

Connecting CHNs: Standards, Competencies and Certification

Presented by

Alison Nelson, RN, MN

Rosemary McGinnis, RN, MHSc

Maryann Kusmirski, RN, MN

What is CHNAlberta?

- Community Health Nurses of Alberta
 - Specialty practice group for RNs
- Acknowledge/advance knowledge, skills, expertise of CHN practice
- Create a community of practice
- Provincial affiliate of CHNC
- Build relationships with other associations in community health

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COMMUNITY HEALTH NURSING

Includes: Nurses promoting health of individuals, groups & communities and an environment that supports health

➤ Public Health (PHN)

- focus on health promotion, illness prevention & population health
- link individual & family health experiences into the population health framework and links population health to families and individuals
- practice in diverse settings e.g. community health centers, schools, streets, nursing stations
- educational preparation: baccalaureate degree required

➤ Home Health (HHN)

- focus on prevention, health restoration, maintenance & palliation; episodic clinical/technical nursing care interventions
- focus on clients & families and caregivers
- practice in homes, schools or workplace and integrates health promotion, teaching & counseling with provision of care
- educational preparation: baccalaureate degree preferred

Foundation of HH & PH

Florence Emory (1953):

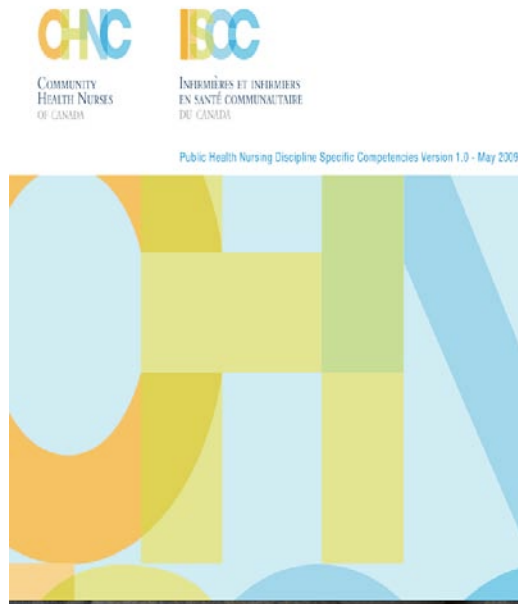
“It was from the field of visiting nursing that public health nursing emerged” [thus] visiting nursing not only preceded public health nursing but influenced the concept and content of the broader piece of work as it is practiced today.

Increasingly it has recognized the teaching function of the service, in which case the visiting nurse is verily a public health nurse... Public health nursing ...must include health teaching; it may include bedside nursing.

Visiting nursing is the giving of bedside care in the homes of the community on a visiting basis; it must include bedside nursing; it should include health teaching; if so it is a branch of public health nursing.” (p. 29).

Launch of Competencies

- Public Health Competencies Launched in 2009
- Home Care/Health Competencies Launched in 2010 <http://www.chnc.ca/phn-nursing-competencies.cfm>



Why Competencies and Standards?

- Define scope & expectations of community health nursing (CHN) practice for safe, ethical care.
- Support the ongoing development of community health nursing
- Demonstrate community health nursing as a Specialty.
- Provide a foundation for certification as a clinical specialty with Canadian Nurses Association.
- Inspire excellence in & commitment to community health nursing practice.

What is the Difference?

Standards:

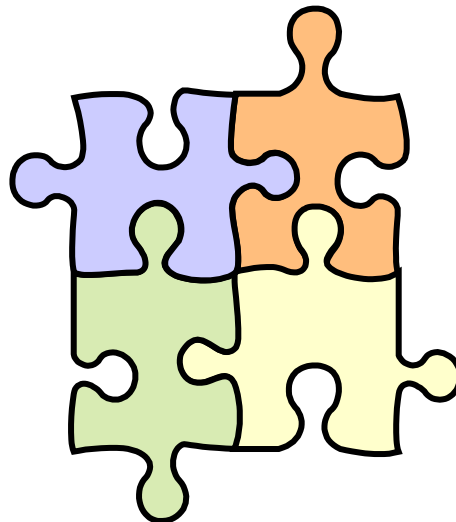
- defined as “the level of service, intervention or outcome.” (Underwood, 2007)

Competencies:

- defined as “behaviours; the activities that a public health professional engages in to *meet* a standard or set of standards.” (Underwood, 2007)



Community Health Nursing Practice Standards



Development of the 2003 Standards



- Developed by a geographically representative committee of CCHNs under the auspices of CCHNAC (Community Health Nurses Association of Canada)
- Input received from over 1000 CCHNs across Canada
- Process took over 3 years – formally released October 2003



CHN Standards (2003)...

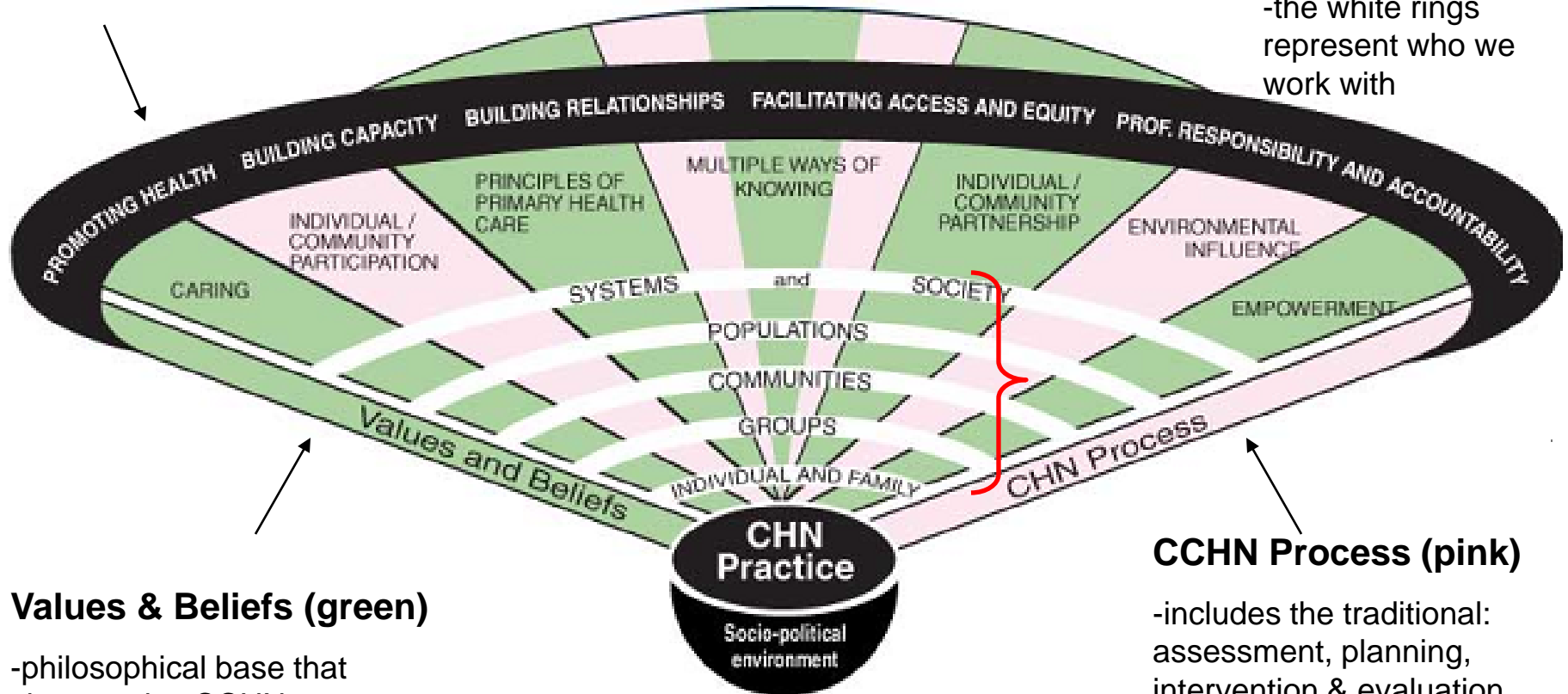
- provide a guide to the knowledge, skills, judgment & attitudes that are needed to practice safely.
 - reflect a desired and achievable level of performance against which actual performance can be compared.
 - main purpose is to promote, guide and direct professional nursing practice.
 - define scope & expectations of CHNsg practice for safe, ethical care.
-
- Adapted from Registered Nurses Association of BC (2003) & the College of Nurses of Ontario (2002)

Canadian Community Health Nursing Practice Model.....

5 Standards

Who we work with

-the white rings represent who we work with



Values & Beliefs (green)

- philosophical base that characterize CCHNsg
- embedded in the standards
- reflected in the development & application of the CCHNsg process

CCHN Process (pink)

- includes the traditional: assessment, planning, intervention & evaluation
- enhanced in CCHNsg by the concepts above (pink) ¹¹
- standards are founded on values & beliefs and the CCHNsg process

CCHN Practice is

influenced by the environment in which we work

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Canadian Community Health Nursing: Standards of Practice

1. Promoting Health
2. Building Individual/Community Capacity
3. Building Relationships
4. Facilitating Access & Inquiry
5. Demonstrating Professional Responsibility & Accountability

Canadian
Community Health Nursing
**STANDARDS
OF PRACTICE**



Community Health Nurses Association of Canada

MAY 2003



CHNAAlberta.ca
COMMUNITY HEALTH NURSES OF ALBERTA

Creating the Public Health & Home Health Competencies

- Delphi Process
 - Consultative process used to achieve consensus among a group of individuals who have expertise in an area.
- several rounds
- results of each round used to form the basis for the next round.
- result is a consensus that reflects the participants' combined intuition and expert knowledge.

Methodology – Public Health

- **Round 1** of the Delphi included a **Qualitative** review to collect opinions on various aspects of the competencies and to develop the preliminary draft set of competencies.
- Built on Core Competencies for Public Health in Canada, Community Health Nursing Standards of Practice and related work.
- Informed by literature review (Hogan), environmental scans, CNA Code of Ethics, work of Simpson (2004, 2005), Quad Council of Public Health Nursing Organizations (2004) and work of other public health disciplines.

Methodology – Home Health

- Round 1 of the Delphi process included drafting a preliminary set of home health nursing competencies based on:
- Literature review (Mildon and Underwood, 2010), the Standards of Practice (Community Health Nurses Association of Canada, 2008), the Public Health Nursing Discipline specific competencies (Community Health Nurses Association of Canada (CHNC), 2009)
- Document mapped the PHN competencies to the standards (CHNC, 2009)

Round Two of the Delphi....

- Included both **Qualitative** and **Quantitative** elements
- Using an “Expert Group” the very preliminary draft set of competencies were reviewed, edited and refined in three steps
 - a survey
 - a webinar/teleconference
 - a last chance opportunity to review and edit the document.

PH Results: 66 draft public health nursing discipline specific competencies were identified

HH results: 97 home health nursing competencies in 13 domains

Expert Groups for Round Two

- The expert group included individuals from across Canada
 - front line public health & home health nurses
 - public health/home health managers, directors
 - consultants, researchers
 - senior decision makers, human resources
 - a nursing union,
 - Canadian Nurses Association

Results of Round Two

- 66 draft public health nursing discipline specific competencies were identified
- 77 Home Health competencies, in 12 sub-domains and 3 main domains were identified
- Used for broader consultation in Round 3

Round Three of the Delphi....

- Involved administering a **Quantitative** survey to a broad range of Canadian nurses practicing in public health/home health.
- Survey respondents were requested to rate the importance of each of the draft competencies statements developed in round 2 using the rating scales of:
 - essential;
 - important;
 - somewhat important;
 - not at all important to PHN practice;
 - don't know.

Survey Response

Public Health (2006)

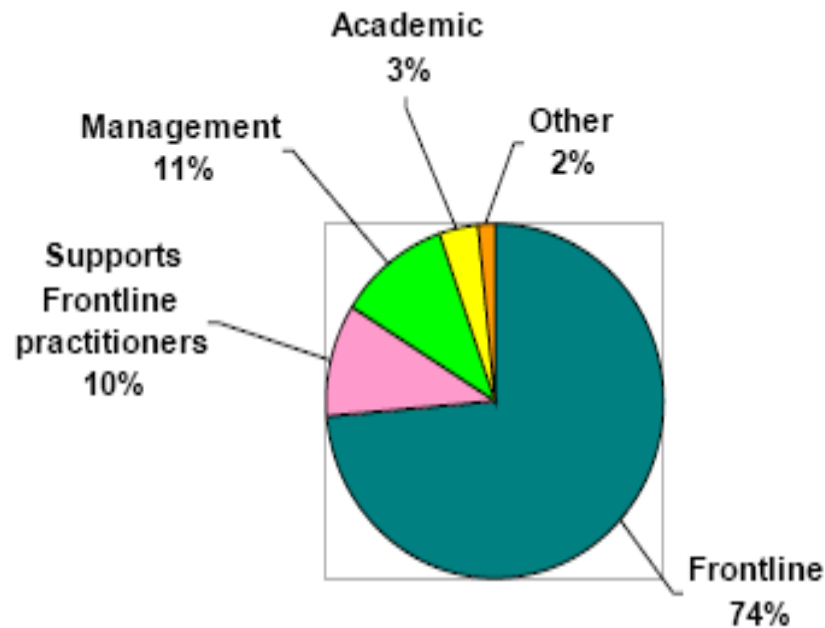
- 540 people opened the survey
- 77% completed all questions
- 93 participants provided “comments”

Home Health (February 1-8, 2010)

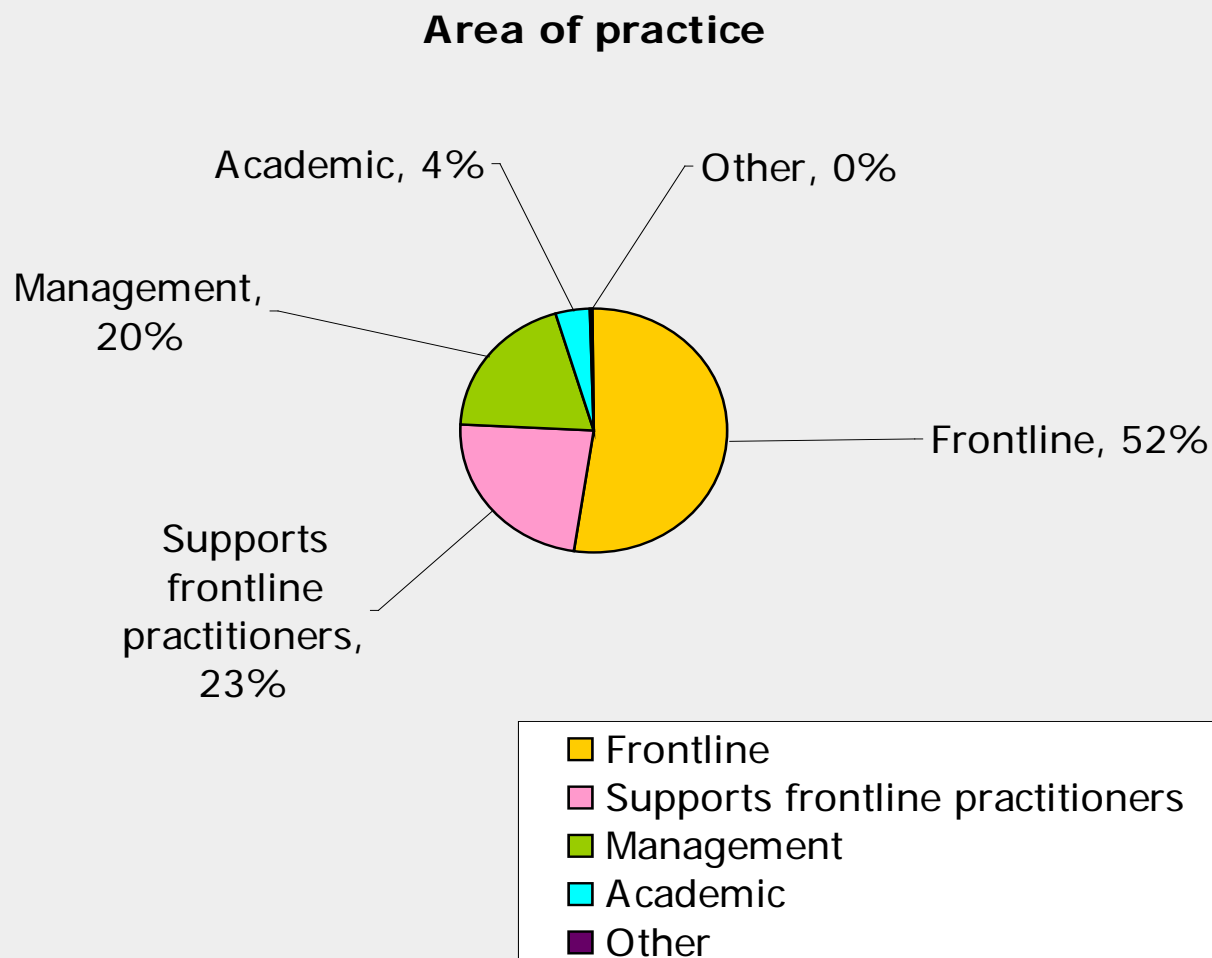
- 271 people opened the survey
- 88% completed all questions
- 77 Participants provided “comments”

Participant Area of Practice PH

Figure: Participant Area of Practice



Participants Home Health



Results of - Round 3 Delphi

- Participants in the survey agreed that all of the competencies were either essential or important to public health/home health nursing practice.
- This level of agreement with the competencies ranged from:
 - PH:** 74% - 99% agreement.
 - HH:** 68% to 100% agreement

Level of Agreement

PH:

- 90-100% agreement on 50 of 66 competencies (76%)
- 80 - 89% agreement on 14 of the 66 competencies (21%)
- 74 - 79% agreement on 2 of the 66 competencies (3%)

HH:

- 100% agreement on 16 of 76 competencies 21
- 95-99% agreement on 39 of 76 competencies (51%)
- 90-94% on 9 of 76 competencies (12%)
- 85-89% on 6 of 76 competencies (8%)
- 80-84% on 4 of 76 competencies (5%)
- <80% on 2 of 76 competencies (3%)

PH Specific Discipline Competencies

- 66 competencies organized under 8 categories
- Public Health & Nursing Sciences
- Assessment & Analysis
- Policy & Program Planning, Implementation & Evaluation
- Partnerships, Collaboration & Advocacy
- Diversity & Inclusiveness
- Communication
- Leadership
- Professional Responsibility & Accountability

HC Specific Competencies

- 78 competencies, grouped in 12 sub-domains within three main domains:
 1. *Elements of Home Health Nursing,*
 2. *Foundations of Home Health Nursing and*
 3. *Quality and Professional Development*

In Summary

- The identification of the required knowledge, skills and abilities is a vital contribution to the development of a strengthened public health and home health nursing workforce.
- These competencies provide a framework for public health and home health nursing practice evaluation and feedback; professional development activities; and undergraduate nursing curriculum planning.



Questions?



Sharing Stories

- What I want you to do now is, at your table, take 1 or 2 minutes each to tell each other the story you wrote down at the beginning of our discussion on competencies.
- Tell each other your stories and choose one story at your table
- Look through your Discipline Specific Competencies document and decide which competency that story fits most closely

Discussion

Consider your “table story” and discuss how the Competencies would help:

1. Increase understanding of the nature and role of the community health nurse.
2. Increase support for community health nursing within the profession and with key stakeholders
3. Improve the consistency and quality of job descriptions, roles, agency standards, orientation, and performance reviews of community health nurses;
4. Increase the capacity of community health nurses to respond to the existing, new and emerging health system changes; and
5. Support the development of public/population health skills in an environment where primary care is often the pressing need.

Certification :

Purpose:

- Promote excellence in nursing care for the people of Canada through the establishment of national standards of practice in nursing specialty areas
- Provide an opportunity for practitioners to confirm their competence in a specialty
- Identify through a recognized credential, those nurses meeting the national standards of their specialty

16,000 and Counting

- CNA [certification numbers](#) continue to be on the rise: as of June 30, valid certifications reached a total of 16,242 in 19 specialties/areas of nursing practice and include the first certifications in medical-surgical nursing.
- CHN Certification

CHNs Certification: On the Rise

- April 1, 2006-First sitting
- Since 2006, 566 CHNs have obtained certification.
- 2009: 60 Certified CHNs in Alberta
- 2011 Exam: coming from Lisa

CNA Certification Exams

- Practice-based
- Measure core knowledge and skills of the specialty
- 40-50 subject matter experts involved in the development
- Regional representation
- Expertise in practice, education, research, administration
- ASI facilitates the development and provides measurement expertise

Exam Development Process

- Competency development
 - Core competencies unique to community health nursing specialty
 - Significant knowledge and skills that are required to perform competently
 - Expected of a competent CHN with 2 years experience
 - Identify observable and measurable competencies to guide the item writing

Percentage of Competencies

1. Facilitating Access to Services in an Efficient and Effective Manner (4) 3%
2. Restoring and Maintaining Health and Providing End-of-Life Care (34) 22%
3. Promoting Health and Preventing Illness and Injury of Vulnerable Individuals, Populations, Aggregates and Targeted Groups within the Community (27) 18%
4. Promoting Health and Wellness Across the Lifespan (17) 11%
5. Providing Infection, Prevention and Control and Communicable Disease Services (38) 25%



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Percentage of Competencies (cont)

1. Being Involved in Emergency Preparedness/Disaster Management (3) 2%
2. Promoting a Healthy Environment (14) 9%
3. Building Community Capacity to Improve Health (5) 3%
4. Demonstrating Professional Responsibility and Accountability (10) 7%

Exam Blueprint

Knowledge/Comprehension

- Knowing and understanding definitions, facts, and principles, interpreting data.

Application

- Applying knowledge and learning to situations
- Applying rules, method, principles of therapeutic communication
- Identifying consequences

Exam Blueprint

Critical Thinking

- Ability to judge the relevance of data, to deal with abstractions, to solve nursing problems
- Formulate conclusions and make judgements concerning clients
- Appraise/diagnose a situation and identify most appropriate intervention

Study Groups

- Review participants “Top 10” learning needs
- Consensus about topics to be covered
- Review timelines
- Discuss study strategies
- Practice answering multiple choice questions
- Face to Face or Virtual

Study Supports

- Mentors from BC, AB, SK, ON and NFLD
- On-line Study Guides
- Local Study Groups
- CHNC <http://www.chnc.ca/>
 - National CHN Conference
 - Study guide (members only)

Certification Bursary

- Barbara Mildon Community Health Nursing National Certification Bursary was inaugurated in 2004
- Annual **\$500.00 bursary** is to provide encouragement and support to an individual pursuing certification and to offset the cost of the initial certification examination
- **Deadline: Midnight, EDT, May 14th, 2011.**

THE TIME IS NOW:

Influence, Impacts, Outcomes



- May 16th to 18th, 2011
- Halifax, Nova Scotia
- <http://chnc.ca/nursing-conferences.cfm>

Appreciation to ...

- Ruth Schofield RN MSc (T) (Ontario) & Tracey Lovett RN BScN IBCLC (Nova Scotia) CHNC Launch of Competencies 2009 Calgary & CPHA Presentation 2009
- Joan Reiter, BSN, CHN, MBA Community Health Nursing Standards of Practice Presentation to CHNC (2004)
- Heather Johnson RN BScN, CCHN © (Yukon), CNA Community Health Nursing Certification Examination Feb 2011