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

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

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APHA

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DISCLOSURES

- This presentation includes findings from research conducted by a multi-site team (M. Harmon¹, L. Pilling¹, B. Joyce², R. Johnson³, V. Hicks³, 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)
- This research was supported by:
 - The Association of Community Health Educators (ACHNE) Research Grant (2016-2017)
 - Zeta Theta Chapter-at-Large Sigma Theta Tau International Alice Manion Research Grant Award (2016-2017).

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**

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University of Toledo

Barbara Joyce, Ph.D., CNS, ANEF
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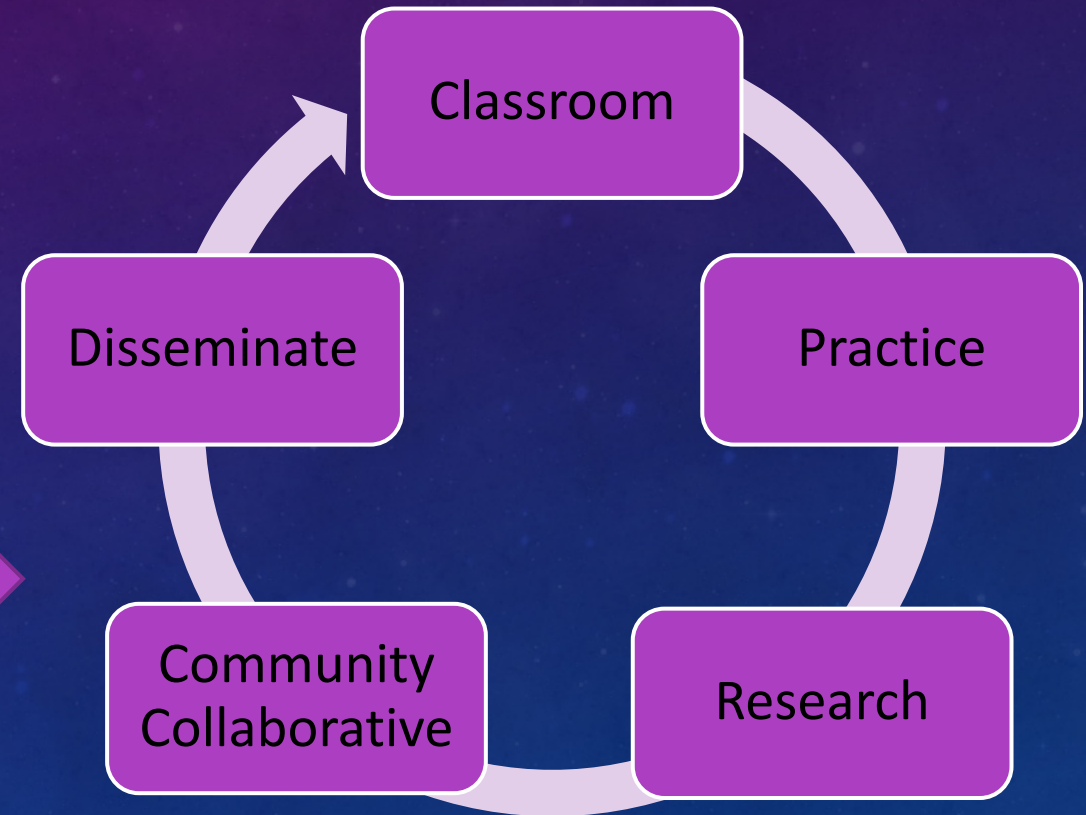
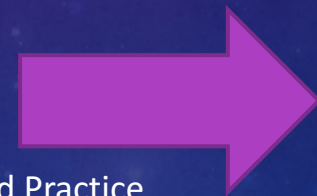


CURRENT CHALLENGES

- 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

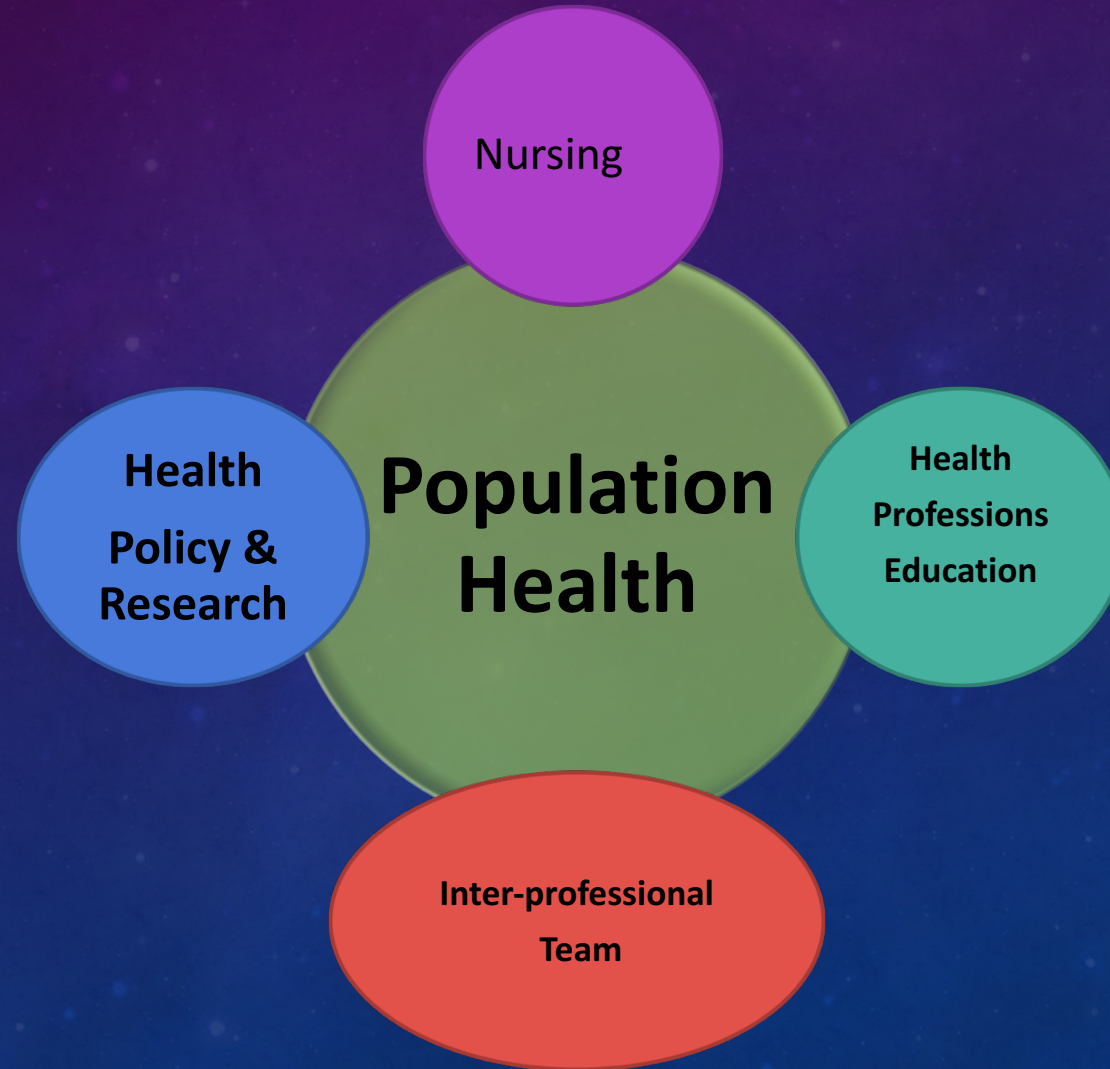
- **Quantitative Measures:**
 - Tier 1 2011 Quad Council Public Health Nursing Competencies.
 - Use of Omaha System to measure change in knowledge, behavior and status of nursing faculty and professional nurses.
 - PHN knowledge, skills, and attitudes
- **Qualitative Measures:**
 - Debriefing with clinical 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



21ST CENTURY 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 :
 - Course Faculty/ Teaching team
 - Nursing Departments
 - 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

Areas

Localities
Municipalities
Urban
Suburban
Rural

International

Partners

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

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)
 - Mexico is largest group (31%)
 - 70% are legal (permanent residents with green cards, refugees, and asylees)
 - 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.

The background features a dark blue gradient with a starry texture. On the left side, there are several overlapping circular elements. A prominent one is a large white arc with a scale from 140 to 260. Other circles include dashed lines, solid lines, and arrows, some pointing inward and some outward, creating a sense of motion or data flow.

THANK YOU!

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