

CASN
ACESI 

Canadian Association
of Schools of Nursing
Association canadienne des
écoles de sciences infirmières

*...to lead nursing
education and
nursing scholarship
in the interest of
healthier Canadians*

*...orienter la formation
infirmière et l'avancement
des connaissances en
sciences infirmières dans
l'intérêt d'une meilleure
santé des Canadiennes et
des Canadiens*

Education / Formation

Research / Recherche

Scholarship / Connaissance

Accreditation / Agrément

Data / Données

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Canadian Association of Schools of Nursing Public Health Education Sub-Committee

Leveling Community/Public Health Nursing Competencies for New Graduate Nurses

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)
- Omaina 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 to:

1. Level community/public health competencies for baccalaureate nursing graduates
2. Develop a tool for Schools of Nursing to assess placements to determine suitability relevant to community health education
3. 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

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 84 responded from Ontario

Competency Leveling Survey

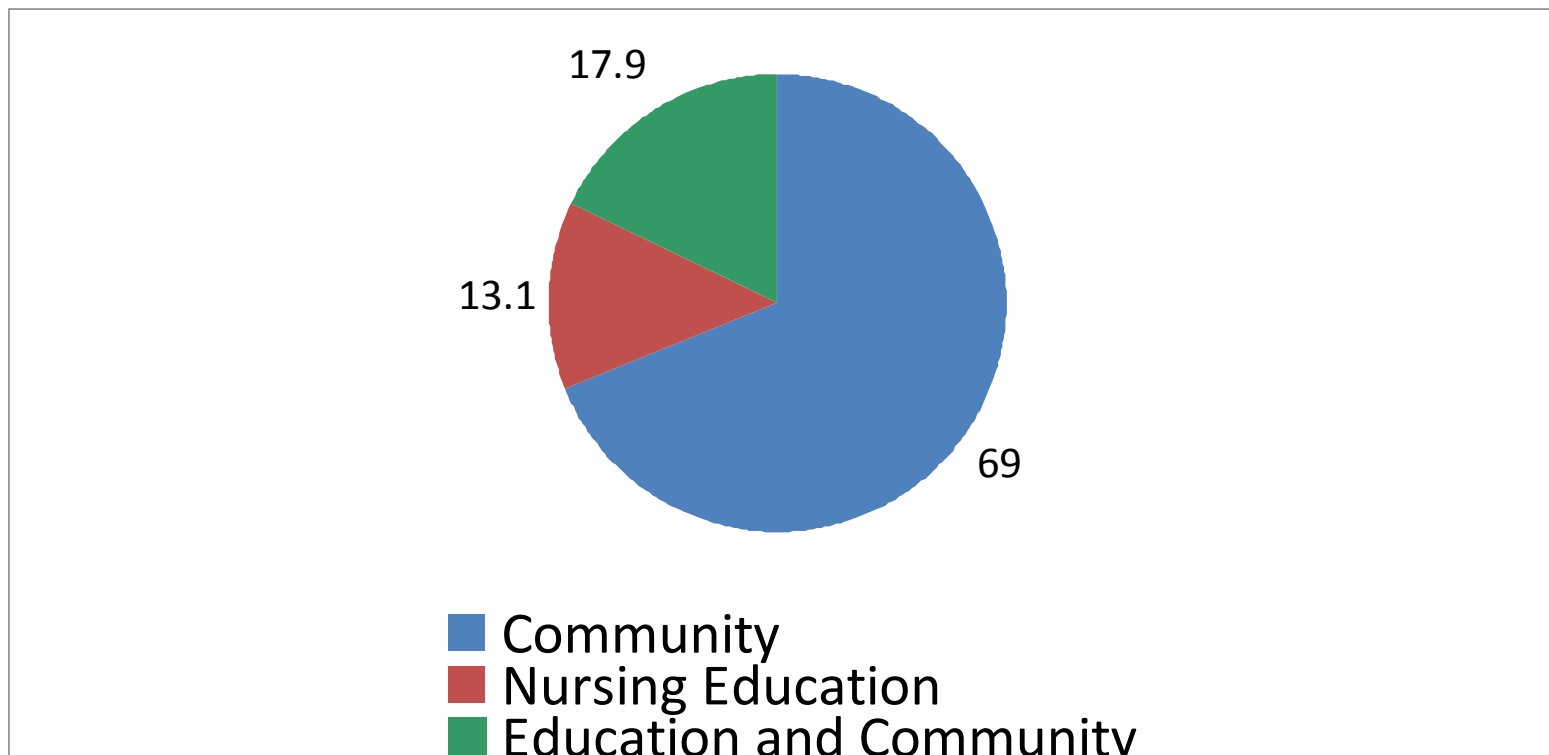
| <p>Not Aware Aware Understands Demonstrates With Assistance Demonstrates Independently</p> | | | | | | <p>Instructions</p> <p>Please answer these questions as they relate to Standard 1a: Health Promotion.</p> <p>On the left side of the grid please check the appropriate box to indicate your expectation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



Ontario Survey Results

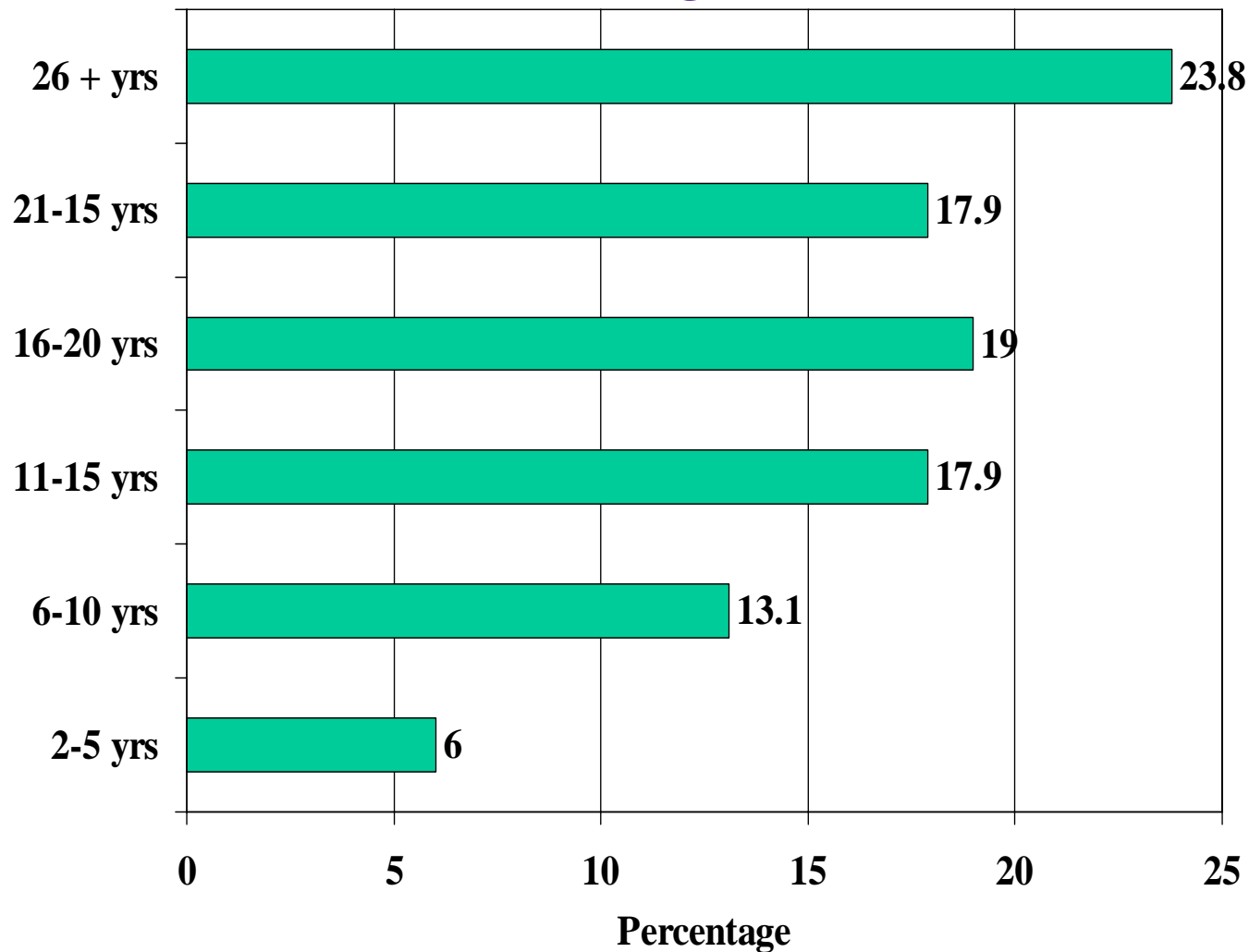


In What Setting Do You Currently Work? (Percentage)



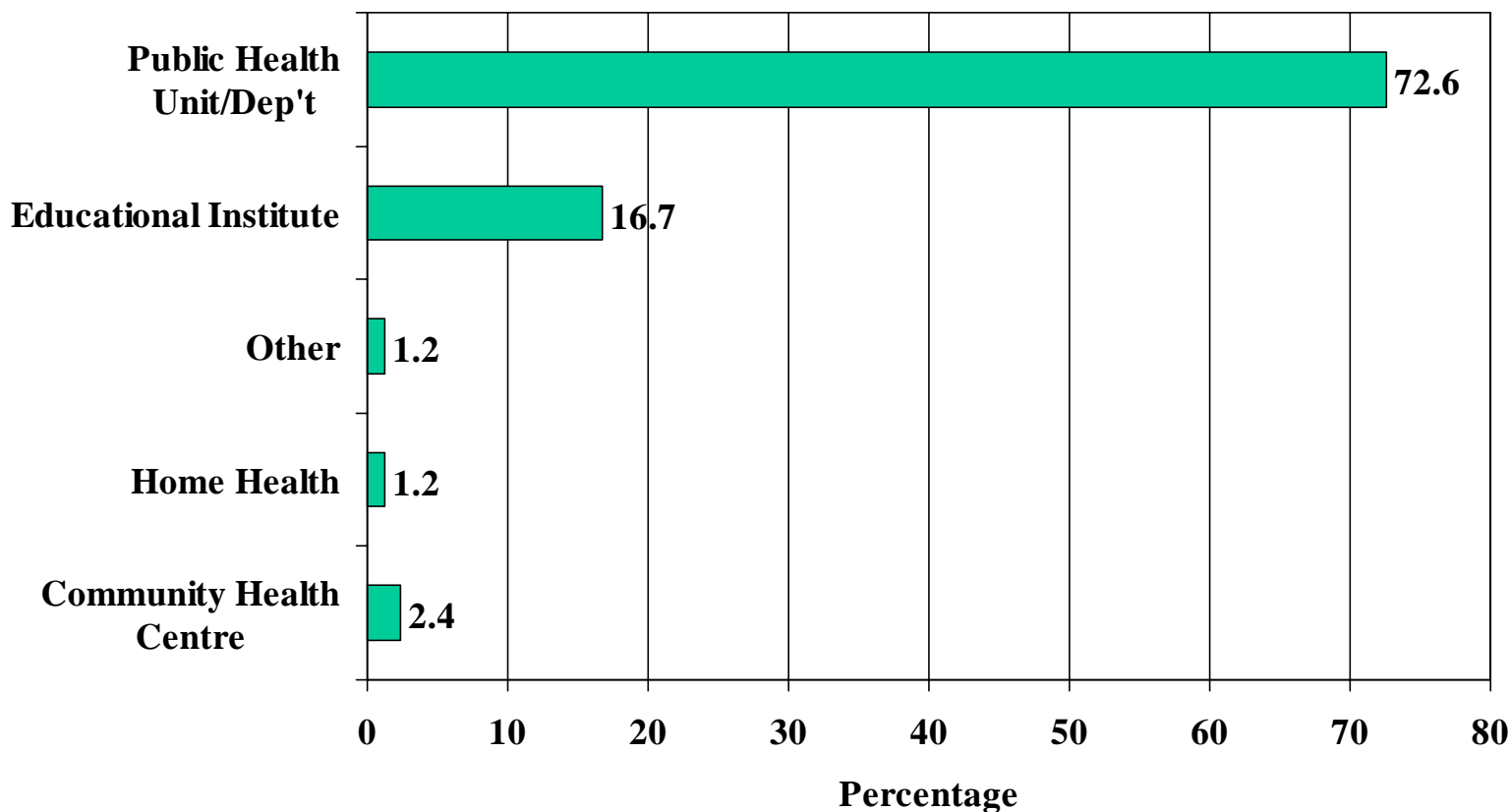


Number of Years Nursing in the Community





What is your Principle Place of Work?





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 | 8.2% | 27.4% | 28.8% | 26.0% | 9.6% | 50 |
| Expected | -- | 1.3% | 15.8% | 52.6% | 30.3% | 78 |

Currently 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 | 33.9% | 39.0% | 15.3% | 11.9% | - | 26 |
| Expected | 1.5% | 7.7% | 44.6% | 36.9% | 9.2% | 61 |
| <u>Currently Demonstrated Competency</u> | | | | <u>Expected Demonstrated Competency</u> | | |

Expected Overall per Standard

In which jurisdiction do you currently work (Choose one based on your primary employer) = Ontario

| | 0 | 1 | 2 | 3 | 4 | Rating | Score Out Of 100 |
|---|------------------|--------------|--------------------|-------------------------------------|-----------------------------------|------------------------------|------------------|
| Loyalty Driver | Not Aware | Aware | Understands | Demonstrates With Assistance | Demonstrates Independently | | |
| <u>Standard 1a: Health Promotion</u> | 0.7% | 7.6% | 29.2% | 47.5% | 15.0% | Demonstrates With Assistance | 67 |
| <u>Standard 1b: Prevention and Health Protection</u> | 0.3% | 5.4% | 32.1% | 47.0% | 15.1% | Demonstrates With Assistance | 68 |
| <u>Standard 1c: Health Maintenance, Restoration and Palliation</u> | 0.5% | 4.8% | 30.7% | 48.2% | 15.8% | Demonstrates With Assistance | 69 |
| <u>Standard 2: BUILDING INDIVIDUAL/COMMUNITY CAPACITY</u> | 0.2% | 10.3% | 31.2% | 51.8% | 6.5% | Demonstrates With Assistance | 64 |
| <u>Standard 3: BUILDING RELATIONSHIPS</u> | 0.4% | 3.8% | 18.8% | 45.4% | 31.5% | Demonstrates With Assistance | 76 |
| <u>Standard 4: FACILITATES ACCESS AND EQUITY</u> | 1.5% | 13.2% | 29.7% | 44.3% | 11.2% | Demonstrates With Assistance | 63 |
| <u>Standard 5: DEMONSTRATING PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY</u> | 1.1% | 6.3% | 21.6% | 38.9% | 32.1% | Demonstrates With Assistance | 74 |
| <u>Recommended Foundational Knowledge</u> | 2.1% | 13.4% | 29.1% | 38.2% | 17.2% | Demonstrates With Assistance | 64 |

Current Overall per Standard

| Loyalty Driver | 0 | 1 | 2 | 3 | 4 | Rating | Score Out Of 100 |
|---|------------------|------------------|--------------------|-------------------------------------|-----------------------------------|-------------|------------------|
| | Not Aware | Awareness | Understands | Demonstrates with Assistance | Demonstrates Independently | | |
| <u>Standard 1a: Health Promotion</u> | 20.1% | 34.8% | 24.0% | 15.6% | 5.5% | Awareness | 38 |
| <u>Standard 1b: Prevention and Health Protection</u> | 16.7% | 35.7% | 23.9% | 20.2% | 3.5% | Awareness | 40 |
| <u>Standard 1c: Health Maintenance, Restoration and Palliation</u> | 16.1% | 37.6% | 25.5% | 18.1% | 2.7% | Awareness | 38 |
| <u>Standard 2: BUILDING INDIVIDUAL/COMMUNITY CAPACITY</u> | 16.1% | 42.1% | 22.7% | 18.0% | 1.1% | Awareness | 36 |
| <u>Standard 3: BUILDING RELATIONSHIPS</u> | 10.8% | 30.5% | 26.6% | 24.5% | 7.6% | Understands | 47 |
| <u>Standard 4: FACILITATES ACCESS AND EQUITY</u> | 19.0% | 29.2% | 28.0% | 20.3% | 3.5% | Understands | 40 |
| <u>Standard 5: DEMONSTRATING PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY</u> | 9.8% | 25.8% | 26.7% | 29.3% | 8.4% | Understands | 50 |
| <u>Recommended Foundational Knowledge</u> | 19.3% | 37.0% | 22.8% | 17.0% | 3.8% | Awareness | 37 |

Current vs. Expected Competency Level

| Stand-ard | # of Items | Current Competency Level | Expected Competency Level |
|-----------|------------|---------------------------------------|-------------------------------------|
| 1a | 12 | 8 Aware; 4 Understands | 2 Understands; 10 Demo A |
| 1b | 8 | 5 Aware; 3 Understands | 2 Understands; 6 Demo A |
| 1c | 16 | 8 Aware; 8 Understands | 14 Demo A; 2 Demo I |
| 2 | 9 | 7 Aware; 2 Understands | 2 Understands; 7 Demo A |
| 3 | 8 | 8 Understands | 8 Demo A; |
| 4 | 12 | 7 Aware; 5 Understands | 4 Understands; 8 Demo A |
| 5 | 21 | 1 Aware; 15 Undrstnds; 5 Demo A | 1 Understands; 14 Demo A; 6 Demo I |
| Rec Know | 12 | 8 Aware; 4 Understands | 2 Understands; 10 Demo A; |
| | | Demo A = Demonstrates with Assistance | Demo I = Demonstrates Independently |

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 ^{of 4} |

| 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 |
| 1c | Applies Epid Principles in Communicable Disease Response |

| 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 |

| Standard | Lowest Components - Expected |
|-----------------|--|
| 1a | Uses social marketing strategies (ie media advocacy) to shift social norms |
| 2 | Uses community development principles to use facilitative skills to support group development |
| 1b | Utilizes harm reduction principles to reduce risk factors in a variety of contexts, incl home, neighbourhood, workplace, school and street |
| 3 | Uses a comprehensive mix of community/population-based strategies (eg coalition building, intersectoral partnerships and networking) to address issues of concern to the groups/population |

Conclusions

1. Ontario 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