

# Week 14 QSEN Competency Table Template

Problem: Medication Administration Protocol Compliance in the School Setting

QSEN Competency	Knowledge	Skill	Attitude
Patient-Centered Care	<p>Student and family are involved in the care and medication plan.</p> <p>Medications and conditions are managed by the school nurses with the intent to empower the students in understanding their conditions and the indications for their medications.</p>	<p>Facilitates informed patient consent for care; this skill could further be developed by <i>always</i> gathering consent to administer medication.</p> <p>Informed consent is one means to accomplish safe medication practices. The purpose of these practices is to take the students as the center, provide comprehensive medication service for students, ensure the rationality of medication, and improve their health level (Yang et al, 2021).</p>	<p>Values the patient’s expertise with their own health and symptoms by asking for student input about their condition and what they think might help while forming a plan of care.</p> <p>Respects patient’s preferences for degree of active engagement in care process by encouraging patient to participate in their care (for example, for diabetics, allowing them to administer their own insulin and perform calculations) as appropriate.</p> <p>Values seeing healthcare situations “through patients’ eyes.” This is especially true at the middle and high school levels when some students need more psychosocial support and trust the school nurse to help them with their mental health. This sometimes also requires referral to guidance and medication therapy.</p>

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Teamwork and Collaboration	<p>Differences in communication style could be improved between management and nurses.</p> <p>There has not been a lot of formal conversation regarding medication practices. When it does occur, it is mostly information about a module or article when many nurses report they would rather have active conversations.</p>	<p>Initiates requests for help when appropriate to situation by calling school nurses in other buildings in the district. This also applies to questions about medications.</p> <p>Communication is effective with other school nurses. During meetings, each nurse provides their input about current issues while others offer possible solutions.</p>	Teamwork is valued among colleagues; however, there is some tension between leadership and school nurses that has been difficult to address.
Evidenced-Based Practice	<p>There has been lack of ability for school nurses to discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or patient/family preferences.</p> <p>Protocols are in place to ensure that medication administration is safe; however, current practice does not always follow protocols.</p>	<p>Care plans are based on individualized patient values with input from students, providers, and parents to reflect clinical expertise and evidence.</p> <p>Care plans are made using clinical judgment, which is the conclusion drawn from clinical reasoning processes that include intuition, deductive and inductive thinking, experience, and knowledge (Lee &amp; Wessol, 2022).</p>	The school nurses value the need for continuous improvement in clinical practice based on new knowledge. The nurses participate in continuing education at regular intervals.
Quality Improvement	One approach for changing the processes of care would be to have a meeting about the importance of proper medication administration and	Changing the current practice could be performed by aligning the aims, measures, and changes involved in improving care in medication	There is lack of value in local change of individual and team practice, which would have a role in creating joy at work.

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	<p>overview of the protocols.</p> <p>Barriers to care should be openly discussed and strategies to overcome these barriers addressed.</p>	<p>administration and student care.</p>	<p>Creating an improved work atmosphere could be achieved by appreciating the value of what individuals and teams can do to improve care.</p>
<p>Safety</p>	<p>Human factors and unsafe practices such as workarounds can lead to possible medication errors.</p> <p>Identified workarounds in practice include not getting provider orders for some medications, not obtaining consent from parents for administration, and giving “one-time doses” of OTC medications with parent verbal permission.</p> <p>Although not ill-intended, these workarounds can lead to possible medication errors and are unsafe practices.</p>	<p>There is a lack of communication related to hazards and errors to students, families and the healthcare team. This was a concern when the nurse leader made a medication administration error with insulin and did not report it through the correct reporting systems.</p> <p>Using organizational error-reporting systems for near miss and error reporting can help identify common mistakes and be a way to edit protocols so that the error is prevented.</p>	<p>Appreciation for the cognitive and physical limits of human performance can be achieved by reviewing barriers to medication administration protocol such as workflow, staffing, and understanding of the current requirements.</p> <p>Understanding the value of one’s own role in preventing errors is critical for setting up themselves and others for success.</p>
<p>Informatics</p>	<p>The current software system for documenting student care is standardized throughout the school district.</p>	<p>Nurses in the district are able to effectively navigate the electronic health record.</p>	<p>Current technology being used could be improved if there was a drug/medication database that could support clinical decision-making, error</p>

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	Caregivers thoroughly document each patient encounter, including medication administration in this platform.	<p>Documentation and planning within the electronic health record is performed in an organized manner.</p> <p>There are ample communication technologies to coordinate care for students, such as wireless monitoring of diabetic blood glucose and designated software/IT personnel to change the platform if needed.</p>	<p>prevention, and care coordination.</p> <p>The software platform used, although helpful, is commonly referred to as “buggy”, needing reentry of student encounters; the medication inventory section is confusing.</p> <p>Nurse involvement in design of this platform could remedy issues to help facilitate and support patient care.</p>

## References

- Lee, K. C., & Wessol, J. L. (2022). Clinical reasoning, judgment, and safe medication administration practices in senior nursing students. *Nurse Educator*, 47(1), 51–55. <https://doi.org/10.1097/NNE.0000000000001059>
- Quality and Safety Education for Nurses (QSEN). (2019). *Graduate QSEN competencies*. Frances Payne Bolton School of Nursing, Case Western Reserve University. <http://qsen.org/competencies/graduate-ksas/>
- Yang, Z., Chen, F., Lu, Y., & Zhang, H. (2021). Psychometric evaluation of medication safety competence scale for clinical nurses. *BMC Nursing*, 20, 165. <https://doi.org/10.1186/s12912-021-00679-z>