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

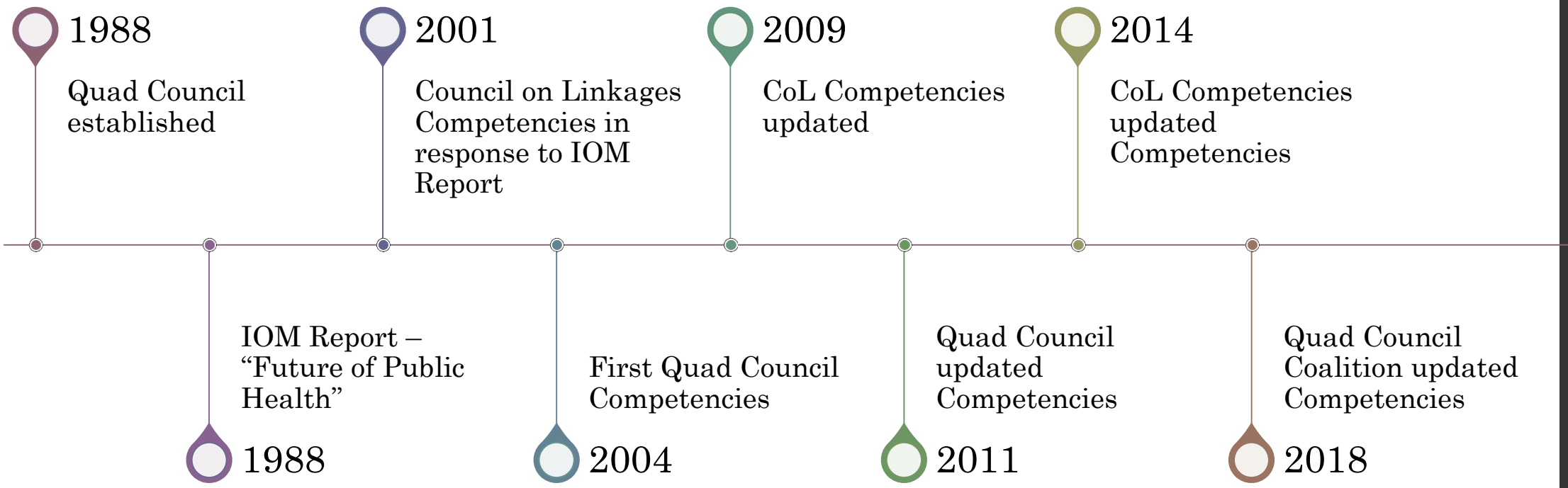
3

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
IOM Report – "Future of Public Health"
1988
2001
Council on Linkages Competencies in response to IOM Report
First Quad Council Competencies
2004
2009
CoL Competencies updated
Quad Council updated Competencies
2011
2014
CoL Competencies updated Competencies
Quad Council Coalition updated Competencies
2018

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

Tier 1 C/PHN Competencies	Tier 2 C/PHN Competencies	Tier 3 C/PHN Competencies
Tier 1 Core Competencies 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.	Tier 2 Core Competencies 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.	Tier 3 Core Competencies 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.

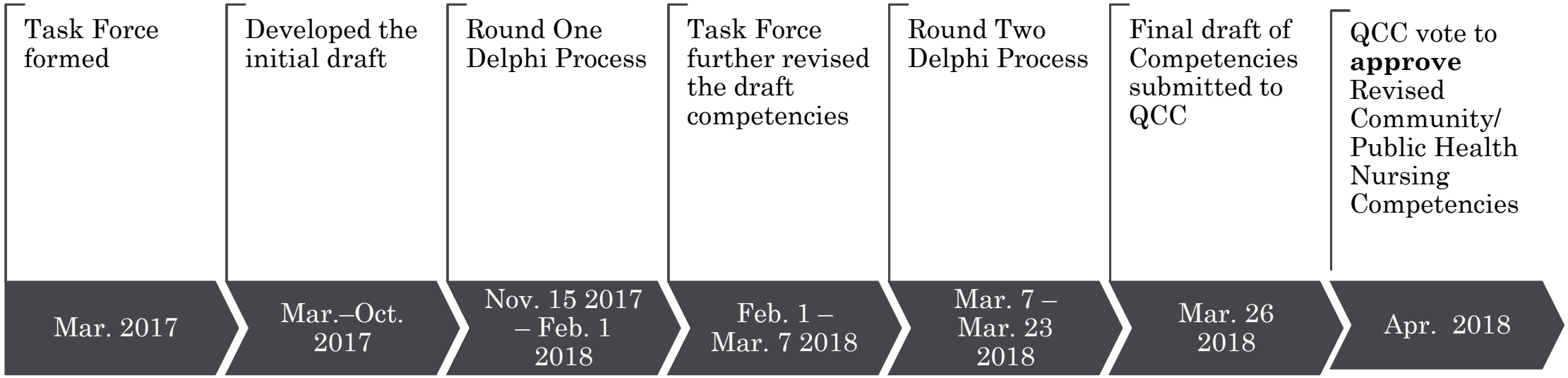
C/PHN Competencies
Eight Practice Domains

- 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[3,], AONE[4], WHO Nurse Educator[5], AAOHN[6], & Global Competencies[7]
- Critical review of the literature
- Delphi Process

Delphi Process[8]

- 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

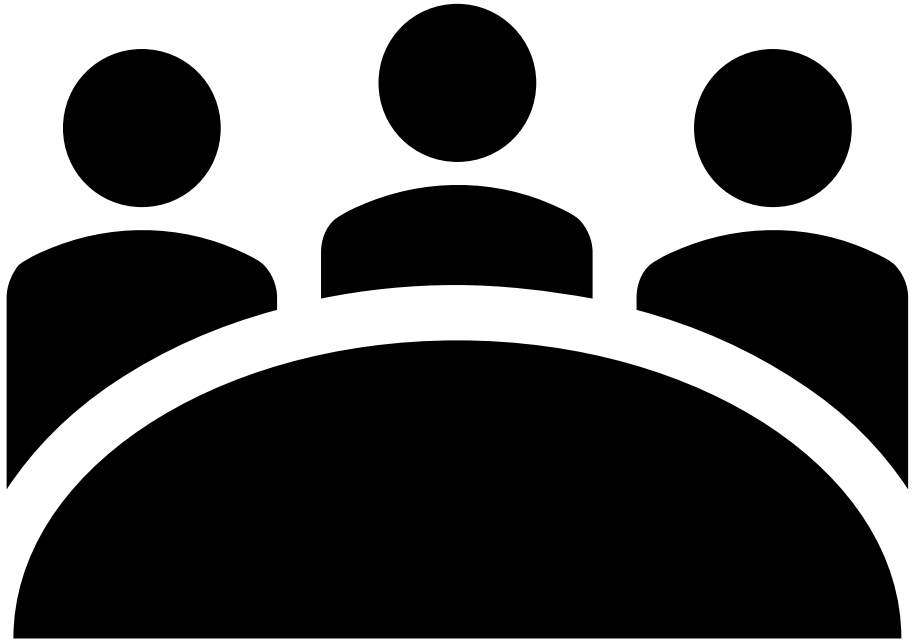
- Nursing process innervates public health nursing practice - ADPIE foundational to all essential services
- Developed to build behaviors across the three tiers. An individual in Tier 3 must understand/master proceeding competencies
- Reflect behaviors required and relevant to the Public Health Core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

Assumptions

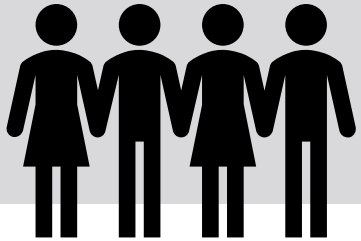
- Cultural responsiveness includes consideration of diversity, inclusiveness, and cultural humility
- Justice not limited to social, environmental, economic, occupational, and distributive
- The health care team includes the client, caregivers, and members of the community.
- Evidence-based considers 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

Dissemination and Integration

- Housed on the QCC website with Companion CNE Webinar
- QCC member organizations link
- Promote adoption by local C/PHN organizations/associations
- Integrate into job descriptions and workplans
- Integrate into C/PHN education and research
- Influence policy
- Use for self-assessment and performance evaluation

Where We Traveled Today

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- Timeline and Methods
  - Delphi Process
  - Terms
  - Assumptions
- Approval
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- Call to Action: Dissemination and Integration

Questions?

Thank You!

For Additional Questions:

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