Canadian Association of Schools of Nursing

Sub-Committee on Public Health/Community Health Nursing

**Identifying Current and Expected
Proficiency Levels for the
Community Health Nursing Standards
for New Graduate Nurses**

**Community Health Nurses of Canada
June 2010 Conference**

Agenda

- Background
- The Survey
- Respondent Characteristics
- Current Competency Levels
- Expected Competency Levels
- Areas Most Needing Improvement
- Conclusions

Membership

- JoAnn Tober – Co-Chair (ANDSOOHA—Public Health Management ON)
- Susan Froude – Co-Chair (Western Reg'l School of Nursing, Grenfell, NFLD)
- Margaret Antolovich (Public Health Nurses Leaders Council of BC)
- Sherri Buhler (Parkland Regional Health Authority, MB)
- Benita Cohen (University of Manitoba)
- Marie Dietrich Leurer (University of Saskatchewan)
- Morag Granger (Regina Qu'Appelle Health Region, SK)
- Lynnette Leeseberg Stamler (University of Saskatchewan)
- Karen MacDougall (PHAC consultant)
- Omaima Mansi (McGill University, QC)
- Donna Meagher-Stewart (CHNAC)
- Heather Pattullo (Canadian Public Health Association)
- Christina Rajsic (University of Toronto, ON)
- Pat Seaman (University of New Brunswick)
- Ruta Valaitis (McMaster University, ON)

Background

- Formed in 2004

- Mandate

  - To assist CASN members in ensuring all baccalaureate nursing graduates are prepared to meet the Canadian standards for community health nursing practice

Background

Funded by Public Health Agency of Canada

Purpose of Survey:

1. Level community/public health competencies for baccalaureate nursing graduates

2. To develop recommendations to CASN's Bureau of Accreditation for improvements to the undergraduate nursing curriculum

Survey to Level Competencies

Survey Development

- Literature review and environmental scan to inform the content of the survey

- Survey adapted from Community Health Nurses Continuing Education Needs Questionnaire (McMaster University)
  - Based on Canadian Community Health Nursing Standards of Practice and gap analysis from the above

- Online survey pre-tested by 6 community health nursing educators, practitioners and decision-makers

Competency Leveling Survey

Not Aware	Aware	Understands	Demonstrates With Assistance	Demonstrates Independently		Unsure	Not Aware	Aware	Understands	Demonstrates With Assistance	Demonstrates Independently
					Instructions Please answer these questions as they relate to Standard 1a: Health Promotion. On the left side of the grid please check the appropriate box to indicate your expectation for the level of competency of a new nursing graduate. On the right side please check the most appropriate box to indicate your observations of the level of competency of the new nursing graduate. In other words, what you are currently seeing.						
▣ Expected Competency of a New Graduate					**▣ Standard 1a: Health Promotion**		**▣ Current Observed Competency of a New Graduate**				
○	○	○	○	○	⇢ Uses relevant information sources from multiple jurisdictional levels (e.g. local, regional, provincial/territorial, and national)	☐	○	○	○	○	○
○	○	○	○	○	⇢ Uses research findings	☐	○	○	○	○	○
○	○	○	○	○	⇢ Uses nursing informatics (i.e. information and communication technology) which in includes generation, management and processing of relevant data to support nursing practice	☐	○	○	○	○	○
○	○	○	○	○	⇢ Collaborates with the individual/community to conduct assessment of clients' individual needs	☐	○	○	○	○	○
○	○	○	○	○	⇢ Collaborates with the individual/community to conduct assessment of clients' individual assets, including available resources	☐	○	○	○	○	○
○	○	○	○	○	⇢ Collaborates with the individual/community to conduct assessment of clients' community needs	☐	○	○	○	○	○
○	○	○	○	○	⇢ Collaborates with the individual/community to conduct assessment of clients' community assets including available resources	☐	○	○	○	○	○
○	○	○	○	○	⇢ Addresses root causes of illness and disease	☐	○	○	○	○	○
○	○	○	○	○	⇢ Assists the individual/community to take responsibility for improving their health by increasing their influence on the determinants of health	☐	○	○	○	○	○
○	○	○	○	○	⇢ Uses social marketing strategies (i.e. media advocacy) to raise consciousness of health issues	☐	○	○	○	○	○

Methodology

- Survey was distributed through public and community health networks and schools of nursing across Canada
- Up to 3 reminders emailed through distribution lists
- Total of 263 responded

Survey Results

In What Setting
Do You Currently Work? (Percentage)

Education and Community, 11.8%

Nursing Education, 14.8%
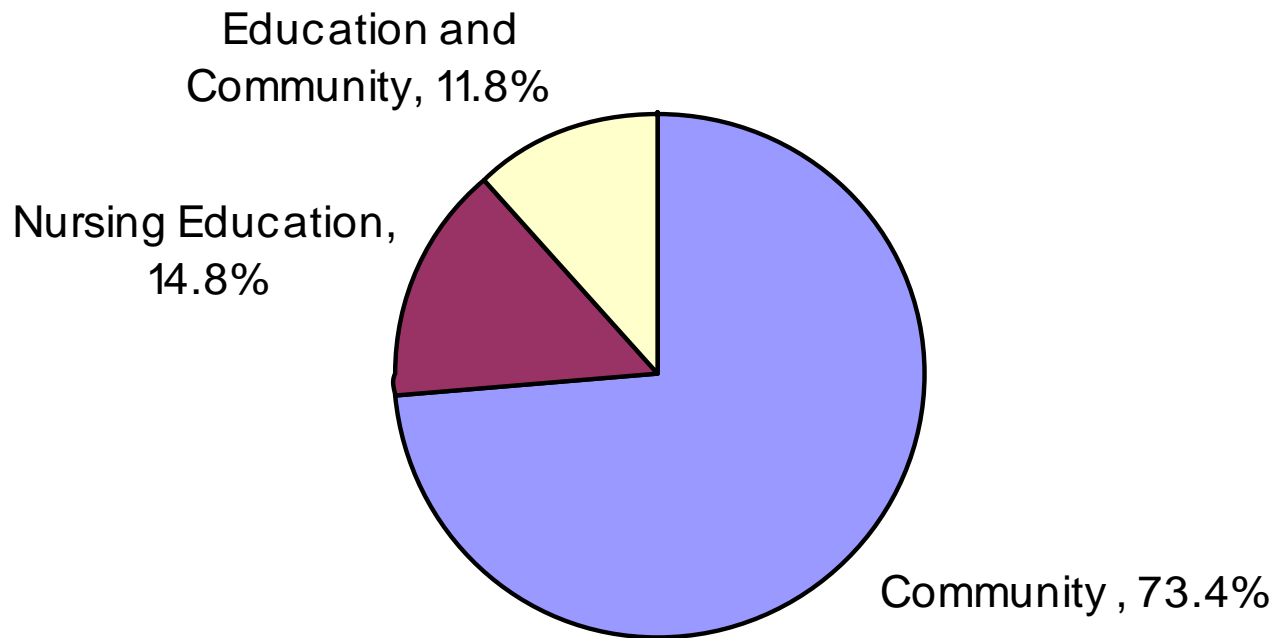
Community , 73.4%

Number of Years Nursing in the Community

26 + yrs	51.7%
21-15 yrs	17.1%
16-20 yrs	11.8%
11-15 yrs	9.1%
6-10 yrs	3.8%
2-5 yrs	1.5%
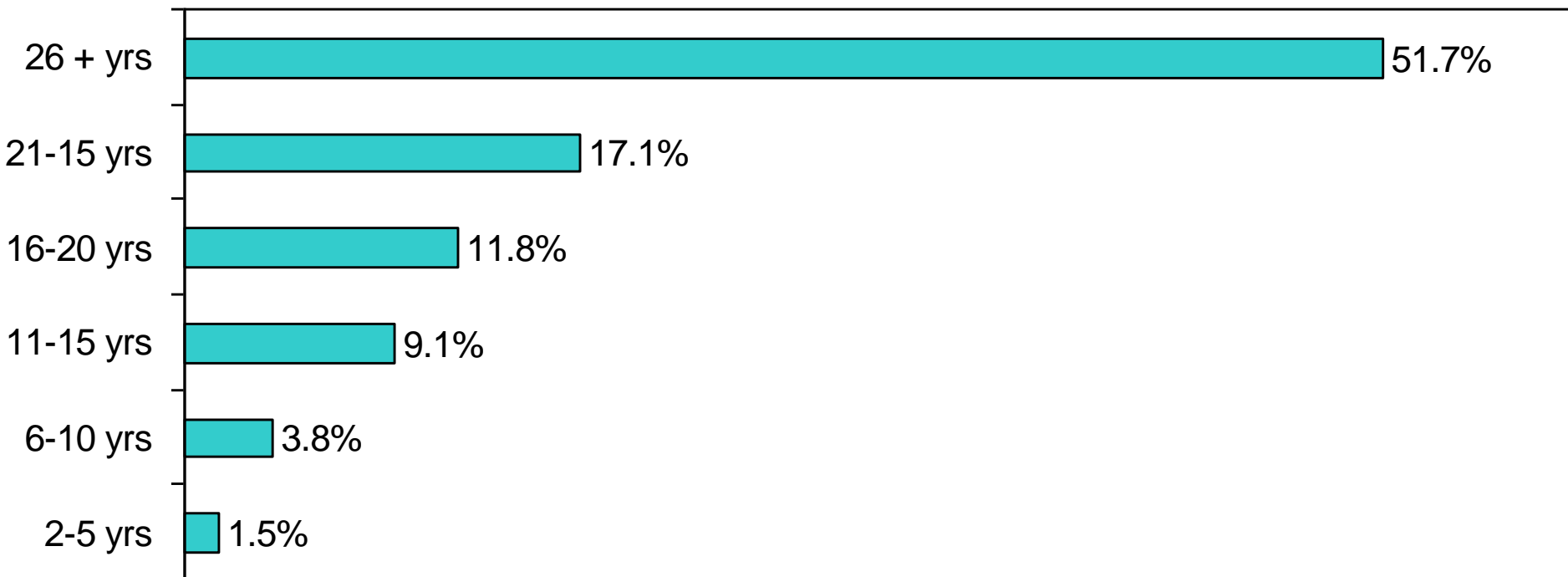
What is your Current Role in Relation to New Graduates?

Role	Percentage
Hire Staff	49.8%
Supervise	48.0%
Conduct General Orientation	46.6%
Mentor	35.9%
Precept	20.6%
Develop/Teach CE	18.8%
No Role with Students	15.7%
Practice with New Grads	11.2%
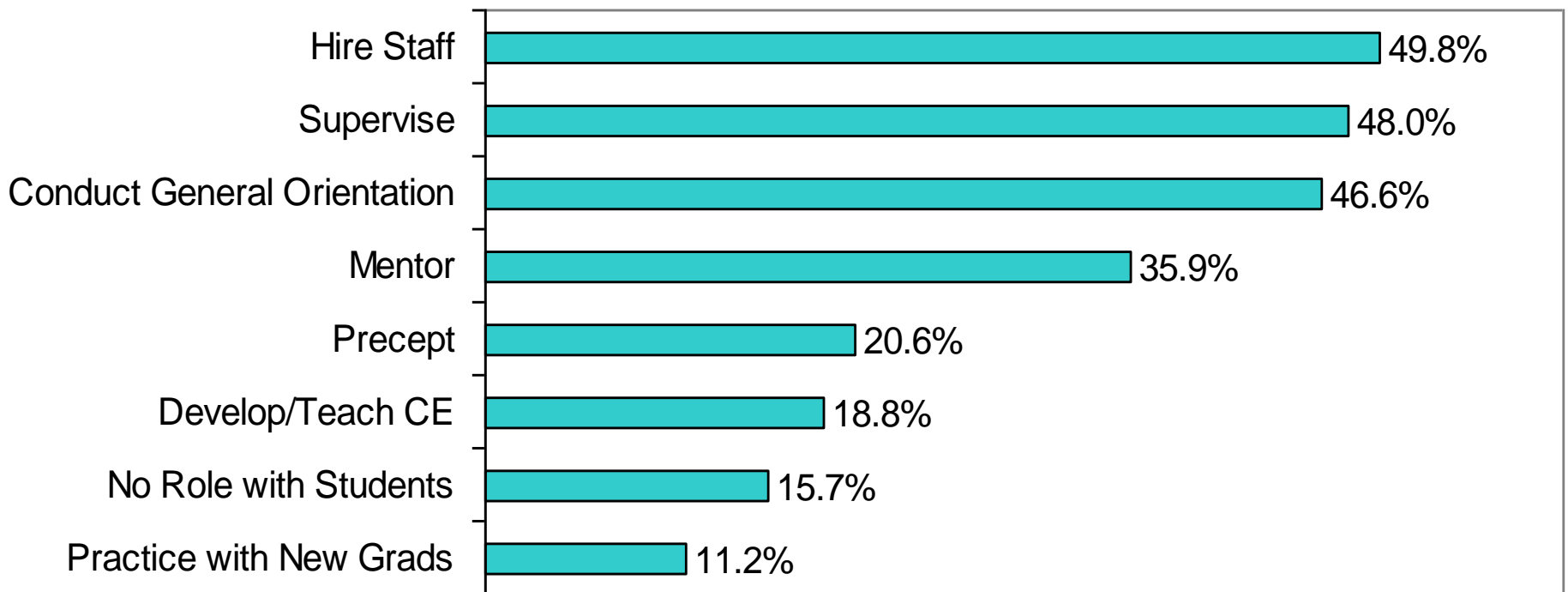
What is your Principal Place of Work?

Principal Place of Work	Percentage
Public Health Unit/Dep't	58.9%
Educational Institute	14.4%
Other	12.5%
Home Health	7.2%
Primary Care	3.0%
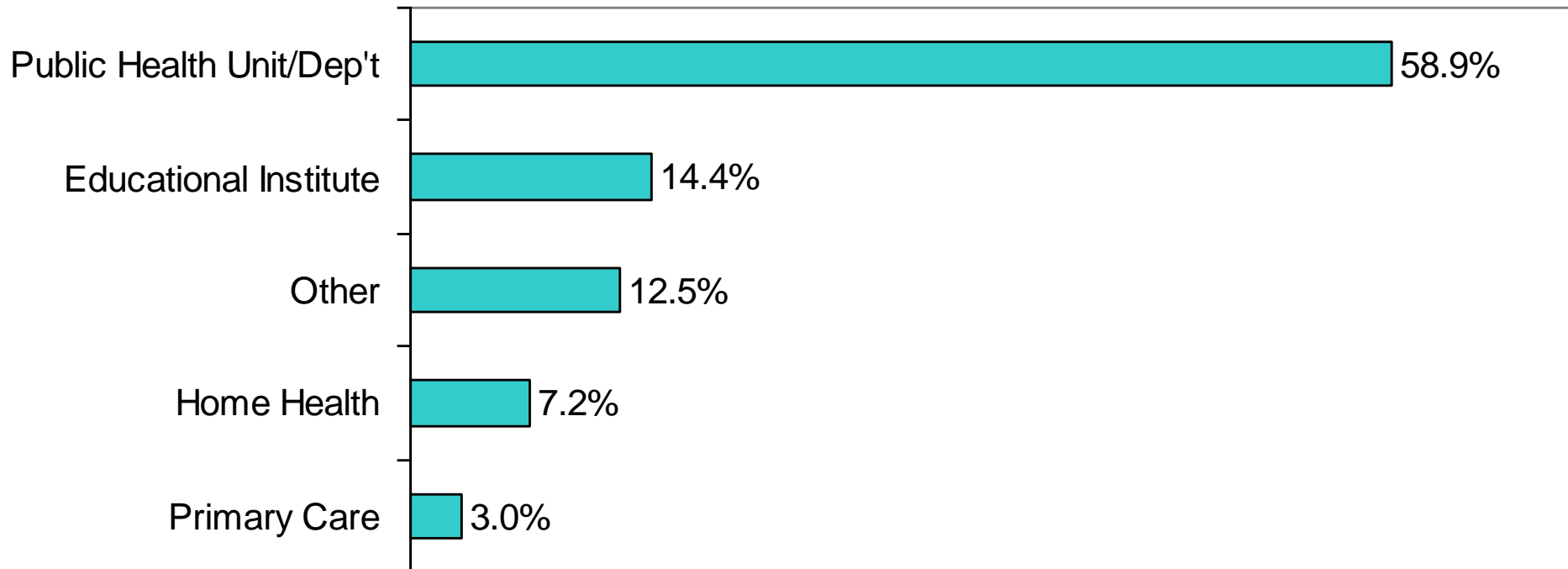
In Which Jurisdiction Do You Currently Work?

Selections	Respondents	Percent
Ontario	84	31.9%
New Brunswick	63	24.0%
British Columbia	42	16.0%
Newfoundland and Labrador	20	7.6%
Manitoba	17	6.5%
Saskatchewan	9	3.4%
Nova Scotia	9	3.4%
Alberta	4	1.5%
Quebec	2	0.8%
Other (please specify)	1	0.4%
Nunatsiavut, Nunavut, PEI, WV Territories, Yukon	0	0%
Did Not Respond	12	4.6%
Totals	**263**	**100%**

Sample Items

1a Collaborates with the individual/community to conduct assessments of client's individual needs						
	Not Aware	Aware	Understands	Demonstrates with Assistance	Demonstrates Independently	Score /100
Current	6.7%	22.1%	**30.8%**	**31.3%**	9.2%	54
Expected	1.4%	0.9%	15.1%	**52.1%**	**30.6%**	77

Current Demonstrated Competency   Expected Demonstrated Competency

Sample Items

1c Applies epidemiological principles in communicable disease response						
	Not Aware	Aware	Understands	Demonstrates with Assistance	Demonstrates Independently	Score /100
Current	**27.9%**	**31.1%**	20.5%	13.9%	2.6%	31
Expected	1.1%	10.2%	**33.9%**	**44.1%**	9.7%	63
Current Demonstrated Competency				Expected Demonstrated Competency		

Expected Overall per Competency

Loyalty Driver	0 Not Aware	1 Aware	2 Understands	3 Demonstrates With Assistance	4 Demonstrates Independently	Rating
Standard 1a: Health Promotion	1.4%	8.4%	29.7%	44.6%	15.8%	Demonstrates With Assistance
Standard 1b: Prevention and Health Protection	0.7%	6.3%	30.0%	44.5%	18.5%	Demonstrates With Assistance
Standard 1c: Health Maintenance, Restoration and Palliation	0.7%	7.1%	27.5%	46.2%	18.5%	Demonstrates With Assistance
Standard 2: BUILDING INDIVIDUAL/COMMUNITY CAPACITY	1.2%	11.7%	34.0%	41.9%	11.1%	Demonstrates With Assistance
Standard 3: BUILDING RELATIONSHIPS	0.6%	4.1%	21.0%	41.2%	33.0%	Demonstrates With Assistance
Standard 4: FACILITATES ACCESS AND EQUITY	1.9%	12.8%	28.9%	43.1%	13.3%	Demonstrates With Assistance
Standard 5: DEMONSTRATING PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY	1.1%	6.7%	22.4%	37.4%	32.3%	Demonstrates With Assistance
Recommended Foundational Knowledge	3.1%	12.7%	26.7%	36.8%	20.7%	Demonstrates With Assistance

Current Overall per Competency

Loyalty Driver	0 Not Aware	1 Awareness	2 Understands	3 Demonstrates with Assistance	4 Demonstrates Independently	Rating
Standard 1a: Health Promotion	16.5%	32.2%	26.8%	18.4%	6.0%	Understands
Standard 1b: Prevention and Health Protection	12.5%	31.2%	27.1%	24.7%	4.5%	Understands
Standard 1c: Health Maintenance, Restoration and Palliation	16.0%	30.2%	26.4%	22.1%	5.3%	Understands
Standard 2: BUILDING INDIVIDUAL/COMMUNITY CAPACITY	18.2%	34.1%	26.6%	18.5%	2.6%	Awareness
Standard 3: BUILDING RELATIONSHIPS	9.1%	27.6%	28.6%	24.6%	10.0%	Understands
Standard 4: FACILITATES ACCESS AND EQUITY	16.5%	28.9%	27.4%	23.1%	4.1%	Understands
Standard 5: DEMONSTRATING PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY	9.4%	23.6%	27.1%	28.1%	11.8%	Understands
Recommended Foundational Knowledge	18.4%	29.9%	26.4%	19.5%	5.7%	Understands

Lowest Scoring Components

Standard	Lowest Components - Current
4	Addresses service accessibility issues related to indiv/comm at the federal level
1a	Partners with stakeholders to evaluate pop health promotion programs systematically
1c	Addresses service accessibility issues related to indiv/comm at the provincial/territorial level
1a	Uses Social Marketing Strategies to shift social norms
1c	Applies epid principles in outbreak management
Rec Know	Uses Management Principles within organizations

Standard	Lowest Components - Current
1c	Applies Epid Principles in Communicable Disease Response
4	Addresses Service Accessibility Issues related to individuals/communities at the municipal level
2	Uses a Comprehensive Mix of Com/Pop based strategies (e.g. Coalition building, partnerships, networking) to address issues of concern to groups/pop
Recommend Knowledge	Identifies Emerging Global Health Issues and their Impact on Communities

Standard	Lowest Components – Expected Competencies
4	Addresses Service Accessibility Issues related to individuals/communities at the federal level
4	Addresses Service Accessibility Issues related to individuals/communities at the prov/territorial level
Recommend Knowledge	Uses Management Principles within organizations
2	Partners with Stakeholders to Evaluate Pop Health Promotion Programs Systematically

Standard	Lowest Components – Expected Competencies
4	Addresses Service Accessibility Issues related to individuals/communities at the federal level
4	Addresses Service Accessibility Issues related to individuals/communities at the prov/territorial level
Rec Know	Uses Management Principles within organizations
2	Partners with Stakeholders to Evaluate Pop Health Promotion Programs Systematically
Rec Know	Identifies Emerging Global Health Issues and their Impact on Communities

Conclusions

1. Respondents indicate that they expect new graduates to be functioning at the "demonstrates with assistance" level with respect to the Community Health Nursing Competencies

2. Respondents indicate that current graduates are functioning at the level of "awareness" or "understanding" for the competencies

3. There is a gap of 1 to 2 levels between what is expected and what is currently demonstrated by new graduates

4. Results were consistent between educators and practitioners and across different regions in Canada.

References

Canadian Health Nurses Association. (2003). *Canadian community health nursing standards of practice.* Retrieved from http://www.chnac.ca/images/downloads/standards/chn_standards_of_practice_mar08_english.pdf

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QUESTIONS?

Thank you