Entry-to-practice public health nursing competencies: A Delphi method and knowledge translation strategy

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ABSTRACT

Background: Sustaining and strengthening nurses 'contributions to public and population health in the 21st century depends in part on nursing education. Clearly articulated entry-to-practice competencies will contribute to the capacity of undergraduate nursing education programs to prepare graduates to promote local, national and global population health.
Objectives: The Canadian Association of Schools of Nursing created the Public Health Task Force to develop consensus on core, national entry-to-practice competencies in public health nursing for undergraduate nursing students and to support these competencies with corresponding online teaching strategies.
Design: Delphi approach.
Participants: Nurses with public health experience in education and practice, and representatives from other public health professional organizations across Canada.
Method: The three-phased competency development included: 1) an environmental scan; 2) an iterative process to draft competencies; and 3) a modified Delphi process to confirm the final competency framework using face to face consultations and a survey. The knowledge translation strategy involved soliciting submissions of teaching strategies for peer-review and subsequent inclusion in an interactive online resource.
Results: 242 public health educators and practitioners participated in the consensus consultation. The final document outlined five competency statements with 19 accompanying indicators. A total of 123 teaching strategies were submitted for the online resource, of which 50 were accepted as exemplary teaching strategies.
Conclusion: This competency development process can provide guidance for the development of competencies in other countries, thus strengthening public health nursing education globally. The decision to intentionally level the competencies to entry-to-practice, as opposed to an advanced level, enhanced their application to undergraduate nursing education. The development of the additional inventory of teaching strategies created a sustainable innovative resource for public health nursing educators and practitioners world-wide to support the adoption of entry-to-practice public health nursing competencies.

Sustaining and strengthening nursing contributions to public and population health in the 21st century depends in part on the quality of nursing education. Concerns, however, are being raised about the preparation students receive in public health nursing (Schofield et al., 2011; Canadian Association of Schools of Nursing [CASN], 2007). A recent Canadian study highlighted important curricular gaps in both theoretical content and clinical practice experiences related to

population health promotion (Valaitis et al., 2014). Moreover, clinical placement settings selected to support preparation in public health nursing have changed considerably in recent decades. Increasingly, non-traditional settings are used, such as homeless shelters, non-governmental organizations, environmental coalitions, and food banks (Pijl-Zieber and Kalischuk, 2011; Pijl-Zieber et al., 2015). While clinical placements outside of the health system present opportunities for

students to address the social determinants of health, population health inequities, and program needs, they also bring new pedagogical challenges (Beaudet et al., 2011). In order to maximize learning, educators and students in these settings must have a clear understanding of how the placement experiences can translate to public health nursing roles upon graduation. To this end, the CASN previously developed national *Guidelines for Quality Community Health Nursing Clinical Placements* (CASN, 2010) to address some of the clinical placement issues. There remains, however, a pressing need for nursing curricula to be guided by a clear vision of outcome expectations related to public health nursing content, and the specific knowledge, skills and attitudes students must learn to achieve these outcomes.

Responding to this need, Canadian entry-to-practice public health nursing competencies and an innovative set of corresponding online teaching strategies were developed to promote greater clarity regarding outcome expectations for public health theory and practice. Together, these products will contribute to the capacity of undergraduate nursing education programs to prepare graduates to promote local, national and global population health (Clark et al., 2016). The purpose of this paper is to describe the process used to develop these competencies and the supporting online teaching strategies.

1. Background

The CASN, with funding from the Public Health Agency of Canada, created a national Public Health Task Force of 14 public health nursing experts from across the country. The goal of the Task Force was to develop entry-to-practice public health nursing competencies and an innovative set of corresponding online teaching strategies. CASN is the national voice for nursing education in Canada and its members are the schools of nursing offering an undergraduate and/or graduate degree in nursing. Task force members were purposefully selected to ensure representation of the following: public health associations, professional nursing associations, government agencies, nursing faculty, and all regions of Canada.

Competencies refer to the mobilization of complex knowledge of how to act in a class of situations (Pepin et al., 2017). They manifest the integration of specific knowledge, skills, and attitudes acquired through learning (Tardif, 2006). Competency frameworks have been used as a basis for curricular development, evaluation and accreditation (Dean et al., 2014; Leung et al., 2016; Quad Council, 2004); for professional development (Mucalo et al., 2016; McCarthy and Fitzpatrick, 2009); and for recruitment purposes (Finnie and Wilson, 2003). The Lancet Commission's landmark study emphasized their importance for health professional education because competencies identify clear outcome expectations for graduates in relation to health system needs (Frenk et al., 2010).

The process of competency development differs, depending on the availability or absence of relevant pre-existing frameworks (Lorhan et al., 2014; Bryant, 2015), and on the nature and purpose of the competencies (Goudreau et al., 2009). Typically, relevant literature and existing competencies are consulted to provide a basis for new competency frameworks (Houwelingen et al., 2016; Quad Council, 2004). The Quad Council Coalition of Public Health Nursing Organizations (QCC), an American organization that advances public health nursing including excellence in public health nursing education (QUAD Council, 2017), was used as a resource to identify competency frameworks. Best practices for the competency development process appear to include a consensus building approach, the use of a variety of methods including Delphi techniques (Brown and Crookes, 2016; Finnie and Wilson, 2003; Houwelingen et al., 2016), the input of content experts (Meeker et al., 2013; Quad Council, 2004), broad stakeholder consultation, and the use of a world café design (Haruta et al., 2016).

In contrast to a growing number of publications about the development of competency frameworks (Blazun et al., 2015), much less attention has been given in the literature to teaching strategies

outlining *how* competencies may be acquired (Srinivasan et al., 2011). Carter et al. (2006) have developed a table with teaching strategies that bridged the Association of Community Health Nurse Educators' Essentials *of Baccalaureate Education* and the Quad Council's *Public Health Nursing Competencies*. A study exploring the dissemination and uptake of the Quad Council competencies revealed a high rate of familiarity among faculty, but only slightly more than half of the respondents indicated current use of the competencies. Reasons given included access issues, a lack of resources, and a format that was non-conducive to use (Oppewal et al., 2006).

Pepin et al. (2017) have developed a constructivist competency based approach to education in which the contextualization of learning is central to competency integration. Situation-based group learning strategies are used to foster the learners' development of the inner resources needed to integrate competencies. Based on this literature, an online inventory of contextualized public health nursing teaching strategies was chosen as an accessible means to promote integration of the competencies into nursing education.

2. Methods

2.1. Competency Development

Consistent with CASN's other education frameworks, competencies are defined as "complex know-acts based on combining and mobilizing internal resources (knowledge, skills, attitudes) and external resources, and applying them appropriately to specific types of situations" (Tardif, 2006). Each competency statement has an accompanying list of indicators which are the assessable and observable manifestations of the critical learnings needed to develop the competency (Tardif, 2006). Table 1 summarizes the three-phased process that guided the development of the competencies and indicators: 1) environmental scan; 2) draft competencies statements; and 3) Delphi rounds.

2.1.1. Phase 1

The Task Force conducted an environmental scan in order to situate its work within the current context of entry level public health nursing practice. The scan included a literature review of trends and issues in public health nursing practice and education at provincial/territorial, national, and international levels; existing public health and community health nursing competencies and standards; and public health elements in current nursing curricula. A literature search was conducted through online databases, i.e., Cumulative Index to Nursing and Allied Health Literature, PubMed, and Science Direct; professional association websites; and provincial/territorial regulatory bodies; as well as the test plan for the NCLEX-RN® (CASN, 2015). The search terms entered into the databases included: public health nursing competencies, community health nursing competencies, public health nursing education, community health nursing education, public health competencies, and public health nursing.

The environmental scan revealed increasing salience and

Table 1
Phases of competency development.

Phase 1: Environmental scan

- Complete literature review on public health nursing practice and education
- Review existing competency frameworks
- Consult expected practices for public health nursing practice
- Discuss findings with Public Health Task Force

Phase 2: Draft competency statements

- Organize competency domains with existing competency frameworks
- Adapt competencies for entry to practice unique to public health nursing

Phase 3: Delphi rounds

- See Table 2 for Delphi process details