Revised Quad Council Coalition Community/Public Health Nursing Competencies

Development, Dissemination, Adoption

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Roadmap of Presentation

• Why C/PHN
• Background
• Timeline and Methods
  • Delphi Process
  • Terms
  • Assumptions
• Approval
• Application to Practice, Education, Research, & Policy
• Call to Action: Dissemination and Adoption
Learning Outcomes

1. Identify the revised QCC Competencies for C/PHN
2. Describe the process used to develop the revised QCC Competencies for C/PHN
3. Recognize strategies to disseminate and adopt the revised QCC Competencies for C/PHN
Why Community/Public Health Nursing (C/PHN)?

- Aligns with APHA PHN Section’s definition and practice of public health nursing\(^1\)
  - Often used interchangeably with community health nursing
  - Practice in diverse settings

- Our health care system is transforming

- Supports collaborative partnerships with local communities for innovative Public Health 3.0 approaches\(^2\)
Background

- **1988**: Quad Council established
- **2001**: Council on Linkages Competencies in response to IOM Report
- **2009**: CoL Competencies updated
- **2014**: CoL Competencies updated
- **2004**: First Quad Council Competencies
- **2011**: Quad Council updated Competencies
- **2018**: Quad Council Coalition updated Competencies
Introduction to the Competencies

Consensus set of skills for broad practice

Reflect three levels of practice

Inform and improve the workforce

Reflect foundational skills desirable for professionals engaging in practice, education, policy, and research

Provide a framework for workforce development planning and action
# C/PHN Competencies

## Tiers One to Three

<table>
<thead>
<tr>
<th>Tier 1 C/PHN Competencies</th>
<th>Tier 2 C/PHN Competencies</th>
<th>Tier 3 C/PHN Competencies</th>
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<tbody>
<tr>
<td><strong>Tier 1 Core Competencies</strong> apply to generalist community/public health nurses (C/PHN) who carry out day-to-day functions in community organizations or state and local public health organizations, including clinical, home visiting and population-based services, and who are not in management positions. Responsibilities of the C/PHN may include working directly with at-risk at-populations, carrying out health promotion programs at all levels of prevention, basic data collection and analysis, field work, program planning, outreach activities, programmatic support, and other organizational tasks. Although the CoL competencies and the C/PHN competencies are primarily focused at the population level, C/PHNs must often apply these skills and competencies in the provision of services to individuals, families, or groups. Therefore, Tier 1 competencies reflect this practice.</td>
<td><strong>Tier 2 Core Competencies</strong> apply to C/PHNs with an array of program implementation, management, and supervisory responsibilities, including responsibility for clinical services, home visiting, community-based and population-focused programs. For example, responsibilities may include: implementation and oversight of personal, clinical, family focused, and population-based health services; program and budget development; establishing and managing community relations; establishing timelines and work plans, and presenting recommendations on policy issues.</td>
<td><strong>Tier 3 Core Competencies</strong> apply to C/PHNs at an executive or senior management level and leadership levels in public health or community organizations. In general, these competencies apply to C/PHNs who are responsible for oversight and administration of programs or operation of an organization, including setting the vision and strategy for an organization (i.e., a public health department, public health nursing division, or executive director of a non-profit community organization). Tier 3 professionals generally are placed at a higher level of positional authority within the agency/organization, and they bring similar or higher-level knowledge, advanced education, and experience than their Tier 2 counterparts.</td>
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C/PHN Competencies
Eight Practice Domains

- Domain 1: Assessment and Analytic Skills
- Domain 2: Policy Development/Program Planning Skills
- Domain 3: Communication Skills
- Domain 4: Cultural Competency Skills
- Domain 5: Community Dimensions of Practice Skills
- Domain 6: Public Health Sciences Skills
- Domain 7: Financial Planning, Evaluation, and Management Skills
- Domain 8: Leadership and Systems Thinking Skills
Timeline & Methods
QCC Competency Review Task Force Established (March 2017)
Timeline

- Task Force formed: Mar. 2017
- Developed the initial draft: Mar. – Oct. 2017
- Round One Delphi Process: Nov. 15 2017 – Feb. 1 2018
- Task Force further revised the draft competencies: Feb. 1 – Mar. 7 2018
- Round Two Delphi Process: Mar. 7 – Mar. 23 2018
- Final draft of Competencies submitted to QCC: Mar. 26 2018
- QCC vote to approve Revised Community/Public Health Nursing Competencies: Apr. 2018
Methods

• Input from representatives from education and practice for each Tier

• Cross-walk matrix to strengthen and align with the Core Competencies for PH Professionals

• Align with CoL, AONE, WHO Nurse Educator, AAOHN, & Global Competencies

• Critical review of the literature

• Delphi Process
Delphi Process

- Structured communication technique / method
- Systematic & interactive
- Relies on a panel of experts
- Two or more rounds
- Evaluate insights, recommendations, feedback
- Adopt or adapt
- Predefined stop criterion
Delphi Process – C/PHN

• Each QCC member organization was asked to participate in two rounds

• Provided recommended procedures for review
  • Appoint a committee - representatives from each Tier
  • Mirror Task Force’s process
  • Within Tier → Horizontally across domains
  • Defined review periods

• Supporting documents: Bloom’s Taxonomy and related competencies
Definition of Terms

- Benchmarks
- CBPR
- Competency
- Complex Decision Making
- Critical Behaviors
- Critical Thinking
- Ecological Perspective

- Informatics
- Information Technology
- Population Health
- Public Health Nursing
- Public Health
- Nursing Diagnosis
- Referral
Assumptions

- Nursing process innervates public health nursing practice - ADPIE foundational to all essential services
- Developed to build behaviors across the three tiers. An individual in Tier 3 must understand/master proceeding competencies
- Reflect behaviors required and relevant to the Public Health Core Functions and the 10 Essential Services
- Ethics cuts across all Domains of C/PHN
- Bloom’s Taxonomy used as a guide
Assumptions

• Cultural responsiveness includes consideration of diversity, inclusiveness, and cultural humility

• Justice not limited to social, environmental, economic, occupational, and distributive

• The health care team includes the client, caregivers, and members of the community.

• Evidence-based considers knowledge from public health and all disciplines

• Determinants of health encompasses personal, social, policy, economic, work, and environmental factors
The Home Stretch
Approval of Revised Competencies
Application to Practice

- Relevant to all C/PHN roles and practice settings
- May not use all the competencies in current role
  - ID critical behaviors / competencies essential to their role
- ID competency gaps that reflect critical behaviors desired to master
- Use in job descriptions, orientation plans, and performance evaluation
Application to Education

- Provide structure and rigor to C/PHN education
- Use in the planning of course descriptions and objectives for C/PHN activities
- Use to guide selection of clinical sites and activities
- Use to evaluate performance
Application to Research

• Use as common language to scaffold collaborative research and communication
• Further systematic investigation needed of utilization of C/PHN competencies to help benchmark and frame practice and education
• Use to evaluate population-focused work
Application to Policy

- Use to support *Health in All Policies*
- Increase health equity through collaboration between public health practitioners and nontraditional partners who influence the determinants of health
- Support structural and procedural change benefiting both the population served and the health care delivery system
- Sets the stage for population-focused care that is inclusive of policies at all levels
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<td>Housed on the QCC website with Companion CNE Webinar</td>
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<td>QCC member organizations link</td>
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<td>Promote adoption by local C/PHN organizations/associations</td>
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<td>Integrate into job descriptions and workplans</td>
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<td>Influence policy</td>
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<td>Use for self-assessment and performance evaluation</td>
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Where We Traveled Today

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• Call to Action: Dissemination and Integration
Questions?
Thank You!

For Additional Questions:
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References


