

“So that piece of work was actually used to close the gaps”.

Evaluating the impact of teaching quality improvement (clinical audit) processes to nurses and allied health professionals who work with people with diabetes

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Introduction

The Advanced Diabetes Nursing Practice Module, has over a period of 10 years, employed experiential learning processes to improve population health. This serves a threefold purpose: firstly, it creates a platform for discussion and learning about quality improvement to enable students to learn about how standards of care are related to evidence based practice in order to optimise individual care; secondly it supports knowledge development & transfer of new skills into practice; thirdly it aims to support leadership of quality improvement activities by nurses and allied health providers relevant to their context.

Quality is “multidimensional” (Gillam & Siriwardena, 2013, p. 123) and linked to the expectations of patients and other stakeholders (health professionals, managers) in the health care system clinical knowledge that delivers effective and efficient treatment and /or care depending on where you are within the system. Quality improvement is not usually related to creating new knowledge but “to secure positive change in an identified service” (Portela et al., 2015, p. 326).

Research design

Informed by evaluation methodology and utilising mixed methods

Our aim was to “confirm what we know is supported by the data, disabuse us of misconceptions, and illuminate important things that we didn't know but should know” (Patton, 2015, p. 570) using a sequential explanatory approach (Ingram-Broomfield, 2016) following ethics approval.

Quantitative data Survey responses = 23%

Tool developed using Survey Monkey™ and based on previous research into outcomes of postgraduate education for nurses. Data extracted as graphs.

Qualitative data Interviews n = 5

Interviews transcribed, then coded using Nvivo™ software for similarity, difference, correspondence, sequences and representations by both researchers. Codes developed from survey questions then through inductive analysis (Thomas, 2006)

Data integration

Findings confirmed in both data sets, agreed on and discussed by researchers. Connections noted and collapsed into themes based on evaluation aims.

Reporting and confirming findings

Back to research literature, identifying strengths and opportunities, referring back to evaluation methodology.

Findings

“Making the obvious obvious” What we knew...

We take a constructivist approach to learning and teaching facilitated by varied experiential activities to support knowledge and skill development. This is underpinned by an understanding of learners as self-directing and supports the contextual nature of knowledge development in conjunction with “creative problem solving, critical thinking and reflection” (Hansman & Nott (2010, p.17). Learning therefore occurs at four levels, through connecting to previous knowledge and skill; in current experience by putting theory into practice; by sharing new experiences through presenting audits to peers / practice and finally learning from the experience to inform and implement change in practice (Boucoulalas & Lawrence, 2010). All these levels are confirmed in the data.

“It (the assignment process) just gave me the encouragement to do audits myself, knowing the process you should do” (Participant five)

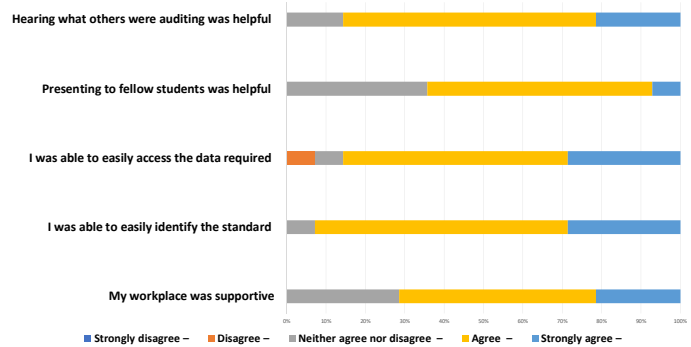
“I have actually used and used those skills”. (Participant one)

Opened my eyes to other possibilities that I could and should audit”. (Participant two)

“there became a positive outcome for patients as a result of that”. (Participant one)

Findings continued

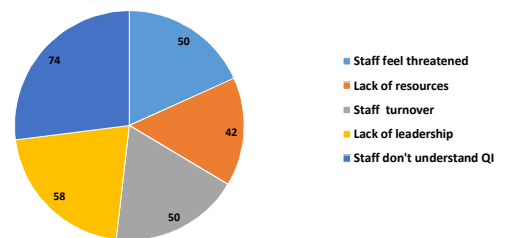
Teaching and learning strategies are successful



“Making the hidden obvious” or what we should have known...

Factors affecting the implementation of quality improvement in practice included:

- A lack of service commitment to, and an understanding of, quality improvement,



- and



Conclusions

This small mixed methods study demonstrates that an experiential approach to teaching quality improvement processes is effective. HCP's develop the knowledge and skills necessary to conduct audits. There are improvements in knowledge translation from theory to practice and potentially improvements in patient outcomes, although this was not an end point of this study. However, HCP's are constrained by tensions affecting the implementation of QI, especially in relation to dedicated time to undertake audit activities. This appears to relate to a lack of commitment and understanding of QI initiatives at an organisational level. Further research in this area is needed.