Global Health Nursing Imperative: Using Competency-Based Analysis to Strengthen Accountability for Population Based Practice, Education and Research

Lucille B. Pilling, EdD, MPH, BSN, RN
*Jefferson School of Population Health; University of Pennsylvania School of Nursing*

M. Harmon
*University of Pennsylvania*

B. Joyce
*University of Kansas*

B. Johnson
*University of Colorado*

V. Hicks
*University of Colorado*

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Authors
Lucille B. Pilling, EdD, MPH, BSN, RN; M. Harmon; B. Joyce; R. Johnson; V. Hicks; and N. Brown-Scott

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GLOBAL HEALTH NURSING IMPERATIVE: USING COMPETENCY-BASED ANALYSIS TO STRENGTHEN ACCOUNTABILITY FOR POPULATION BASED PRACTICE, EDUCATION AND RESEARCH

L. PILLING, M. HARMON, B. JOYCE, R. JOHNSON, V. HICKS, N. BROWN-SCHOTT

1UNIVERSITY OF PENNSYLVANIA, 2UNIVERSITY OF KANSAS, 3UNIVERSITY OF COLORADO,
4UNIVERSITY OF TOLEDO

APHA

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DISCLOSURES

• This presentation includes findings from research conducted by a multi-site team (M. Harmon¹, L. Pilling¹, B. Joyce ², R. Johnson³, V. Hicks ³, N. Brown- Schott⁴ (¹University of Pennsylvania (former nursing faculty at University of Pennsylvania; now Villanova University & Thomas Jefferson University & still Center for Public Health Initiatives Fellows), ²University of Kansas, ³University of Colorado, ⁴University of Toledo)

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LEARNING OBJECTIVES

• Discuss the unique challenges of developing a collaborative global nursing workforce.

• Compare three sets of competencies for public health nursing

• Analyze the results of the comparison of the three sets of competencies.

• Discuss how the analysis can be used to guide community/public health nursing education, practice and research to encompass local, national and global emphasis.
BACKGROUND
A MULTI-SITE COLLABORATIVE

Nancy Brown-Schott, MSN, CNS, RN BC
   Assistant Professor (Retired)
   University of Toledo

Barbara Joyce, Ph.D., CNS, ANEF
   Associate Professor
   University of Colorado
   Colorado Springs

Vicki Hicks, MS, APRN-CNS, RN
   Clinical Associate Professor
   &
   Regina (Gina) Johnson, MSN, RN
   Clinical Instructor
   University of Kansas School of Nursing

Monica Harmon, MSN, MPH, RN
   Senior Lecturer
   Associate Fellow, Center for Public Health Initiatives
   &
   Lucille Pilling, Ed.D., MPH, RN
   Associate Fellow, Center for Public Health Initiatives
   University of Pennsylvania
CURRENT CHALLENGES

• Practicing PHNs and faculty may be unaware that the PHN specialty has a common set of standards, competencies, resources, and tools

• Even if PHNs are aware of gold standards for the specialty, current practice may not have the mechanism to operationalize them (benchmarks)

• Broad range of clinical outcomes for practicing PHNs and community/public health nursing students

• Developing the next generation of PHN workforce may prove even more difficult without massive attention and action to operationalize competency and benchmark usage in education, practice, research, and policy.
CHANGING DIRECTIONS

• **Quantitative Measures:**
  - Tier 1 2011 Quad Council Public Health Nursing Competencies.
  - Use of Omaha System to measure change in knowledge, behavior and status of nursing faculty and professional nurses.
  - PHN knowledge, skills, and attitudes
• **Qualitative Measures:**
  - Debriefing with clinical faculty
  - Didactic/Classroom Strategies
  - Student clinical performance
• **Formative and Summative Evaluation Methods:**
  - Team Review
  - Dissemination of Findings
  - Collaboration with Nurse Educators at all levels and Practice Partners for Replication with nursing and other health careers students and professionals
  - Learning Community
21\textsuperscript{st} CENTURY HEALTH CARE DELIVERY

- Improved Health Outcomes
- Education
- Policy
- Research
- Practice

Comprehensive Health Care Delivery
WHO SHOULD BE CONCERNED WITH POPULATION HEALTH?
MISSION & VISION

• Mission
  • To advocate for the use of the Quad Council Competencies in Baccalaureate education that expands education, practice, research and policy in the specialty of C/PHN.
  • To support:
    • Baccalaureate nursing faculty in competency application in classroom, practice, and research in the specialty of C/PH nursing.
    • Utilization of standardized evaluation tools for measuring outcomes in education, research, practice and policy.
    • Cultivate multi-regional research among baccalaureate faculty teaching C/PH nursing and practicing C/PH nurses.

• Vision
  • To create an opportunity for developing an attitude of collaborative inquiry that will enhance the shared values, concepts and ideas among a C/PHN faculty learning community by:
    • Facilitation of graduate education and practice modalities leveling and application of competencies.
    • Discussion with public health nurses/service related to bridging academia and practice.
    • Support and develop Community-based participatory research incorporating the competencies.
ESTABLISHING & MAINTAINING MULTI-SITE COLLABORATION & PARTNERSHIP

- Passion
- Specialty Focus
- Weekly Meeting (Discussion, Brainstorming, Strategic Planning)
- Shared Leadership (Leads on each assignment)
- Shared Institutional Support (Survey Monkey, IRB, web casts)
- Shared authorship on all work and presentations.
- Additional weekly meeting to get work done (manuscripts/presentations)
- All work reviewed by the entire team. (Sign off/Approval).
CORE COMPETENCIES IN POPULATION HEALTH NURSING PRACTICE
QUAD COUNCIL COMPETENCIES OF PUBLIC HEALTH NURSES (2011)

• Who?
  • Comprised of APHN, ACHNE, APHA PHN, ANA, NASN
  • Founded in early 1980’s to address PHN education, practice, leadership, & research as the “voice of PHN”.

• What?
  • In response to Council on Linkages between Academia & Public Health Practice revision of its “Core Competencies for Public Health Professionals” (2010)

• Why?
  • Traditionally CCPHN was consistent with the “Definition of PHN” (1996) and “Scope & Standards of Public Health Nursing” (Quad Council, 1999)
  • To be used in a variety of settings at diverse levels of practice
QUAD COUNCIL COMPETENCIES FOR PUBLIC HEALTH NURSES: TIER 1

- Analytic and Assessment Skills (13)
- Policy Development and Program Planning (12)
- Communication Skills (7)
- Cultural Competency Skills (6)
- Community Dimensions of Practice (10)
- Public Health Science Skills (9)
- Financial Planning and Management Skills (15)
- Leadership and Systems Thinking (8)
IMPERATIVE ACTIONS

Strengthening the Influence of Quad Council Competencies for Professional Nurses in Education, Practice, Research will:

• Improve population health and population-focused care.
• Recognize common standards to be used in academia, practice, and research.
• Promote a unified front of educators and health care professionals committed to including population health competencies in nursing education at all levels, practice, research, and population-focused policies.
• Prepare current and future nurses to be transformative and meet ever expanding challenges of delivering health care to 21st century populations and communities.
• Advance cycle of the academic and professional pipelines to constantly enhance the inclusion and utilization of population health competencies.
THE RESEARCH
QUALITY IMPROVEMENT PROJECT

PHASE ONE

• Developed clinical evaluation tool for baccalaureate nursing students utilizing Quad Council Public Health Nursing Competencies (2011).
• Tested tool in 4 project sites (with faculty 7 students).
• Oriented and debriefed faculty before and after each course.

PHASE TWO

• Presented Quad Council Competencies to:
  o Course Faculty/Teaching team
  o Nursing Departments
  o Clinical Preceptors
RESEARCH PROJECT: PHASE ONE

Community/Public Health Nurse Faculty Knowledge, Skills and Attitudes of Public Health Competencies

• Methodology
  Funding: Zeta Theta Chapter, Sigma Theta Tau
  IRB Approval: University of Colorado Colorado Springs
  Survey Monkey Tool: Likert response
  Research Assistantship (Spring, 2016) & MPH Thesis Mentorship (Spring, Summer, & Fall 2016)

• Presentations: AACN, CUGH, ACHNE, NBNA, State Nurses Association

• Manuscript In Review (Public Health Nursing)
RESEARCH PROJECT: PHASE TWO

Community/Public Health Nurses’ Knowledge, Skills and Attitudes of Public Health Nursing Competencies.

- Methodology
  - Funding: ACHNE, 2016
  - IRB Approval: University of Kansas
  - Survey Monkey Tool: Likert response
  - Outreach to Directors of State Public Health Agencies
- Presentations: AACN, ACHNE, NBNA, APHA, APHN,
- Manuscript in Progress (Public Health Nursing)
RESEARCH PROJECT:
PHASE THREE

The Global Health Nursing Imperative: Using Competency-Based Analysis to Strengthen Accountability for Population-Based Practice, Education, and Research

• Methodology
  
  Funding: ACHNE, 2016
  
  Crosswalk comparison and analysis of 3 types of competencies

• Presentations: Global PHN Network, CUGH, APHA

• Manuscript: Available online (Annals of Global Health, August 2017)
PHASE THREE: GLOBAL HEALTH COMPETENCIES CROSSWALK RATIONALE

• Increased international mobility, global interdependence, and global collaboration create a momentum that poses challenges to developing a collaborative global workforce

• Global clinical, community and public health nursing practicums are an integral component of undergraduate community and public health nursing programs

• Incorporate global health competencies into clinical evaluation document.

• Global is Local.
ACT LOCALLY, THINK REGIONALLY, PARTICIPATE GLOBALLY

National Partners
- Local health departments
- Home care agencies
- Schools
- Public libraries
- Community clinics
- Faith-based organizations
- NGOs

National Areas
- Localities
- Municipalities
- Urban
- Suburban
- Rural

International Partners
- Ministries of Health
- INGOs
- Regional, national, & global alliances
- Foundations
- Schools of Nursing
- Faith-based organizations
- Clinics

International Countries
- Barbados
- Botswana
- Costa Rica
- Guatemala
- India
- Uganda
GLOBAL HEALTH IS “LOCAL”

• 37 million foreign-born immigrants living in US (12% of total US population)
  o Mexico is largest group (31%)
  o 70% are legal (permanent residents with green cards, refugees, and asylees)
  o 30% are illegal (undocumented: 11-12 million)

• 645,000 foreign-born veterans of US armed forces (3% of surviving veterans)

• 1.65 million households live on less than $2 per day (159% increase from 1996)

• Global + Local = Glocal
CONTENT ANALYSIS: DOCUMENT CROSSWALK

Quad Council Competencies for Public Health Nurses (2011). 8 Domains

Global Health Competencies for Nurses in Americas (White et al, 2012). 6 Domains

Inter-professional Global Health Competencies (Jogerst et al, 2015). 11 Domains
PROCEDURES AND FINDINGS:

Quad Council Competencies did not address:

• Environmental Health
• Social Justice
• Social, Cultural & Political awareness (necessary for partnership & collaboration)
• No domain to support multi-national work & health care practice.
• No support for financial management skills in global health documents.
SUMMARY

• Universal common standards are in place for use by academia, practice, and research.

• Standards improve population health, population focused care, and community-based networks nationally and globally.

• Need to re-examine, re-focus, and re-design C/PHN education, practice, and research to address the challenges of an expanding 21st century health care delivery to populations and communities nationally and globally.
RECOMMENDATIONS

• Support revision of the Quad Council Competencies to reflect multi-national health care partnerships and collaboration.

• Increase emphasis on a global perspective to enhance curricula, clinical practicum planning, and implementation both locally and globally.

• Use research data to validate competencies for standardization of public health nursing practice and population health engagement in a formal clinical evaluation tool.

• Revise the Clinical Evaluation Tool to include competencies reflected explicitly in Global Health Competencies.
IN CONCLUSION

Preparing nurses to assume robust roles in population health requires:

• Increasing awareness and use of public health nursing competencies to standardize practice, education, and improve measurement of population health care outcomes.

• Revising the 2011 Quad Council Public Health Nursing competencies.

• Designing a thematic approach for population and global health within nursing education.

• Using a standardized clinical evaluation tool to address current gaps in practice, education, and research.
THANK YOU!

LUCILLE B PILLING, EDD, MPH, RN

LUCILLE.PILLING@JEFFERSON.EDU
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