

Development, Dissemination, & Adoption of the Revised Quad Council Coalition Competencies for Community/Public Health Nursing

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Abstract

The Quad Council Coalition (QCC) represents nursing professional groups active in public health teaching, research, and practice; its vision and mission are to provide the “voice and visibility for public health nurses.” The QCC “sets a national policy agenda on issues related to public health nursing and advocates for excellence in public health nursing education, practice, leadership, and research” (Quad Council Coalition [QCC], 2017, p. para.1).

In 2011, the QC revised the *Quad Council Competencies for Public Health Nurses (QCC-PHN)* to guide three levels of practice: *Tier one* generalist, *Tier two* management or supervisory, and *Tier three* senior management or leadership. Current trends in public and population health necessitated updating the core competencies to remain relevant to public health nursing practice.

In 2018, the QC appointed a Competency Review Task Force to revise and update to the Quad Council Coalition Competencies for Community/Public Health Nurses.

Methods

- In March 2017, Quad Council Coalition (QCC) convened a 12-member competency revision subcommittee.
- The team was comprised of public health nurses from practice and academia who represented all practice-level Tiers (generalist, supervisory/management, senior leadership/management) began work on updating the 2011 Quad Council Competencies for Public Health Nurses (QCC-PHN).
- Cross-walk matrix to strengthen and align with the Core Competencies for PH Professionals
- Align with CoL, AONE, WHO Nurse Educator, AAOHN, & Global Competencies
- Critical review of the literature
- In November 2017, the subcommittee deployed a Delphi survey to Quad Council Coalition member organizations for input on the proposed updates.
- Member-organization feedback was integrated to create the final set of revised core competencies.

Figure 1. Community/Public Health Nursing Competencies Tiers One to Three Domains

Domain 1: Assessment & Analytic Skills	Domain 5: Community Dimensions of Practice Skills
Domain 2: Policy Development/Program Planning Skills	Domain 6: Public Health Science Skills
Domain 3: Communication Skills	Domain 7: Financial Planning & Management Skills
Domain 4: Cultural Competencies Skills	Domain 8: Leadership and System Thinking Skills

Results

- Core competencies were modified and added to reflect current public health nursing practice needs, alignment with related non-PHN competencies, and written using the Anderson et al. 2001 revised Bloom’s Taxonomy Action Verbs.
- Developed to build behaviors across the three tiers. An individual in Tier 3 must understand/master preceding competencies
- Reflects behaviors required and relevant to the Public Health Core Functions and the 10 Essential Services.

Community/Public Health Nursing Competencies Tiers One to Three

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.

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.

Tier 3 Core Competencies apply to C/PHNs at an executive or senior management level and leadership levels in public health or community organizations. These competencies apply to C/PHNs responsible for oversight and administration of programs, operation of an organization, or setting the vision and strategy for an organization.

Discussion

- Continue professional development of clinical faculty and team.
- Faculty need to push for more application of competencies in clinical setting (“rigor to practice in community/public health nursing”)
- Need clinical faculty prepared in population/community/public health nursing.
- Orientation of clinical site staff/preceptors to competencies.
- Create and utilize written/digital manual of orientation to competencies/course for sites.
- Use nursing programs as a catalyst for population focused health care.

Conclusion

- The updated core competencies will amplify the voice of public health nurses and provide them with vital information needed to guide and inform practice in Public Health 3.0 practice environments.
- Focused attention on adoption and integration of the public health nursing competencies into practice must be a priority in all practice settings.
- Improved population health, population focused care, and community-based networks nationally and globally.
- Universal common standards are in place to be utilized by academia, practice, and research to inform health care policies and health professions training.
- Develop multilevel PHN through community applications to advocate, develop policy, plan health initiatives, and address issues of social justice and health equity locally, nationally, and globally.
- Prepare public health workforce to respond to challenges of local/global health

Introduction

- The Public Health Nursing specialty is continually evolving to meet the dynamic needs of the systems and populations that public health nurses work in and serve.
- The 2016 Public Health 3.0 White Paper by the Office of the Assistant Secretary for Health includes recommendations where public health nurses can provide leadership and vision, including functioning in the role of Chief Health Strategist, establishing a strong workforce, and developing strategic partnerships.
- A strong, policy and leadership-oriented public health nursing workforce is needed to execute these responsibilities.
- As a result, the core competencies that guide public health nursing practice must remain up-to-date and relevant to reflect current knowledge, skills, and practice needs.

