


## INTEGRATING THE ENTRY-TO-PRACTICE PUBLIC HEALTH NURSING COMPETENCIES FOR UNDERGRADUATE NURSING EDUCATION

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## ACKNOWLEDGEMENTS

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## PRE-CONFERENCE WORKSHOP AGENDA

- Exemplar Development and Response
- Launch of On-Line Resource
- Small Group discussion – Implementation Issues and Recommendations
- Wrap up




## BACKGROUND

- Public Health Agency of Canada (PHAC)
  - Promote and protect the health of Canadians
  - Share Canada's expertise with the world, and utilize and apply global public health research in Canada
  - Public health workforce development




## BACKGROUND

- Canadian Association of Schools of Nursing (CASN)
  - Voice for nursing education, research and scholarship in Canada
  - Baccalaureate and graduate level nursing programs
  - Accrediting agency



## PROJECT DELIVERABLES

- Develop a national, consensus-based framework of essential discipline specific, entry-to-practice public health (PH) nursing competencies.
- Compile and disseminate teaching and learning resources and strategies to encourage the integration of public health concepts and practice in curricula.
- Develop a webinar series related to the competencies for educators, preceptors, clinical instructors, and practitioners working with new hires.



## METHODS

- Public Health Task Force
- Environmental Scan
- Modified Delphi Process
  - Stakeholder Forum
  - Online survey
- Dissemination



## CASN PUBLIC HEALTH TASK FORCE

- Purpose – Provide direction for curriculum development & nurse educators
- Develop *entry level* competencies *specific* to PHN
- Group of expert practitioners and educators
- Context – SARS, Ebola, NCLEX for Canadian licensure, shifting PHN contexts and roles



## PHASE 1: COMPETENCY DEVELOPMENT



## DEVELOPING THE FRAMEWORK

- Creation of a draft competency framework (January – September 2013)
  - Environmental scan
  - Definition of competencies and indicators (Tardif, 2006)
  - Competencies are defined by a set of indicators that identify the requisite knowledge, skills and attitudes



## ENTRY-TO PRACTICE PHN COMPETENCIES INFORMED BY:



## MODIFIED DELPHI PROCESS

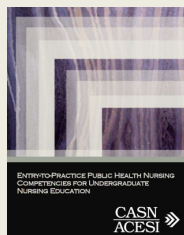
- Stakeholder Forum in October 2013
- On-line questionnaire March 2014



## COMPETENCY FRAMEWORK

The competencies are organized under five domains:

1. Public Health Sciences in Nursing Practice
2. Population and Community Health Assessment and Analysis
3. Population Health Planning, Implementation, and Evaluation
4. Partnerships, Collaboration and Advocacy
5. Communication in Public Health Nursing



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## PHASE 2: KNOWLEDGE TRANSLATION



## LAVIS' FRAMEWORK FOR KNOWLEDGE TRANSFER (2012)

- Message:
  - Information about the CASN competencies (purpose and intended use)
  - Messaging tailored to audience type
- Target Audience:
  - Nursing faculty and preceptors defined as key audiences
  - Other stakeholders who may find competencies of use were defined (e.g. students, practitioners, other nursing associations)
  - Some audiences targeted to become messengers (e.g. Deans of schools of nursing would communicate to their faculty)
  - Practitioners orienting newly hired PHNs
- Messengers:
  - CASN
  - Task Force members and others involved in competency development
  - PHAC
  - Other organizations asked to disseminate competencies to help support uptake (snowball effect)

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## DISSEMINATION

- 350 copies of the competency document distributed
- >8,000 electronic downloads
- Canadian and international presentations
  - CASN (2014); CHNC (2014); NETNEP (2014); CPHA (2015); ACHNE2015

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## SUPPORTING COMPETENCY INTEGRATION

- Webinar series – ongoing
- Identification of key resources: PHAC On-Line Skills Modules
- Compilation of teaching strategies
  - 120 exemplars submitted from 34 faculty member or group
  - 40 exemplar teaching strategies screened and selected by the Task Force for inclusion in the web-site

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## COMPETENCY 1: APPLIES PUBLIC HEALTH SCIENCES IN NURSING PRACTICE

- Understands history, funding and governance of public health
- Applies knowledge of concepts: vulnerability, population health ethics, cultural safety, healthy public policy and primary health care
- Articulates interrelationships between individual, family, community and system

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**COMPETENCY 2:** ASSESSES AND ANALYSES POPULATION COMMUNITY HEALTH USING RELEVANT DATA, RESEARCH, NURSING KNOWLEDGE , AND CONSIDERING THE LOCAL AND GLOBAL CONTEXT

- Recognizes trends in epidemiological data
- Recognizes impact of social and environmental / ecological determinants.



**COMPETENCY 3:** PARTICIPATES IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF ONE OR MORE OF THE FOLLOWING: POPULATION HEALTH PROMOTION, INJURY AND DISEASE PREVENTION, AND HEALTH PROTECTION PROGRAMS AND SERVICES WITHIN THE COMMUNITY.

**COMPETENCY 4:** ENGAGES WITH PARTNERS TO COLLABORATE AND ADVOCATE WITH THE COMMUNITY TO CREATE AND IMPLEMENT STRATEGIES THAT IMPROVE THE HEALTH OF POPULATIONS.

**COMPETENCY 5:** APPLIES COMMUNICATION STRATEGIES TO EFFECTIVELY WORK WITH CLIENTS, HEALTH PROFESSIONALS AND OTHER SECTORS.



**LAUNCH**

**E-RESOURCE OF  
TEACHING STRATEGIES**

### SMALL GROUP DISCUSSION

- Your impressions of the teaching learning resources?
  - Where are the strengths? (competencies / indicators)
  - Where are the gaps? (competencies / indicators)
- Share ideas for additional strategies to address gaps in teaching learning strategies.
- What are our priority challenges in implementing competencies in nursing education and at entry to practice?
- What are recommendations going forward for a future PHAC proposal?
  - Advocacy
  - Resources
  - Research
  - Communications
  - Focus of national webinar series (Fall 2015 – 2016)



## WRAP -UP



## REFERENCES

- National Collaborating Centre for Methods and Tools (2012). *Lavis' framework for knowledge transfer*. Hamilton, ON: McMaster University. Retrieved from <http://www.nccmt.ca/registry/view/eng/119.html>.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Education.