

Competency-Based Public Health Clinical Educational Strategies

Sigma Theta Tau International Research Congress
Brisbane Australia, August 1, 2012

Marjorie Schaffer, PhD, RN, Bethel University

Patricia M. Schoon, MPH, PHN

Saint Mary's University of Minnesota
University of Wisconsin Oshkosh
Minnesota State University Mankato

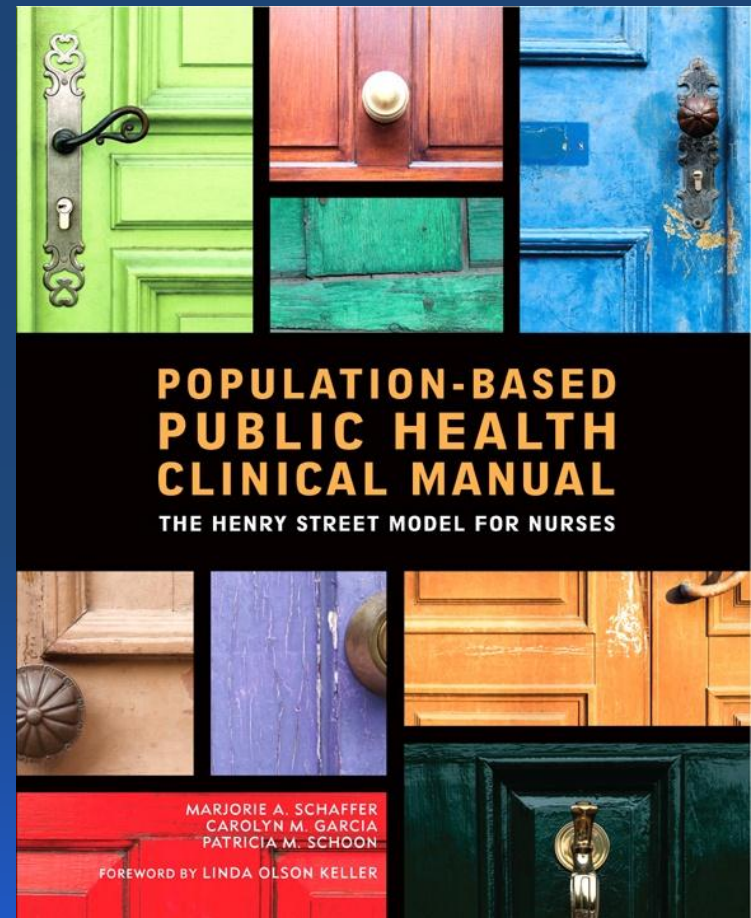
Carolyn Garcia, PhD, RN

University of Minnesota



Disclaimer – Conflict of Interest

- This presentation is based on the outcome of a collaborative project that produced a clinical manual for PHNs, published by Sigma Theta Tau International.
- Each of the three authors receive 3.33 % of profits after the first 2000 copies of the manual are sold.



Educational Challenges in Public Health Nursing

- Lack of clinical sites
- Variability of clinical sites
- Faculty shortage
- Scarce resources for faculty/agencies
- Increasing student populations
- Differences in learning styles, interests, needs
- Variety of nursing programs & pathways

Responding to Students' Diverse Learning Styles and Needs

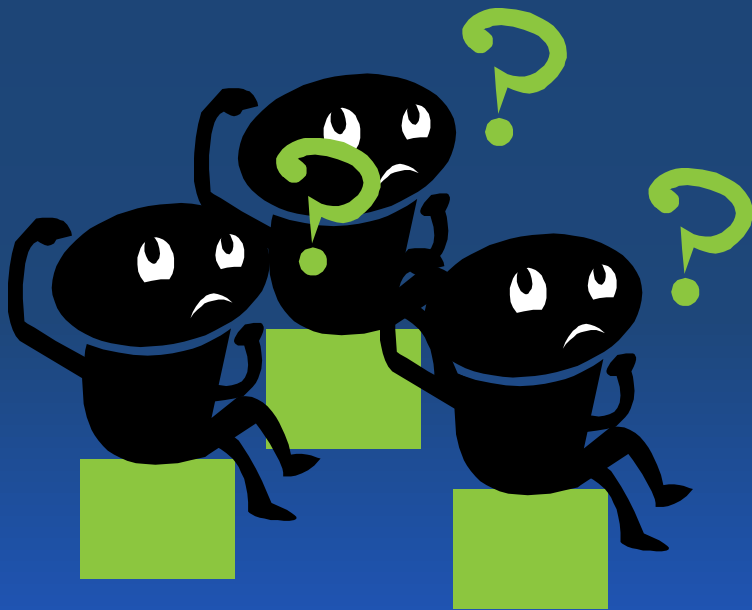
Student Characteristics and Needs

- Diverse student population
- Competing roles and responsibilities
- Looking for meaning
- Committed scholar
- Disengaged learner
- Difficulty translating knowledge and theory into practice

Teaching-Learning Strategies

- Student-centered learning
- Relevant learning
- Evidence-based practice
- Foster active learning and reflective practice
- Guide by the side versus sage on the stage
- Clinical-based learning model

to address
these
challenges...



- In response to needs of educators, and
- In response to needs of clinicians, public health departments
- We formed a consortium comprised of public health nursing educators and practitioners...

The Henry Street Consortium

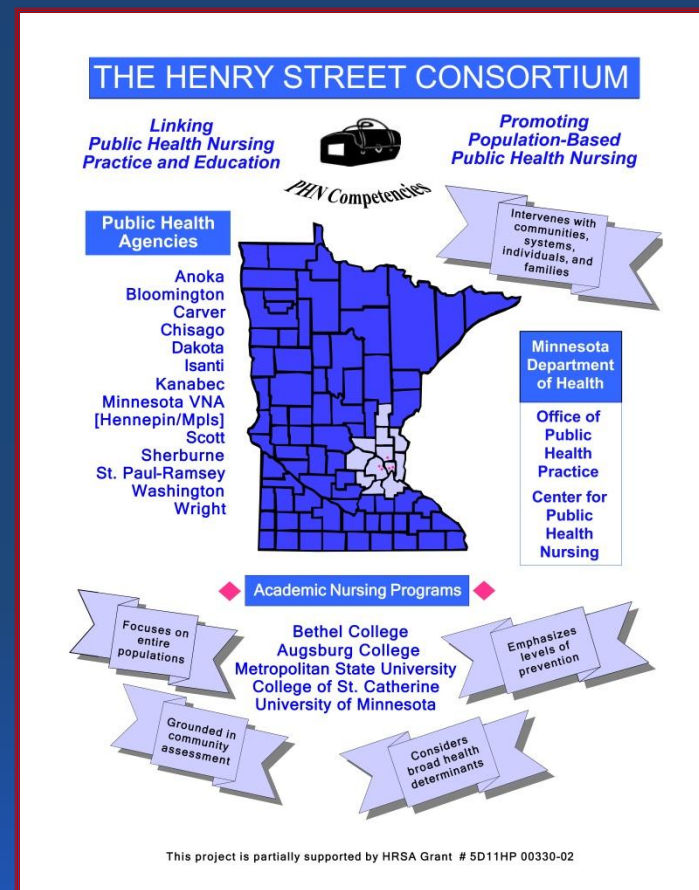
The Henry Street Consortium

2002 (13 agencies and 5 nursing programs)

- Developed set of entry-level competencies
- Developed clinical guidelines and clinical menu

2011

- Evidence-based practice action-oriented clinical manual based on entry-level competencies





Based on nationally accepted public health frameworks & standards

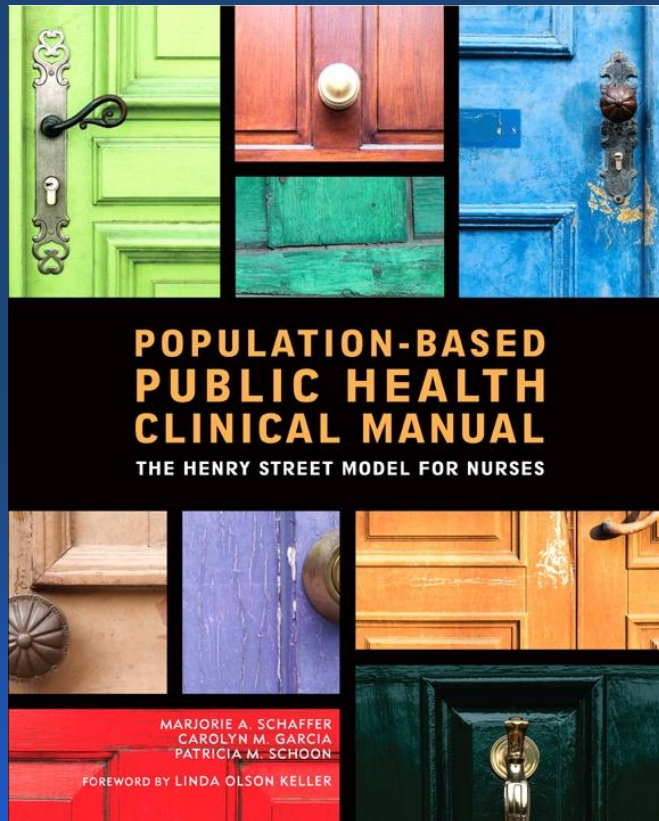
- QUAD Council
- Council on Linkages
- American Nurses Association
- Core PH Functions Steering Committee

**ENTRY-LEVEL POPULATION-BASED
PUBLIC HEALTH NURSING COMPETENCIES
For the New Graduate Or Novice Public Health Nurse**

1. Applies the public health nursing process to communities, systems, individuals, and families
2. Utilizes basic epidemiological principles (the incidence, distribution, and control of disease in a population) in public health nursing practice
3. Utilizes collaboration to achieve public health goals
4. Works within the responsibility and authority of the governmental public health system
5. Practices public health nursing within the auspices of the Nurse Practice Act
6. Effectively communicates with communities, systems, individuals, families, and colleagues
7. Establishes and maintains caring relationships with communities, systems, individuals, and families
8. Shows evidence of commitment to social justice, the greater good, and the public health principles
9. Demonstrates nonjudgmental and unconditional acceptance of people different from self
10. Incorporates mental, physical, emotional, social, spiritual, and environmental aspects of health into assessment, planning, implementation, and evaluation
11. Demonstrates leadership in public health nursing with communities, systems, individuals and families

Figure 1.5 Henry Street Consortium Entry-Level Competencies

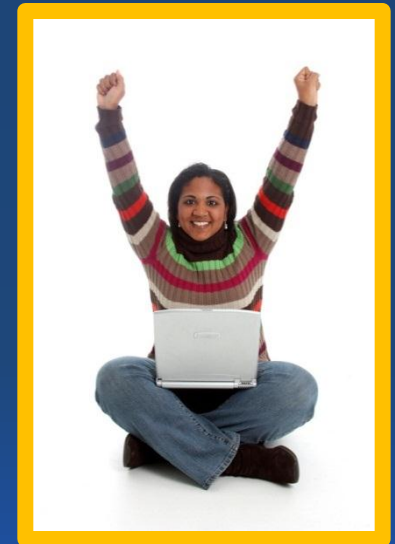
So we wrote a clinical manual



- For public health nursing students
- For new staff orientation
- For agency preceptors
- Based on real world day-to-day PHN experiences
- Brings to the forefront PHN expertise

Chapter Elements

- Case study woven throughout each chapter
- Notebook with competency components and useful definitions
- Evidence examples
- Activities
- Ethical considerations
- Learning examples
- Reflective practice
- Key points
- Think, explore, do



The Manual:

Case Studies & Storytelling

Dan was recently employed as a public health nurse by a county health department. After 2 months on the job, he was asked to staff a clinic to respond to the vaccination needs for the H1N1 flu virus. The county health department had received a limited supply of vaccine. The state health department directed that the vaccine first be given to children age 9 and below. To reach a large number of children and maximize available staff, the public health director (acting as incident commander) made the decision to offer two mass clinics at health department sites.

Dan had never worked for the government. Through the orientation process he began to wonder if he would ever understand how the different levels of government worked together.

Chapter 6 - Competency #4: Works Within the Responsibility and Authority of the Governmental Public Health System (Schaffer, Garcia, & Schoon, 2011, p. 131)

The Manual: Offers Tangible Learning Activities



Think, Explore, Do

1. Look through your local newspaper (or a national online news source) and identify all the articles that describe problems a PHN might be involved in addressing. How will the tools of epidemiology assist in identifying ways to intervene on the problems?





The Manual: Encourages Reflective Practice

12

Applying
Ethical
Principles



ACTIVITY

When is it helpful to share something personal about yourself with a client? When is it not helpful?

What are some "red flags" that indicate you might not be maintaining professional boundaries with clients?

Is it a boundary violation to attend a patient's baby shower? A funeral for a client? Why or why not?

How do you think Jennifer should handle the Facebook request from Mindy?

The Manual: Encourages Synthesis



Key Points

- Social justice serves as the foundation for public health nursing.
- Social justice states that individuals have the right to receive resources based on need.
- PHNs must be able to work in partnership with health care systems based on either market justice or social justice.
- Population health disparities and health inequities persist in the United States and worldwide.
- Nurses are responsible for providing health care as a basic human right.
- PHNs advocate for health equity and justice for individuals, families, populations, and communities at all three levels of practice—individual/family, community, and systems.
- PHNs advocate for vulnerable individuals, families, populations, and communities.
- Key public health nursing advocacy interventions include coalition building, collaboration, community organizing, and policy development and enforcement.

Competency 8: Shows Evidence of Commitment to Social Justice, The Greater Good, and the Public Health Principles, Schaffer, Garcia, & Schoon, 2011, p. 237.

Contextual competency-based clinical education engages students and provides meaning

- Engages students in the real work of the community to improve population health



- Facilitates student achievement of Population-Based Entry-Level PHN Competencies



Effective doing is based on knowing, which starts with curiosity.

- Evidence provides a scientific foundation for selection, use, and evaluation of interventions.
- Using evidence facilitates use of the nursing process.



- Use of evidence facilitates the process of translation of evidence to practice.
- Awareness of evidence demonstrates that public health nurses can make a difference.

Manual: Uses all Levels of Evidence

Research Evidence

- Levels I, II, III

Practice Guidelines

- Level IV

Case Studies, PHN Agency Experiences & Reports, Student & PHN Clinical Experiences

- Level V

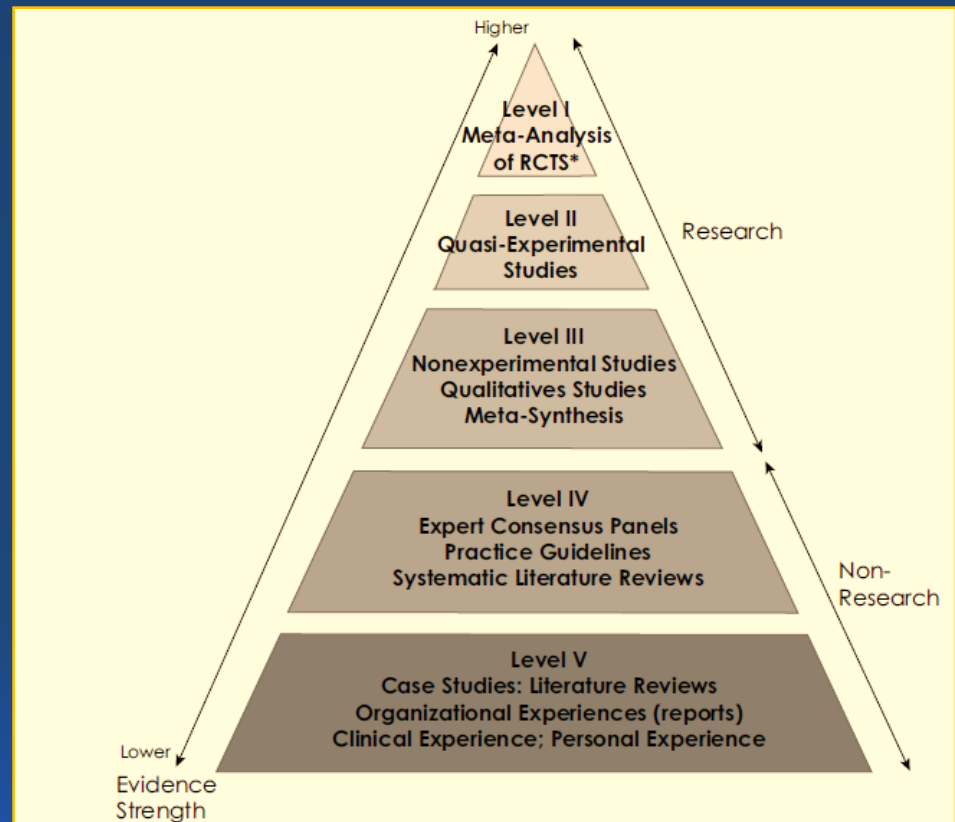


Figure 2.3 Modified from *Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines*, Newhouse et al., 2007; Keller & Strohschein, 2009; by Schaffer, Garcia, & Schoon, 2011. p. 37.

Example: Exposing Students to EBP

Neighborhood Mapping: Infant Mortality Prevention

17

Neighborhood mapping was used to evaluate the effectiveness of an infant mortality prevention program called Healthy Start. Baltimore City community residents were paid to collect data, which was combined with census data for the Healthy Start target areas by using a GIS software program. Data from walkthroughs done by the community residents included the condition of each block and addresses of vacant or boarded up buildings, businesses, healthcare providers, schools, and parks and recreational centers. They also collected data on where people gathered together such as liquor stores or in parks. Healthy Start program data included program participation and pregnancy outcomes. Program staff gained information that could improve recruitment of community members and suggest where to focus resources.

Source: Aronson et al., 2007

Example: Exposing Students to EBP

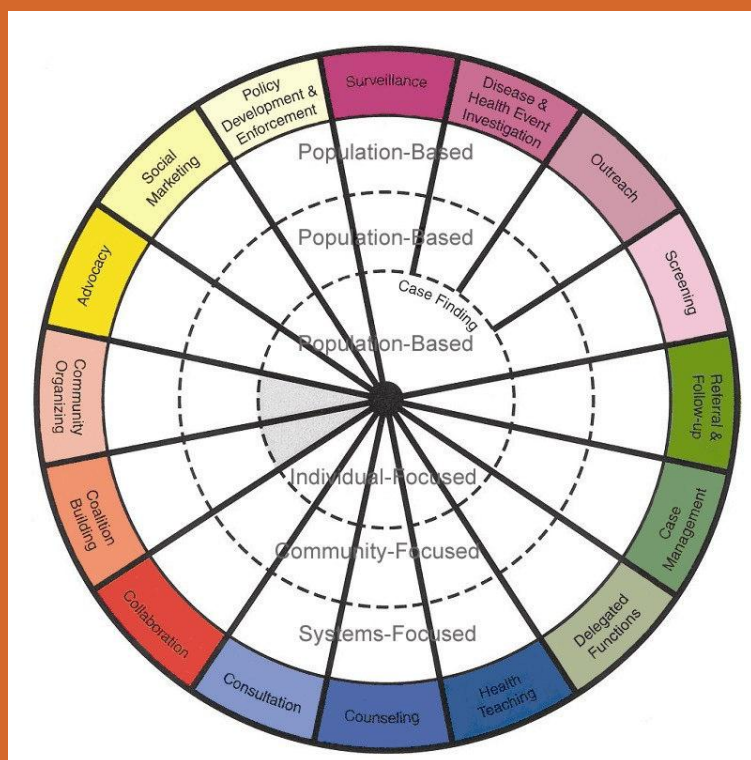
Student Initiative Demonstrates Leadership and Improves Population Health

18

A student nurse completed her leadership clinical in an inner city school with a 95% poverty rate among its students. She developed a dental screening program for the third grade as her leadership project. After screening all of the children, she found that almost all of them had dental disease such as decay, bleeding gums, abscess, and missing or broken teeth. Almost none of them had received dental care in the last year and few owned a toothbrush. All of the children were given a toothbrush, toothpaste, and were taught how to brush their teeth. The nursing student then decided to screen all of the children in the elementary school. She managed to screen about 90% of the children. She prepared a report showing the need for dental care in almost all of the children screened, sent home referrals to all parents, and included information on local dental clinics that provided care for low-income patients. The principal used the report to obtain a grant to put a dental clinic in the school. Within a few years, dental clinics were established in elementary schools located in high poverty neighborhoods throughout the school district.

Source: Schoon, 2010

Uses Public Health Intervention Wheel



- Evidence-based practice interventions at all levels of practice:
 - Individual-focused
 - Community-focused
 - Systems-focused
- Stresses both independent and collaborative practice

Minnesota Department of Health, 2001

E2 Evidence Exchange, www.publichealthnurses.org

Benefits of Competency-Driven, Evidence-Based PHN Education

20

Ensure all competencies are addressed prior to graduation

More relevant and effective preparation for entry into the PHN workforce

Encourages practice-evidence linkages

Facilitates identifying and addressing gaps in existing curriculum



PHN Clinical Education: Are we encouraging...

21

*Thinking
Processing
Reflecting
Linking
Applying
Critiquing
Practicing
Passion?*

*Competency-
driven,
Evidence-based,
Consistent with
practice standards,
and with 21st
century population
health and
workforce needs?*



Are we Preparing Public Health Nursing Leaders Who will Advocate for Population Health?



References

- Keller, LO, Schaffer, MA, Schoon, PM, Brueshoff, B., & Jost, R. (2011). Finding common ground in public health nursing education and practice. *Public Health Nursing, 28*(3), 261-270.
- Schaffer, MA, Cross, L., Keller, LO, Nelson, P., Schoon, PM, & Henton, P. (2010). The Henry Street Consortium population-based competencies for educating public health nursing students. *Public Health Nursing, 28*(1), 78-90.
- Schaffer, MA, Garcia, CM, & Schoon, PM. (2011). *Population-Based Public Health Clinical Manual – The Henry Street Model for Nurses*. Indianapolis, IN: Sigma Theta Tau International. (Instructor Guide available).
<http://www.nursingknowledge.org/Portal/main.aspx?pageid=36&sku=105144>
- The Henry Street Consortium. (2003). Entry Level Population-Based Public Health Nursing Competencies. Minnesota Department of Health. Retrieve from:
http://www.health.state.mn.us/divs/cfh/ophp/consultation/phn/henrystreet/docs/core_competencies.pdf
- Henry Street Consortium web site
<http://www.henrystreetconsortium.org/index.html>

Contact Information

Marjorie A. Schaffer, PhD, RN
Professor of Nursing
Bethel University
3900 Bethel Drive
St. Paul, MN 55112
651-638-6298
m-schaffer@bethel.edu
fax: 651-635-1965

Carolyn Marie García, PhD, MPH, RN
Assistant Professor
NIH K12/BIRCWH Scholar
School of Nursing
5-140 Weaver Densford Hall
308 Harvard Street SE
Minneapolis, MN 55455
612-624-6179
garcia@umn.edu

Patricia M. Schoon, MPH, RN, PHN
Adjunct Associate Professor, Nursing
Saint Mary's University of Minnesota
Distance Clinical Instructor
University of Wisconsin Oshkosh
Adjunct Faculty, Minnesota State University, Mankato
871 Mendakota Court, Mendota Heights, MN 55120
651-452-5337 (home) / 651-335-5337 (cell)
patschoon@gmail.com