Leveling Community/Public Health Nursing Competencies: The Journey from Generalist to DNP
Rush University, C/PHN Faculty:

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Acknowledgement

This project is/was supported in part by funds from the Division of Nursing (DN), Bureau of Health Professions (BHPPr), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under grant number D09HP03144 and title *Enhancing Access & Diversity: Educating Community/Public Health Nurses* for $510,105. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the Division of Nursing, BHPPr, DHHS or the U.S. Government.
Symposium Overview

• Leveling the C/PHN Competencies: The roadmap (Levin)
• Translating C/PHN standards & competencies to an advanced generalist curriculum (McNaughton)
• Competencies for APHN practice at the DNP level (Swider)
Leveling the C/PHN Competencies: The roadmap

Pamela Levin, PhD, APHN-BC
Presenter Disclosure

Pamela Levin

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months

No relationships to disclose
Background

Evidence based approach to preparing C/PHNs

• Competency based educational programs: Generalist to Specialist
• Graduates with necessary knowledge, skills, attitudes
• Standardized, measurable competency achievement
Background (cont)

Influences on Curricula:

• AACN Essentials
• APRN Consensus Model
• Quad Council/Council of Linkages competencies
• PHN Scope & Standards
• ACHNE Grad Ed for Advanced PHN Paper
• Program terminal objectives
Current Environment

• Population-focused language
• Demand for curriculum efficiency
• Curriculum advancements, distinguish:
  – Generalist vs Advanced Generalist in C/PHN
  – C/PHN Masters specialist vs DNP specialist
• C/PHN in an APRN world
Need

• Defining Core vs C/PHN specialty knowledge
  – Distinguish pre licensure from specialty level
  – Distinguish specialty from APRN

• ACHNE Graduate Ed Paper: Next Steps
  – Educational standards
  – Specialty competencies via nationally recognized process
Purpose

- Taking next steps at a ‘local’ level
- Building on prior experiences
  - Mapping curriculum to QC competencies
  - Identifying core content, measurement criteria
  - PHN practice leader interviews on DNP
Process: Phase 1

• C/PHN faculty goal: DNP in PHN
• Need to speak as a group re core content across levels
• Competencies ⇒ Educational Content ⇒ Measurement Criteria
• Organizing approach
  – Council of Linkages (COL) 2009 competencies
  – AACN DNP Essentials
  – Overarching Assumptions
COL Competencies (Tier 2) (June 2009)

1. Analytic/Assessment Skills (12)
2. Policy development/Program Planning Skills (11)
3. Communication Skills (6)
4. Cultural Competency Skills (6)
5. Community Dimensions of Practice Skills (10)
6. Public Health Sciences Skills (9)
7. Financial Planning and Management Skills (14)
8. Leadership & Systems Thinking (8)
AACN DNP Essentials

1. Scientific Underpinnings of Practice
2. Organizational and Systems Leadership for Quality and Systems Thinking
3. Clinical Scholarship/Analytical Methods for Evidence Based Practice (EBP)
4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
AACN DNP Essentials

5. Health Care Policy for Advocacy in Health Care
6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and Population Health for Improving the Nation’s Health
8. Advanced Nursing Practice in Community/Public Health Nursing
   Foci: (1) Advanced Practice Nursing
         (2) Aggregate/Systems/Organizational
Assumptions

• Definitions of PHN, Population, and Community: (PHN Scope & Standards)
  – client is the population
  – primary obligation: greatest good for greatest num/population as a whole
  – work with client(s) as equal partners
  – primary prevention
  – create healthy environmental, social and economic conditions
  – actively identify/reach out to all who might benefit
  – optimal use of resources to assure improvement in health of population
  – Collaboration: professions, populations, organizations, stakeholder groups

• Ecological perspective
• Competencies build across levels
• Policy competencies addressed at both agency & national/international level

• DNP Essential #7 is critical aspect of APHN role → DNP Essential #8
• Document serves as curricular guide.
Process: Phase 1

- Defined scope across levels: systems framework
  - Advanced Generalist $\Rightarrow$ Micro
  - Specialist $\Rightarrow$ Mezzo
  - DNP $\Rightarrow$ Macro
- Faculty group mapped COL $\Rightarrow$ Essentials
- Small group validation
  - 76 competencies across 8 COL domains
  - Mapped to 8 Essentials
AACN DNP Essentials

1. Scientific Underpinnings of Practice
2. Organizational and Systems Leadership for Quality and Systems Thinking
3. Clinical Scholarship/Analytical Methods for Evidence Based Practice (EBP)
4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
Process: Phase 2

- Developed specific competency statements across levels
  - COL competencies mapped to several Essentials
  - 154 competencies leveled
  - Example

- Validated for overall logic, building across levels
  - Consistency of language
  - Building
    - Individuals, families, groups, teams
    - Agency level
    - Organization and national level
Process: Phase 3

• Reviewed for gaps
  – Cross checked each COL competency addressed

• Reduced redundancies & overlaps
  – 154 down to 132 unique statements
  – Streamlined similar statements into one

• Reorganized statements
  – Original arrangement mapped to Essentials
  – Now arranged under COL Domains
Process: Phase 4

• Differentiating core PHN content across levels
• Pilot with selected competencies
• Challenges
  – Differentiating between educational content & outcome/application
  – Terms similar, but depth/analysis builds
  – Focusing on standard vs current courses
Process: Phase 5

• Identifying specific measurement criteria
  – Tied to core content
  – Building across levels, towards proficiency
  – Iterative process with identifying core content

• Lessons learned from first mapping project
  – Tie to specific assignments/evaluation mechanism
  – Determine process oriented competencies: measure by observation of individual in practice over time
  – Clearly define measurement criteria for preceptors
Next Steps

• Revise curricula
• Validation with practice partners
• Revise as needed
  – COL Tiers 1-3
  – Quad Council specific PHN competencies
• ACHNE PHN Consensus Conference ?
• How we will use
Translating C/PHN standards and competencies to an advanced generalist curriculum

Diane B. McNaughton, PhD, APHN
Associate Professor
Rush University College of Nursing
Presenter Disclosures

Diane B. McNaughton

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Session Objectives

• To demonstrate one method of using specialty competencies across educational levels in curriculum development.

• Describe how the competency document(s) inform didactic and practicum courses in the advanced generalist program.
Rush University College of Nursing
Advanced Generalist Curriculum

To achieve quality patient-family-population-based outcomes, the advanced generalist will:

• Employ therapeutic use of self and intentional presence to protect the value of the human relationship.

• Deliver competent, holistic, and contextually appropriate patient-family-population-centered nursing care
Advanced Generalist Curriculum, cont.

• Synthesize scientific evidence and innovative technologies to guide nursing practice in dynamic care environments.

• Develop collaborative, interdisciplinary, and multi-sector relationships to ensure improved health care.

• Demonstrate leadership behaviors within and across systems at all levels of prevention.
Advanced Generalist Curriculum, cont.

• Manage the structure and processes of the care environment, incorporating policy, fiscal, and macro-system concepts.
• Demonstrate professional values in nursing practice
Curriculum at a Glance...

**Current**

- Phased out BSN in 2009
- Graduate Entry Master’s (GEM) (pre-licensure)
  - Admitted first class, summer 2008
- Advanced Public Health Nursing Master’s (APHN) (post-licensure)

**Transitions**

- Begin BSN to DNP
- Move APHN to DNP level
Differences in PHN content between BSN and GEM

• For GEM, broaden student knowledge re: political, social, environmental and cultural issues influencing aggregate health.

• Emphasis on cultural competence and communication strategies with vulnerable populations.

• Evidence based C/PHN practice

• Level of practice: basic knowledge re: community partnership and principles of aggregate health promotion strategies
Guiding documents

• CNL competencies
• GEM terminal objectives
• Quad council competencies
## C/PHN Content

<table>
<thead>
<tr>
<th>Course</th>
<th>Quarter</th>
<th>Quarter Hours</th>
<th>Didactic</th>
<th>Practicum</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 522 Health Promotion</td>
<td>2</td>
<td>3 qtr hours</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>NRS 519 Public Health Nursing</td>
<td>5</td>
<td>3 qtr hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NRS 526 Comprehensive Clinical Management</td>
<td>6</td>
<td>2 qtr hours</td>
<td>Yes</td>
<td>Yes Individuals and families in communities</td>
</tr>
</tbody>
</table>
1. Analytic/Assessment Skills

1.1 Assesses the health status of populations and their related determinants of health and illness.

**Competency**
- Conduct basic community/population assessment

**Content**
- Descriptive Epidemiology
- Overview of one community assessment framework
- Collection of demographic and Health data
- Key informant interview
- Define aggregate health concerns based on assessment data
2. Policy Development/Program Planning Skills

2.1 Analyzes information relevant to specific public health policy issues.

**Competency**

- Identifies policy issues relevant to the health of individuals, families, and groups
- Describes the structure of the health care system

**Content**

- Policy overview including definitions, review of how the legislative process works
- Overview of health care system and health care financing
### 3. Communication Skills:
#### 3.1 Oral, Written, Electronic, Cultural Competence.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communicates effectively in writing, orally, and electronically</td>
<td>• Program admission assumes basic communication skills (written, oral, electronically)</td>
</tr>
<tr>
<td>• Communicates in a linguistically correct and culturally sensitive manner</td>
<td>• Group dynamics, being an effective group leader</td>
</tr>
<tr>
<td>• Communications are characterized by critical thinking</td>
<td>• Nursing process demonstrated in communication</td>
</tr>
<tr>
<td></td>
<td>• Impact of culture on health of individuals and families</td>
</tr>
</tbody>
</table>
4. Cultural Competency Skills

4.3 Responds to diverse needs that are the result of cultural differences.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adapts care delivery to individuals, families, and groups based on cultural differences.</td>
<td>• Relevant terminology</td>
</tr>
<tr>
<td></td>
<td>• Cultural assessment of individuals, families and groups</td>
</tr>
<tr>
<td></td>
<td>• Partnership</td>
</tr>
<tr>
<td></td>
<td>• Barriers to delivering culturally competent care</td>
</tr>
<tr>
<td></td>
<td>• Cultural humility</td>
</tr>
<tr>
<td></td>
<td>• CLAS standards</td>
</tr>
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<td></td>
<td>• Working with translators</td>
</tr>
<tr>
<td></td>
<td>• Cultural competency certification</td>
</tr>
</tbody>
</table>
Competency

• Supports public health policies programs, and resources
• Identified opportunities for advocacy for individual and family focused interventions.

Content

Awareness of:

• Public organizations that develop policy, e.g., EPA
• Relevant public health policies
• Potential impact of public policy on service population
• Relationship of public policy on program development and funding
• Strategies to advocate for changes in public policy
6. Public health science skills
6.1 Retrieves scientific evidence from a variety of text and electronic resources.

Competency
• Understands methods of identifying and accessing public health information using informatics, e.g., census, Healthy People.

Content
• General principles of acquiring relevant public health information
• Assessment of quality of electronic sources of information
• Identification of data sources of relevant public health information
• Development of inferences based on data
• Appropriate application of population data to target group
7. Financial Planning and Management Skills
7.1 Evaluates Program Performance

**Competency**
- Provides data for population focused program evaluation
- Designs a simple evaluation plan for a program targeting individuals, families, and/or groups

**Content**
- Overview of evaluation principles
- Descriptive and experimental designs for evaluation
- Differences between processes and outcomes
- Writing measurable objectives
- Critique available tools for use in evaluation
- Principles of aggregate data collection & management
8. Leadership and systems thinking skills

8.1 Incorporates systems thinking into public health practice.

** Competency **

- Applies systems theory to practice with individuals, families, and organizations

** Content **

- Principles of systems theory, with application to role across units
- Quality improvement models, processes, metrics, and relationship to evidence-based practice

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Next Steps

• C/PHN faculty group to assure integration of content to GEM & DNP curricula
• Incorporate student activities to meet course objectives
• Evaluation of student learning
• Revise clinical syllabus and review sites
• Upcoming curricular revision 4 quarters to 3 trimesters (efficiency)
Competencies for APHN practice at the DNP level

Susan M. Swider, PhD, APHN-BC, RN
The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Objectives

• To identify educational content in C/PHN at varying levels of nursing education.
• To demonstrate one method of using specialty competencies across educational levels in curriculum development.
• To demonstrate methods for measuring competency in education and practice at the generalist and specialist level.
Introduction

• DNP Essentials
• APRN Consensus Model
• APHN practice
Assumptions

- Definitions of PHN, Population, and Community
  - Client is the population;
  - Primary obligation to achieve greatest good for greatest number/population as a whole
  - Working with the client(s) as equal partners
  - Primary prevention
  - Create healthy environmental, social and economic conditions
  - Actively identify/reach out to all who might benefit
  - Optimal use of available resources to assure best overall improvement in health of population
  - Collaboration with other professions, populations, organizations and stakeholder groups
Assumptions

• Ecological perspective

• **Competencies build across levels**

• Policy competencies addressed at both agency and national/international level

• **DNP Essential #7 is critical aspect of APHN role and thus combined with DNP Essential #8**

• Document serves as curricular guide.
DNP Essentials

• #1 Scientific Underpinnings of Practice
• #2 Organizational and Systems Leadership for Quality and Systems Thinking
• #3 Clinical Scholarship/analytical methods for Evidence Based Practice (EBP)
• #4 Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
DNP Essentials

• #5 Health Care Policy for Advocacy in Health Care
• #6 Interprofessional Collaboration for Improving Patient and Population Health Outcomes
• #7 Clinical Prevention and Population Health for Improving the Nation’s Health and
• #8 Advanced Nursing Practice in Community/Public Health Nursing
### 1. Analytic Assessment Skills:

#### 1.1 Assess the health status of populations and their related determinants of health and illness

<table>
<thead>
<tr>
<th>Specialist PHN (mezzo level)</th>
<th>Educational Content</th>
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<tbody>
<tr>
<td>Competency:</td>
<td></td>
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<tr>
<td>• Conducts comprehensive, in depth community/population assessment</td>
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<tr>
<td>Educational Content</td>
<td></td>
</tr>
<tr>
<td>• Rates/risk, odds ratios</td>
<td></td>
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<tr>
<td>• Epidemiology designs/studies, methodology</td>
<td></td>
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<tr>
<td>• Measures of prognosis/life tables</td>
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<tr>
<td>• Risk assessment /screening</td>
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<tr>
<td>• Evidence behind protocols, use clinical decision making</td>
<td></td>
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<tr>
<td>• Models of assessment</td>
<td></td>
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<tr>
<td>• Selection of, and application of model appropriate to targeted population</td>
<td></td>
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<tr>
<td>• Data collection for all aspects of selected frameworks</td>
<td></td>
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<tr>
<td>• Data analysis for population level data</td>
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<td>• Methods for development and prioritization of population diagnoses</td>
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<thead>
<tr>
<th>DNP PHN (macro level)</th>
<th>Educational Content</th>
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</thead>
<tbody>
<tr>
<td>Competency:</td>
<td></td>
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<tr>
<td>• Conducts comprehensive, in depth system/organizational assessment as it relates to population health</td>
<td></td>
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<tr>
<td>Educational Content</td>
<td></td>
</tr>
<tr>
<td>• Using epidemiological data for management decisions</td>
<td></td>
</tr>
<tr>
<td>• Organizational assessment methods</td>
<td></td>
</tr>
<tr>
<td>• Strategic planning for population health outcomes within an organization/system</td>
<td></td>
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</tbody>
</table>
### 2. Policy Development/Program Planning Skills: 2.1 Analyzes information relevant to specific public health policy issues

<table>
<thead>
<tr>
<th>Specialist PHN (mezzo level)</th>
<th>DNP PHN (macro level)</th>
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</thead>
<tbody>
<tr>
<td><strong>Competency:</strong></td>
<td><strong>Educational Content</strong></td>
</tr>
<tr>
<td>• Identifies valid and</td>
<td>• Framework for policy</td>
</tr>
<tr>
<td>reliable data relevant</td>
<td>analysis for getting</td>
</tr>
<tr>
<td>to health policies</td>
<td>issues on agenda or</td>
</tr>
<tr>
<td>targeted to communities</td>
<td>promoting those</td>
</tr>
<tr>
<td>and populations</td>
<td>currently on agenda</td>
</tr>
<tr>
<td>• Conduct and use policy</td>
<td>to successful passage/</td>
</tr>
<tr>
<td>analysis for action</td>
<td>implementation</td>
</tr>
<tr>
<td>on specific public health issues</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Competency:</strong></th>
<th><strong>Educational Content</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establishes methods and</td>
<td>• Policy environmental</td>
</tr>
<tr>
<td>linkages to collect and</td>
<td>analysis</td>
</tr>
<tr>
<td>analyze public health</td>
<td>• Strategic planning</td>
</tr>
<tr>
<td>and public policy</td>
<td>for policy</td>
</tr>
<tr>
<td>information</td>
<td>competence</td>
</tr>
<tr>
<td>• Conduct and use</td>
<td>within organization/</td>
</tr>
<tr>
<td>policy analysis for</td>
<td>system</td>
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<tr>
<td>action on specific</td>
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<tr>
<td>public health and</td>
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<tr>
<td>systems issues</td>
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</tbody>
</table>
### 3. Communication Skills:

3.2 Communicates in writing and orally in person and through electronic means with linguistic and cultural proficiency

<table>
<thead>
<tr>
<th>Specialist PHN (mezzo level)</th>
<th>DNP PHN (macro level)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency:</strong></td>
<td><strong>Competency</strong></td>
</tr>
<tr>
<td>• Communicates effectively in writing, orally, and electronically</td>
<td>• Communicates effectively in writing, orally, and electronically</td>
</tr>
<tr>
<td>• Communicates in a linguistically correct and culturally sensitive manner</td>
<td>• Communicates in a linguistically correct and culturally expert manner</td>
</tr>
<tr>
<td>• Communications are characterized by critical thinking and complex decision making.</td>
<td>• Communications are characterized by critical thinking and decision making at the systems level.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Educational Content</strong></th>
<th><strong>Content</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Group dynamics: being an effective group leader</td>
<td>• Business communication</td>
</tr>
<tr>
<td>• Health impacts of Cultural diversity across populations</td>
<td>• Consensus building leadership</td>
</tr>
<tr>
<td></td>
<td>• Cultural diversity as it impacts the workforce</td>
</tr>
</tbody>
</table>
## 4. Cultural Competency Skills

### 4.3 Responds to diverse needs that are the result of cultural differences

<table>
<thead>
<tr>
<th>Specialist PHN (mezzo level)</th>
<th>DNP PHN (macro level)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency:</strong>&lt;br&gt;• Plans care delivery to communities/populations based on cultural differences</td>
<td><strong>Competency</strong>&lt;br&gt;• Plans for care delivery at the systems level to target groups based on cultural differences</td>
</tr>
<tr>
<td><strong>Educational Content</strong>&lt;br&gt;• Development of relationship with community partners&lt;br&gt;• Cultural assessment of communities &amp; populations&lt;br&gt;• Adapting programs to culture of community or population&lt;br&gt;• Case study exemplars</td>
<td><strong>Content</strong>&lt;br&gt;• Cultural assessment of organization, community partners, and target groups&lt;br&gt;• Strategies to create a culture of inclusion in the system&lt;br&gt;• Evaluation of cultural competency of system</td>
</tr>
</tbody>
</table>
### 5. Community Dimensions of Practice Skills
#### 5.10 Promotes public health policies, programs and resources

<table>
<thead>
<tr>
<th>Specialist PHN (mezzo level)</th>
<th>DNP PHN (macro level)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency:</strong></td>
<td><strong>Competency</strong></td>
</tr>
<tr>
<td>• Advocates for public health policies, programs, and resources that impact service population</td>
<td>• Advocates for national and global public health policies, programs, and resources that impact service population</td>
</tr>
<tr>
<td><strong>Educational Content</strong></td>
<td><strong>Content</strong></td>
</tr>
<tr>
<td>• Gaps in public policy</td>
<td>• Interaction of organizational system &amp; health care system, policy, regulation</td>
</tr>
<tr>
<td>• Collaboration in the development of programs that implement public policy</td>
<td>• Methods to assure adherence of organizational policy with public policy</td>
</tr>
<tr>
<td>• Development of partnerships and coalitions to advocate for the development or change of public health policy</td>
<td>• Leadership in development of programs that implement public health policy</td>
</tr>
<tr>
<td>• Oversight of consistency of organizational policy with public health policy</td>
<td>• Leadership to develop and change public health policy</td>
</tr>
</tbody>
</table>
### 6. Public Health Science Skills

#### 6.6 Retrieves scientific evidence from a variety of text and electronic sources

<table>
<thead>
<tr>
<th>Specialist PHN (mezzo level)</th>
<th>DNP PHN (macro level)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency:</strong></td>
<td><strong>Competency</strong></td>
</tr>
<tr>
<td>- Identifies a wide variety of sources and methods to access public health information, e.g., GIS mapping</td>
<td>- Serves as an expert resource for others in the identification and use of public health informatics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Educational Content</strong></th>
<th><strong>Content</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Descriptive and analytic epidemiology</td>
<td>- Advanced data sources and methods</td>
</tr>
<tr>
<td>- Knowledge of emerging data sources and methods</td>
<td>- Methods to identify and incorporate new informatics sources and technologies</td>
</tr>
<tr>
<td>- Utilization of existing sources and methods in assessments and program plans</td>
<td>- Creation of a culture that identifies and incorporates public health informatics and technologies into organizational operations</td>
</tr>
<tr>
<td>Financial Planning and Management Skills</td>
<td>7.8 Evaluates program performance</td>
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</tr>
<tr>
<td>Specialist PHN (mezzo level)</td>
<td>DNP PHN (macro level)</td>
</tr>
<tr>
<td>Competency:</td>
<td>Competency</td>
</tr>
<tr>
<td>• Designs and implements an evaluation plan that addresses multiple variables and uses multiple methods for a population focused program</td>
<td>• Critique systems level and organizational programs for quality, effectiveness, and sustainability of population focused programs</td>
</tr>
<tr>
<td>Educational Content</td>
<td>Content</td>
</tr>
<tr>
<td>• Qual and quant evaluation designs</td>
<td>• Applying evaluation methods at organizational/systems level</td>
</tr>
<tr>
<td>• Writing SMART process and outcome objectives</td>
<td>• System level variables and measurement tools</td>
</tr>
<tr>
<td>• Designing data collection process</td>
<td>• Sustainable system level program evaluation</td>
</tr>
<tr>
<td>• Developing tools for ongoing program evaluation</td>
<td></td>
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<tr>
<td>• Synthesizing data across multiple methods and variables</td>
<td></td>
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<tr>
<td>• Confidentiality considerations with design &amp; data management/reporting</td>
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<tr>
<td>Competency:</td>
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<tr>
<td>Specialist PHN (mezzo level)</td>
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<tr>
<td>• Identifies system factors that support or hinder public health interventions and addresses them in intervention plans</td>
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<tr>
<td>Educational Content</td>
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<tr>
<td>• Application of system theory to program development within organization</td>
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<tr>
<td>• Overview of org analysis</td>
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<tr>
<td>• SWOT analysis in relation to program development</td>
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<tr>
<td>• Quality improvement - working with existing metrics</td>
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<tr>
<td>Competency</td>
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<tr>
<td>DNP PHN (macro level)</td>
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<tr>
<td>• Evaluates new PHN practice approaches based on organizational and systems theories</td>
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<tr>
<td>• Influences external systems to enhance PHN practice and population health</td>
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<tr>
<td>Content</td>
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<tr>
<td>• System theories, decision making models</td>
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<tr>
<td>• Organizational, org culture, org analysis models &amp; theories</td>
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<tr>
<td>• SWOT analysis at organizational level</td>
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<tr>
<td>• Quality improvement identifying new/other metrics</td>
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</table>
Next Steps

• Complete educational content for remaining competencies
• Review across levels of practice for consistency and completeness
• Review for concordance with Quad Council final version
• External review by practice partners
• Review and revise curriculum; new DNP curriculum in APHN
• Disseminate results