and innovative.<sup>8</sup>

The process of a crosswalk between the QSEN and TOPC COE NP residency competencies began with a review of the graduate-level QSEN competencies and the TOPC COE NP residency competencies and program objectives. The definitions, knowledge, skills, and attitudes (KSAs) were thoroughly reviewed for each of the 6 QSEN competencies: quality improvement, safety, patient-centered care, teamwork and collaboration, evidence-based practice, and informatics. After thorough review of the QSEN competency KSAs, the TOPC COE NP residency competencies and program objectives were reviewed in detail and compared against the QSEN KSAs. As the competencies and program objective were reviewed, key notations that identified areas of alignment and opportunities for enhancement between the TOPC COE NP residency program and QSEN were documented. Next, a matrix was created with QSEN competencies in horizontal rows and TOPC COE NP residency competencies in vertical columns. TOPC COE NP residency curriculum activities that supported the NP residency competencies were placed into the appropriate table segment to demonstrate areas in which there was strong alignment between the NP residency and QSEN competencies. QSEN KSAs were then integrated into the table to identify opportunities to utilize QSEN framework to enhance the TOPC COE NP residency program objectives and competencies. The final table product was reviewed by TOPC COE faculty members, as well as NP resident program trainees, to validate the results. The review process confirmed the alignment of the competencies. [Table 1](#) displays a summary of the crosswalk matrix; the numbers in parentheses next to the NP residency competency domains indicate the number of NP

residency competency objectives that align with the respective QSEN competency.

## SPECIFIC COMPARISONS AND ANALYSIS

Overall, strong alignment was found between the QSEN competencies of patient-centered care, teamwork and collaboration, evidence-based practice, and quality improvement. However, even within these areas of strong alignment, completing the crosswalk exercise identified opportunities to further enhance these competencies within the TOPC COE NP residency program. The QSEN competencies of safety and informatics were 2 areas identified as opportunities for enhancement within the NP residency program. [Table 2](#) lists the QSEN competencies and the topics to be added to enhance the educational strategies used in the NP residency curriculum.

When reviewing the specific example of patient-centered care, there was strong alignment between QSEN and the TOPC COE NP residency curriculum. For example, the NP residency patient-centered care competency identifies the importance of respecting patient values, preferences, and cultural beliefs regarding care as one of its core objectives; multiple KSAs within the QSEN competencies aligned with this objective. Further the NP residency program has strong curriculum to reinforce this area of alignment including interprofessional care conferences known as “aligning care options” (ACO). The ACO offers the NP resident an opportunity to lead an interprofessional care conference focused on utilizing the expertise of multiple disciplines and care consultants to develop a specific patient-centered plan to approach the unique challenges and barriers the patient is experiencing in their physical, mental, spiritual, and social health.

An example of 1 of the specific opportunities to enhance the NP resident program competencies and program objectives through use of the crosswalk methodology can be demonstrated in the evaluation of the QSEN competency of safety ([Table 2](#)). QSEN has an explicit safety competency with specific KSAs to enhance practice that promotes patient and provider safety through system and individual frameworks. The TOPC COE NP residency program integrates patient safety into its curriculum; however, there is no explicit competency or program objective that addresses patient and provider safety. Through the crosswalk methodology, this gap was identified and addressed; it became the focus of enhancing the core NP residency curriculum to integrate patient and provider safety practice into routine practice. A specific curricular enhancement was integrating root cause analysis discussions, as well as near miss events, into weekly NP resident mentoring meetings and program curriculum. [Table 2](#) identifies additional opportunities for curricular enhancement within the NP residency program.

**Table 1.** QSEN Competencies, NP Residency Competencies and TOPC COE Curriculum

QSEN Competencies	NP Residency Competencies	TOPC COE Curriculum Alignment
<i>Patient-centered care</i>	Clinical (1)* Leadership (2) Interprofessional collaboration (2) Patient-centered care (2) Shared decision making (2) Sustained relationships (1)	Aligning care options Shared medical appointments Real-time real patient Care of the veteran Motivational interviewing Panel management
<i>Teamwork and collaboration</i>	Clinical (1) Leadership (3) Interprofessional collaboration (2) Patient-centered care (1) Shared decision making (1) Sustained relationships (2) Quality improvement and population management (1)	PACT team roles Primary care clinic resources TeamSteps PACT huddle Aligning care options Telehealth Motivational interviewing Transitions in care
<i>Evidence-based practice</i>	Clinical (1) Leadership (1) Interprofessional collaboration (1) Shared decision making (1) Sustained relationships (1) Quality improvement and population management (1)	Evidence-based practice didactic sessions Journal club Primary care clinic huddle evidence-based practice pearl Yale modules Panel management Lean Six Sigma certification
<i>Quality improvement</i>	Leadership (1) Quality improvement and population management (1)	Panel management Quality improvement project Lean Six Sigma certification
<i>Safety</i>	Quality improvement and population management (1)	NP resident mentor meeting Morbidity and mortality rounds
<i>Informatics</i>	Patient-centered care (1) Sustained relationships (1) Quality improvement and population management (1)	Panel management Chronic disease registry

\*Numbers in parentheses indicate the number of NP residency competency objectives within each domain that align with the respective QSEN competency. PACT, patient-aligned care team.

Overall, the crosswalk methodology reinforced that there were many areas of similarity between the QSEN KSAs for patient-centered care, teamwork and collaboration, evidence-based practice, and quality improvement. The crosswalk methodology also provided a way to enhance the safety and informatics content of the NP residency competencies and program objectives.

### RECOMMENDATIONS

Alignment of nurse practitioner residency competencies with strong quality and safety competencies such as QSEN offers an opportunity to enhance the

skills of new nurse practitioners to become leaders in the patient safety and quality arenas. Utilizing a crosswalk methodology to analyze program design and competencies between organizations is an exceptionally useful exercise to enhance curriculum and practice objectives. In this particular crosswalk exercise, many of the QSEN competency knowledge objectives were utilized in comparison against TOPC COE NP residency competencies and program objectives. Appropriate next steps would be to continue to utilize the information obtained from the crosswalk to develop new curriculum content and exercises that enhance the NP resident experience with safety and

**Table 2.** Topics Added to Enhance NP Residency Curriculum Based on the QSEN Crosswalk

QSEN Competency	Topics Added to Enhance Leadership Strategies
<i>Patient-centered care</i>	Health literacy Ethics committee Goals of care discussions for end of life
<i>Teamwork and collaboration</i>	Education on NP scope of practice for interprofessional trainees, PACT members Crucial conversations Leading TeamSteps education and integration in the clinical setting
<i>Evidence-based practice</i>	Create competency to reflect EBP curriculum Lead evidence-based journal club sessions Involvement in research projects Engage PACT team in EBP didactic sessions
<i>Quality improvement</i>	Invite veteran participation in QI projects Education on differences between QI, research, and EBP Lead QI teams and engage in clinic QI leadership
<i>Safety</i>	Integrate morbidity and mortality conferences into curriculum Diagnostic opportunities log Root cause analysis reflection journal Medical error reflection
<i>Informatics</i>	Integrate care management tool into practice, huddles Training on My Healthy Vet messaging system Utilize systems that do not rely on memory

*EBP, evidence-based practice; PACT, patient-aligned care team; QI, quality improvement.*

informatics, while continuing to maintain strong practice in areas of patient-centered care, teamwork and collaboration, quality improvement, and evidence-based practice. Additionally, future crosswalk methodology could be completed focusing more on evaluating the skills and attitudes objectives of each QSEN competency with the TOPC COE NP residency competencies and program objectives to further enhance program content.

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