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Teaching and learning about Patient-Centered Care and Quality Using a Hybrid learning approach

Linda A. Johnson
St. John Fisher College

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Teaching and learning about Patient-Centered Care and Quality Using a Hybrid learning approach

Abstract
Teaching RN to BSN nursing students to incorporate patient-centered care and quality concepts into practice presents both challenges and opportunities for educators. While guidelines and tools exist, the development of praxis can be an intricate process. This article describes the development, deployment and evaluation of an RN to BSN hybrid course focused on patient-centered care and quality. Strategies and evaluation methods will be outlined and consideration of the efficacy of using a hybrid instructional design will be discussed.

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Teaching and learning about Patient-Centered Care and Quality

Using a Hybrid learning approach

By

Linda A. Johnson

Submitted in partial fulfillment of the requirements for the degree

M.S in Advanced Practice Nursing

Supervised by

Dr. Charlene Smith

Wegman’s School of Nursing

St. John Fisher College

November 2010
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Signature page

Title: Teaching and learning about Patient-Centered Care and Quality using a hybrid learning approach

Student Signature: 
Date: 04/15/10.

The above student has successfully completed this project / thesis is partial fulfillment of the requirements for the MS in Advanced Practice Nursing degree from the Wegmans School of Nursing at St. John Fisher College

Advisor Signature:
Date: 09/30/10.

This project/thesis fulfills the requirements of project/thesis seminars and assists in meeting the program outcomes for the MS in Advanced Practice Nursing degree from the Wegmans School of Nursing at St. John Fisher College

Second Reader Signature:
Date: 09/17/10
Summary

In the spring of 2009, the graduate student (author) began developing a new course for delivery to a group of adult Registered Nurse (RN) students currently matriculated in the RN to Bachelor’s of Science (BS) hybrid program at SJFC Wegman’s School of Nursing. The graduate student established the project for the purpose of 1.) sharing acquired knowledge and practice experience while gaining insight into hybrid curriculum design and evaluation and 2.) completing the project requirements needed for the Masters in Nursing Education graduate program at SJF College. This course was developed under the guidance of the Dr. Charlene Smith, Associate Professor in the Wegman’s school of Nursing.

The graduate student focused on developing practical, applicable knowledge related to patient-centered care and quality improvement. The course was founded upon the Institute of Medicine (IOM) competencies for the health care professions, competencies outlined in the Quality & Safety Education for Nurses (QSEN) and the American Association of Colleges of Nursing’s (AACN) curricular elements for baccalaureate nursing education, as outlined in The Essentials of Baccalaureate Education for Professional Nursing Practice.

After IRB approval was received, the course was deploying in the summer of 2009. The graduate student assessed the learning outcomes achieved. The student then collaborated with Dr. Charlene Smith to complete the requirements for publication of the work in Nurse Educator.

Note: This manuscript was edited and modified for publication. The format of the article follows the guidelines provided by the publication (not APA Format).

Acknowledgement

The author acknowledges the guidance, assistance and mentoring of Dr. Charlene Smith in the development, delivery and evaluation of this innovative hybrid learning course.

This author dedicates this work to her best friend and husband (Wil), her two amazing children, Kelly and Erik and Mom (Rita), all without whom “life” would not be possible.
Manuscript for Nurse Educator

Title of Manuscript: Teaching and learning about Patient-Centered Care and Quality using hybrid learning approach

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Funding/Disclaimer or Disclosures: Not applicable

Biography:

Linda Johnson is the Associate Director of Healthcare Operations for MVP Health Care in Rochester NY. She is a registered professional nurse with 29 years of experience. Her clinical expertise includes population health management, case management, occupational health nursing and emergency/critical care nursing. She is a certified lean trainer and has a green belt in Six Sigma. Ms. Johnson is a graduate student in the Master's of Science Advanced practice Nursing Education program at St. John Fisher College in Rochester NY.

Supervised by Dr. Charlene Smith, Associate Professor, Wegman’s School of Nursing, St. John Fisher College, Rochester NY; Research coordinator, Highland Hospital, Rochester, NY.
Abstract

Teaching RN to BSN nursing students to incorporate patient-centered care and quality concepts into practice presents both challenges and opportunities for educators. While guidelines and tools exist, the development of praxis can be an intricate process. This article describes the development, deployment and evaluation of an RN to BSN hybrid course focused on patient-centered care and quality. Strategies and evaluation methods will be outlined and consideration of the efficacy of using a hybrid instructional design will be discussed.

INTRODUCTION / LITERATURE REVIEW

Teaching RN to BSN nursing students to incorporate patient-centered care and quality into their daily work can be an energizing task. While guidelines and tools have been created for use by educators, the Institute of Medicine (IOM) recognizes that generating a “vision of practical reality” may be challenging for nurse educators (5, p. xi). This article provides an overall evaluation of the strategies utilized, summarizes the achievement of the course learning outcomes, and evaluates the effectiveness of a hybrid instructional design for teaching patient-centered care and quality.

Before considering the course components and instructional design utilized, several questions were considered related to definitions of patient-centered care and quality, the critical nature of patient-centered care and quality content, and the appropriateness of a hybrid learning design for teaching RN to BSN students about patient-centered care and quality?

In 2002, the National Patient Safety Foundation conducted a needs assessment of physicians and nurses with three objectives: to explore group experiences with error, to understand group attitudes toward and knowledge of patient safety, and to identify informational and training needs of health professionals (10). The assessment consisted of a mailed survey and results were used to facilitate focus group discussions. A sample set of nurses was provided by the American Nurses Association. The self-administered survey was mailed to 1,148 nurses in the United States. Of the 386 nurse respondents, 95% of the nurses recognized patient safety as an important issue in health care practice. Participants in the nursing focus groups acknowledged that “a culture of safety” and a comprehensive curriculum were necessary for
improvement in current practice (10). To determine whether quality and safety gaps still exist in healthcare today, one need only to sit beside a hospitalized family member, conduct a search on YouTube for patient safety issues, or be a passive observer in a busy emergency department. Healthcare delivery is far from error proof and quality improvement needs abound.

The Institute of Medicine’s (IOM) *Crossing the Quality Chasm: A new health system for the 21st century* publication put forth six specific aims for health care improvement. Health care should be “safe, effective, patient-centered, timely, efficient, and equitable” (3, p. 43). The IOM defines the dimensions of patient-centered care that include: (1) respect for patients’ values, preferences, and expressed needs; (2) coordination and integration of care; (3) information, communication, and education; (4) physical comfort; (5) emotional support—relieving fear and anxiety; and (6) involvement of family and friends (3, p. 49). The American Association of College of Nurses (AACN) *2008 Essentials for Baccalaureate Education for Professional Nursing Practice* calls upon nursing to “build a safer health care system” (1, p. 5). The AACN recognizes that nursing has “the potential for making the biggest impact on a transformation of healthcare delivery to a safer, higher quality, and more cost effective system” (1, p. 5). While there is recognition that nursing has a critical role in patient-centered care and quality, the task of providing students with knowledge that can be applied and used in practice (praxis) remains a significant challenge.

In 2007, Smith, Cronenwett & Sherwood developed a survey to assess the delivery of quality and safety curricula in nursing education (8). Smith and colleagues delivered the survey to nursing education leaders at 629 nursing schools. Nursing leaders were asked to assess curricular content, pedagogical strategies, satisfaction with student competency development, faculty expertise and preference for curricular resources related to quality and safety. More than 95% of respondents reported that they included content related to each of the QSEN competencies in curricula. Academic nursing leaders also reported using a variety of pedagogical delivery strategies and high satisfaction with student outcomes. Yet, while nursing educators were reporting high compliance, recent nursing school graduates (participating in a focus group) demonstrated a profound deficiency in knowledge, skills and attitudes (KSA’s) related to
safety and quality (8). The needed KSAs related directly to providing patient-centered care, exhibiting teamwork and collaboration, incorporating evidence-based practice, understanding and applying quality improvement methods, promoting safety and understanding and utilizing informatics. Smith and colleagues postulated that educators may “not have a way to know their students were not achieving the competencies” (8, p.136). The evaluation of deficits related to patient-centered care and quality competencies may be difficult when competency evaluations are embedded into clinical experiences and are evaluated along side other critical skill competencies.

Day and Smith detailed one strategy aimed at evaluating KSA’s for patient safety and quality by integrating competency evaluation into the acute care clinical setting (4). They utilized a variety of strategies, building on the QSEN project KSA’s used to evaluate student competency. While their integrated strategy represents one approach, educators are challenged to consider whether a topic so critical to patient care is of sufficient importance to rate preferential consideration in curricula.

Although an abundance of research and tools exist on the Internet, significant gaps exist when sourcing textbooks dedicated to this topic. Much of the theory driving patient-centered care and quality initiatives is rooted in models of business excellence. In addition, topic content is evolving and dynamic. Few nursing textbooks incorporate realistic and comprehensive examples of quality improvement in practice in health care today (such as six sigma project outcomes, lean activities and patient-centered medical home theory).

The decision to deliver a hybrid (combination of on-line learning, classroom learning and clinical practicum) RN to BSN course dedicated to patient-centered care and quality was based on two premises. First, extensive literature is available related to the effectiveness of well developed on-line learning programs and student outcomes achieved using a hybrid format. The United States Department of Education meta-analysis confirmed that “on average, students in on-line learning conditions performed better than those receiving face-to-face instruction” (9, p. 9). Second, evidence-based guidelines exist to assist in the development of high quality on-line instructional design. Using the
recommendations outlined in the meta-analysis, instructional designers are prompted with guidelines to assist in the construction of on-line courses that enhance the achievement of the desired learning outcomes (6).

The framework for the development of the course materials was the core competencies identified by the QSEN project. Underpinned by the principles of Knowles’ adult learning theory, the RN to BS student cohort was chosen because the adult learners already were familiar with a hybrid learning approach. As full time employees, the RN to BSN students were motivated by the flexibility afforded by the on-line design. In addition, this student cohort possessed a unique ability to draw from their own practice experiences which enhanced their ability to develop knowledge, skills and attitudes related to the course content.

PROGRAM DESIGN

In the spring of 2009, a new course was developed to deliver patient-centered care and quality content as part of the curriculum for the RN to BS adult learners. The course was delivered to 14 student matriculated in the RN to BS program.

The seven week format featured a detailed set of course tools developed in a modular on-line learning environment using the Blackboard® learning management system. Elements of the on-line course included the course syllabus, course learning outcomes, weekly learning objectives, reading assignments, discussion boards, videos, blogs, detailed rubrics for written assignments and two student evaluation tools for the course. This 400 level nursing course featured a case management clinical placement experience that was aligned with the course learning outcomes. This clinical experience was guided by a predefined rubric for the case management preceptors and the students. The two course evaluation tools were a hybrid course evaluation survey and a pre and post-assessment survey, designed specifically for this course and focused on evaluating the desired learning outcomes (see Table 1). Students were required to complete written assignments related to safety and quality improvement activities in their work environment.
Upon approval of the college’s Institutional Review Board (IRB), the patient-centered care and quality course was conducted in the summer of 2009. An outline of the seven sessions in the course, session objectives and the pedagogical strategies utilized are contained in Table 3. Due to the contemporary and evolving nature of the course content, a suitable textbook was not identified. Therefore, the course designer relied solely on web-based learning objects, current literature, and other resources for course support materials.

PROGRAM EVALUATION

The program evaluation employed a pre and post-assessment survey. Data collection included both quantitative data (responses using a 1 to 5 point Likert scale) and one qualitative response (free text responses). The Likert scale assigned the following values to the student responses: 1= strongly agree, 2= agree, 3= neither agree nor disagree; 4= disagree and 5= strongly disagree. To avoid confusion, the scale used for the pre and post assessment survey mirrored the existing hybrid survey tool. The pre and post-assessment survey utilized the course learning outcomes to structure the survey questions.

The instruments were accessible through the electronic Blackboard® learning management system to all students enrolled in the course. Students received an introductory and post-course completion e-mail request to complete the pre and post-assessment surveys respectively. Student participation for both the pre and post-assessment survey was 92.8% (13 of 14 participants).

The convenience sample consisted of 14 students who were matriculated in the RN to BS program. All of the students were currently licensed RN’s, practicing in a variety of healthcare settings in Upstate New York. In an effort to maintain confidentiality with the small sample size, demographics including the age range, gender, current practice information, and ethnicity were not individually evaluated by the researcher. Student survey responses were collected and reported in aggregate to maintain confidentiality.

RESULTS

Using the Statistical Package for Social Sciences (SPSS), Version 17.0© the results for the pre- and post-assessment survey questions were tabulated and reported in Table 2. With the exception of question one,
students perceived being better prepared to meet the desired learning outcome upon completion of the course as compared to the start of the course. Student pre-assessment means ranged from 2.23 to 2.85 (with the exception of question one) and post assessment means ranged from 1.38 to 1.77. Comparison of the pre-assessment total score (11.46) to post-assessment total score (7.77) demonstrates a positive trend toward strongly agree upon course completion. For question one, “I recognize that there is a need for nurses to engage in and promote quality projects that improve health outcomes for patients and populations”, students reported a decrease in their confidence upon course completion from a mean of 1.15 pre- to 1.38 post-assessment, although this was not a statistically significant difference ($p > .082$). Paired-sample statistics for questions two, three and six showed statistically significant differences ($p < .05$) suggesting students had perceived improved knowledge, skill and abilities when asked to provide a self-assessment of learning.

Evaluation of question two reveals that students reported a decrease in their confidence upon course completion from a mean of 2.77 to 1.38 (“I feel confident describing to others what it means to provide patient-centered care according to the IOM standards”), This finding, along with the favorable outcomes obtained from questions 3, 4 and 6, indicated that students reported an improvement in self reported confidence and knowledge. One may postulate that the students were more aware (post completion of the course) of the depth of content contained in the IOM standard than at the beginning of the course.

Comparing the pre- and post-assessment responses to the qualitative question (question 5: “Two thoughts or concepts I equate to accreditation”), it was suggested this learning outcome was achieved. Pre-assessment survey responses related to factors necessary for institutional accreditation indicated a narrow range of conceptual understanding with themes such as medication reconciliation, certification, HIPAA compliance, professionalism and education of staff. Post-assessment survey responses demonstrated a broader view of accreditation including standard processes, benchmarking, quality measures and outcomes.

Evaluation of the pre and post-course hybrid satisfaction results are provided in Table 1. In response to question three, “The online and in-class course activities were effective in meeting and learning outcomes for the course”, students’ overall mean score was 1.55. In response to the final question on the hybrid
survey, “Overall the hybrid course was…”, 46% of the students selected a response of “excellent”, 18% selected “very good”, and 36% selected “average”, resulting in an overall mean score of 1.91 (very good). Comments included in the hybrid survey provided additional evidence of student satisfaction:

- “Well designed, student expectations were clear and concise. Course was well organized, assignments were relevant and lesson plans were easy to follow and interesting.”

- “The course requirements were perfectly fit for achieving the learning objectives. There was no wasted work or inefficiencies. It was refreshing to have expectations so clearly spelled out. The workload was appropriate for the hybrid format”.

The course evaluations verify that the student learning outcomes were achieved. The student grades achieved ranged from 85% to 99%; X = 93%, \( m = 86\% \). Grades for student papers, blogs, discussion boards and weekly assignments provided additional confirmation that the course objectives were being met weekly.

The evaluation of this hybrid learning program provided encouraging results. Yet, there are a variety of threats to validity. Internal validity may be compromised by the presence of preexisting group preferences and the lack of a validated instrument used to conduct the pre and post-assessment survey. The outcomes reported by the pre and post assessment resulted from student self assessment. Threats to external validity include generalizability of results. This study included a small sample size (n = 14) with minimal information provided about the group profile. From the information reported, the sample appears to be a fairly homogeneous group (all practicing clinicians, working in one region, etc.) so caution is warranted when applying generalizations to the outcomes achieved (7).

**DISCUSSION**

Nurse educators are called to teach student nurses to think broadly, globally and responsibly in an effort to provide safe, effective quality care. The challenges of this task include not only developing efficient methods for delivery of content related to patient-centered care and quality but also finding means to counter the lack of appropriate textbooks, deficit of existing course content, and teaching a concept that still is evolving. The key to providing effective learning opportunities on this dynamic subject matter lies in
developing a balance among didactic, on-line, and experiential learning. Core element of the curricula (such as an embedded case management experience and a quality improvement project activity) required students to think globally, participate in interactive learning and develop authentic and relevant references to patient centered care and quality. These activities are postulated to have a central role in the achievement of the learning outcomes. Providing this hybrid course as a stand alone offering enabled students to maintain full immersion and focus on the subject matter. Students reported favorable outcomes and data collected during the course supports this finding.

As we prepare nurses to be future caregivers, it is particularly comforting to know that through the use of hybrid learning, students are developing praxis and fluency in all aspects of patient-centered care and quality.


Table 1. Hybrid Post-Course Survey

<table>
<thead>
<tr>
<th>Items</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post (n=11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question 1: The workload for the course was appropriate to meet the learning outcomes within the course timeframe.</td>
<td>1.82</td>
<td>0.874</td>
</tr>
<tr>
<td>Question 2: There was an appropriate blend of in-class meetings and online work for this course.</td>
<td>1.64</td>
<td>0.924</td>
</tr>
<tr>
<td>Question 3: The on-line and in-class course activities were effective in meeting and learning outcomes for the course.</td>
<td>1.55</td>
<td>0.688</td>
</tr>
<tr>
<td>Question 4: Instructor and peer feedback were helpful in creating a cyber-community.</td>
<td>2.45</td>
<td>1.440</td>
</tr>
<tr>
<td>Q5: Overall the hybrid course was…¹</td>
<td>1.91</td>
<td>0.944</td>
</tr>
</tbody>
</table>

**Note.**

Abbreviations: *SD* = Standard Deviation

Likert Scale: 1 = Strongly Agree, 2 = Agree, 3 = Neither Agree or Disagree, 4 = Disagree, 5 = Strongly Disagree

¹Likert Scale: 1 = Excellent, 2 = Very Good, 3 = Average, 4 = Fair, 5 = Poor
Table 2. Pre- and Post-Assessment Survey

<table>
<thead>
<tr>
<th>Items</th>
<th>Pre</th>
<th>Post</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Question 1: I recognize that there is a need for nurses to engage in and promote quality projects that improve health outcomes for patients and populations.</td>
<td>1.15</td>
<td>0.376</td>
<td>1.38</td>
</tr>
<tr>
<td>Question 2: I feel confident describing to others what it means to provide patient-centered care according to the Institute of Medicine (IOM) standards.</td>
<td>2.77</td>
<td>0.832</td>
<td>1.38</td>
</tr>
<tr>
<td>Question 3: I feel adequately prepared for the role that nursing plays in addressing the needs of diverse populations and communities.</td>
<td>2.46</td>
<td>0.877</td>
<td>1.54</td>
</tr>
<tr>
<td>Question 4: I feel confident about the planning, processing and reporting needed when participating in a quality improvement project for patient care.</td>
<td>2.23</td>
<td>0.832</td>
<td>1.77</td>
</tr>
<tr>
<td>Question 6: I am knowledgeable regarding the various national, state and institutional patient safety initiatives that enhance patient safety outcomes.</td>
<td>2.85</td>
<td>0.899</td>
<td>1.69</td>
</tr>
<tr>
<td>TOTAL SCORE</td>
<td>11.46</td>
<td>3.230</td>
<td>7.77</td>
</tr>
</tbody>
</table>

Note.
Abbreviations: SD = Standard Deviation
Likert Scale: 1 = Strongly Agree, 2 = Agree, 3 = Neither Agree or Disagree, 4 = Disagree, 5 = Strongly Disagree
*p < .05, two-tailed. Value determined by t Test.
<table>
<thead>
<tr>
<th>TITLE</th>
<th>Objectives</th>
<th>Pedagogical Strategies</th>
</tr>
</thead>
</table>
| Session 1: Patient-centered Care and Quality: A call to action. | • Describe the IOM competency: provide patient-centered care  
• Consider the dynamic nature of providing patient-centered care throughout the care continuum  
• Evaluate the influence of the Internet on patient care and consumerism (in class) | Reading, Web based learning, Course Module |
| Session 2: Focusing on Safety for Patients and Caregivers | • Describe the focus of the IOM patient safety initiatives.  
• Explain the concepts of a "culture" of safety (global safety initiative).  
• Evaluate the role of team work and collaboration related to patient safety initiatives.  
• Consider the roles and responsibilities of each and every health care professional in responding to the regulatory requirements related to patient and caregiver safety (Joint Commission, AHQR, CMS, IHI) | Reading, Web based learning, Course Module Paper assignment: Summarize an Institute for Healthcare Improvement safety initiative |
| Session 3: Providing Consistent Quality Care (Part I) | • Discuss the purpose of implementing quality improvement strategies and projects in health care systems  
• Describe the tools used in lean and six sigma projects/programs  
• Evaluate the measurement tools used in improvement activities, citing the strengths and weakness of each measure  
• Describe the DMAIC process steps | Reading, Web based learning, Course Module On-line discussion board activity |
| Session 4: Providing Consistent Quality Care (Part II) | • Analyze and apply basic quality improvement tools to a process improvement activity  
• Identify the importance of data collection and analysis  
• Describe the term: health care "transparency" | Reading, Lecture, Web based learning, Course Module |
| Session 5: Cultural Competency | • Describe the key concepts related to training health care professionals about cultural competency  
• Explain the differences between providing care for one individual verses population health management  
• Consider the various barriers to providing global cultural health equality | Reading, Web based learning, Course Module On-line blog and discussion board activity |
| Session 6: Communication, Teamwork and Advocacy | • Identify challenges and modifications needed when communicating in the global health community  
• Discuss the impact of the Internet and the electronic health record (EHR) on professional practice | Reading, Web based learning, Course Module On-line discussion |
<table>
<thead>
<tr>
<th>Consider the role of the Medical Home project in addressing patient advocacy</th>
<th>board activity</th>
</tr>
</thead>
</table>
| **Session 7: Validating Quality** | **Identify Magnet Recognition Program® accreditation criteria and implications for nurses.**  
**Apply the NDNQI database in assessing nursing quality.**  
**Explain the importance of patient satisfaction and service recovery in the health care organization.**  
**Describe strategies to improve patient satisfaction metrics for an organization.**  
**Evaluate patient satisfaction strategies in clinical practice.** | **Reading, Web based learning, Course Module On-line blog Case Study and presentation (Safety Project Simulation)** |
Appendix A: St John Fisher College Institutional Review Board (IRB) approval

June 8, 2009

File No: 1015-0821-09.07

Linda Johnson
477 Clover Street
Potsdam, NY 13676

Dear Ms. Johnson,

Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the board has approved your expedited review project, "Creation of an Introductory Nursing course for RN to BSN students titled Patient-Centered Care and Quality." [redacted]

Following federal guidelines, research-related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.

Should you have any questions about this process or your responsibilities, please contact me at 385-3201 or by email at h0038@suny.ac, or if unable to reach me, please contact the IRB Administrator, Jamie Mosley, at 385-3219, email jmosley@suny.ac.

Sincerely,

[Signature]

Gideon M. Moses, Ph.D.
Chair, Institutional Review Board

EMيلن

Copy: [Names of appropriate parties]