

**COLORADO  
PUBLIC HEALTH NURSE  
COMPETENCY SETS  
User Guide**

**Part 1. Competency Basics<sup>1</sup>**

**Introduction**

The Colorado Public Health Nurse Competency Sets have been created to facilitate the development of a competent public health nurse workforce in the areas of Immunizations, Emergency Preparedness, Maternal Child Health and Communicable Disease. To be deemed “competent” implies that nurses possess the basic knowledge, skills, abilities and attitudes necessary for the delivery of essential nursing services in public health practice.

**Assumptions**

1. Competencies can be acquired through formal training, but also through experience, performance support systems, and on-the-job training.
2. All public health nurse development efforts should be competency-based and facilitated by ready access to life-long learning.
3. Individual competencies intersect with but do not replace organizational performance standards and organizational capacities.
4. Competency statements are not “wish” lists or lists of content “topics”. They describe 1) an acceptable level of performance, 2) the skill needed to perform the work, and 3) the actual conditions under which the work is executed.
5. Competencies need to be routinely updated as nursing science evolves, disease and injury morbidity and mortality trends change, or communities express new expectations of public health nursing practice.

**Definition of “Competencies”**

Competencies are actions which are observable in the execution of one’s work. They are applied skills and knowledge that enable nurses to perform their work.

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<sup>1</sup> Adapted from the *Competency-to-Curriculum Toolkit: Developing Curricula for Public Health Workers*. Center for Health Policy Columbia University school of Nursing and Association of Teachers of Preventive Medicine. 2004.

## **PURPOSE**

Competencies assist public health nurses to grow in ability to apply public health values and principals effectively and collaboratively over time, in any agency or program. By identifying the knowledge, skills and attitudes necessary to perform essential public health nursing functions, they can assist local public health managers in orienting new nurses, evaluating job performance, creating job descriptions, and/or assist public health educators in identifying the training and educational needs of the public health nurse workforce.

### **Domains:**

Core competencies for all public health workers in the United States are organized by skill “domains”. Colorado has adopted these same domains for its public health nurse competency sets. The domains include:

- Domain 1, Analytic Assessment Skills
- Domain 2, Policy Development/Program Planning
- Domain 3, Communications
- Domain 4, Cultural Competency
- Domain 5, Community Dimensions of Practice
- Domain 6, Basic Public Health Sciences
- Domain 7, Financial Planning and Management
- Domain 8, Leadership and Systems Thinking

### **Foundational Elements:**

*Core Competencies for Public Health Nurses* (Quad Council, 2003) serves as the core and fundamental competencies set that anchors the specialty areas included in the Colorado Public Health Nurse Competency Sets. The “Core Set” should be used as a companion resource for new public health nurse orientation.

(Note: The Quad Council is a partnership of four public health nursing organizations – the Public Health Nursing Section (American Public Health Association); the Council on Nursing, Primary Care Nursing and Long Term Care (American Nurses Association); the Association of Community Health Nurse Educators; and the Association of State and Territorial Directors of Nursing.)

### **Levels of Performance:**

Levels of performance are identified as “awareness”, “knowledge” and “proficient”. In the Emergency Preparedness Competency Set, it is also noted when the competency is expected from a variety of levels of expertise including general staff nurse, supervisor/manager, or “specialist”.

## **Part 2: Guide to using the Colorado Public Health Nursing Competency Sets**

The Colorado Public Health Nursing Competency sets were developed to be flexible and adaptable. While it is desirable to maintain the original meaning and intent of each competency as it is stated, it is understood that each public health agency is unique and may require making some modifications, expansions and adaptations to reflect the specific public health nursing practice in that particular community or setting.

### **Uses for the tool:**

1. Orientation of newly hired public health nurses. The competency sets are excellent tools to standardize new nurse orientation programs for public health agencies statewide. (This was the original intent for creating the competency sets.)
2. Performance appraisal. The competency sets can be used as a basis for development of performance standards and evaluation.
3. Job description development.
4. Education and training program identification and development.

### **Competency-based Orientation Program**

A competency-based orientation program is designed to ensure safe, competent, and ethical nursing care by familiarizing new nursing staff with the work environment, including expectations and policies. Competencies are assessed and validated with a focus on the new employee's ability to actually perform the expectation of his or her role in a particular setting.<sup>2</sup> It is important to note that the "awareness level" of performance may be the terminal point of assessment and competence for many generalist public health nurses.

When using the competency tools, the nurse can begin with any domain. In-other-words, the new nurse does not have to begin with domain #1, but could skip to another domain and come back to others as she/he becomes more comfortable with her/his role.

The 3 month, 6 month, 9 month and 12 month evaluation periods noted in the Competencies tools are at the end of those periods of time, beginning with the initial self assessment at the onset of the orientation period.

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<sup>2</sup> AARNL – Association of Registered Nurses of Newfoundland and Labrador (2003). Orientation Programs for Registered Nurses: Best Practice Guidelines. Newfoundland: Author.

### **Part 3: Definitions Relevant to PHN Competencies<sup>3</sup>**

**Advocacy:** Interventions such as speaking, writing or acting in favor of a particular issue or cause, policy or group of people. Advocacy aims to enhance the health of disadvantaged groups.

**Analysis:** The examination and evaluation of relevant information in order to select the best course of action from among various alternatives. In public health, this requires the integration of information from a variety of sources.

**Assessment:** A formal method of evaluating a system or a process, often with both qualitative and quantitative components.

**Attitude:** A relatively stable belief or feeling about a concept, person or object. Attitudes can often be inferred by observing behaviors.

**Authority:** Having legal power to enforce policies, rules, regulations and laws.

**Awareness:** Basic level of mastery of the competency. Individuals may be able to identify the concept or skill but have limited ability to perform the skill.

**Collaboration:** A recognized relationship among different sectors or groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone.

#### **Communication Skills:**

These are the skills required by public health professionals to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, and to speak and write in plain language; i.e., verbal skills, often reinforced with visual images.

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<sup>3</sup> Adapted from: A Dictionary of Public Health. John M. Last (2007) and the Health Promotion Glossary. World Health Organization (1998).

**Community (public health) Triage:**

The decision-making process used to identify, sort and prioritize the needs within the community when resources are (or will become) insufficient to meet the demand of the event. Needs can include (but not be limited to):

- Medical
- Pharmaceutical
- Psychological
- Shelter
- Food/Water
- Protection from exposure (to communicable disease)

Community triage assists the emergency response team to determine what resources are needed, the finite capacity of the needed resources within the community and how scarce resources will be allocated in a public health crisis/disaster. (James, D. 2008)

**Consultant/specialist:**

Consultants/specialists are public health staff who is likely to have advanced preparation in a special content area or a specific set of skills. They provide expert advice and support to front line providers and managers although they may also work directly with clients. Examples of consultants/specialists include epidemiologists, environmental health, evaluators, nurse practitioners, and advanced practice nurses.

**Core competencies for public health:**

Core competencies are the essential knowledge, skills and attitudes necessary for the practice of public health. They transcend the boundaries of specific disciplines and are independent of program and topic. They provide the building blocks for effective public health practice, and the use of an overall public health approach.

**Data:** A set of facts; one source of information

**Disease and injury prevention:**

Measures to prevent the occurrence of disease and injury, such as risk factor reduction, but also to arrest the progress and reduce the consequences of disease or injury once established. Disease and injury prevention is sometimes used as a complementary term alongside health promotion. (A public health system core function.)

**Evaluation:** Efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.

**Evidence:** Information such as analyzed data, published research findings, results of

evaluations, prior experience, expert opinions, any or all of which may be used to reach conclusions on which decisions are based.

**Front line provider:**

Public health staff that have post-secondary education and experience in the field of public health. Front line providers have sufficient relevant experience to work independently, with minimal supervision. They work directly with clients, including individuals, families, groups and communities. Examples of front line providers are public health nurses, public health/environmental health specialists, public health dietitians.

**(Health) Planning:**

A set of practices and procedures that are intended to enhance the efficiency and effectiveness of health services and to improve health outcomes. This activity commonly includes short-term, medium-term, and long-range planning.

**Information:** Facts, ideas, concepts and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action.

**Investigation:** A systematic, thorough and formal process of inquiry or examination used to gather facts and information in order to understand, define and resolve a public health issue.

**Knowledge:** Intermediate level of mastery of the competency. Individuals are able to apply and describe the skill.

**Leadership:** Leadership in the field of public health relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge.

**Life-long Learning:**

A broad concept where education that is flexible, diverse and available at different times and places is pursued throughout life. It takes place at all levels—formal, non-formal and informal—utilizing various modalities such as distance learning and conventional learning.

**Manager/Supervisor:**

Public health staff that are responsible for major programs or functions. Typically, they have staff who report to them. Sometimes senior managers come from sectors other than public health and therefore rely heavily on consultants/specialists and other public health professionals for content expertise and advice.

**Proficiency:** Advanced level of mastery of the competency. Individuals are able to synthesize critique or teach the skill.

**Public Health:** An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term “public health” can describe a concept, a social institution, and a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, and an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise.

**Research:** Activities designed to develop or contribute to knowledge, e.g., theories, principles, relationships, or the information on which these are based. Research may be conducted simply by observation and inference, or by the use of experiment, in which the researcher alters or manipulates conditions in order to observe and study the consequences of doing so. In public health, there is an ill-defined distinction between research and routine surveillance, case finding, etc. Qualitative research aims to do in-depth exploration of a group or issue, and the methods used often include focus groups, interviews, life histories, etc.

**Social Justice:** Refers to the concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income. The goal of public health is to minimize preventable death and disability for all.

**Surveillance:** Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death. (A public health system core function.)

**Values:** The beliefs, traditions and social customs held dear and honored by

individuals and collective society. Moral values are deeply believed, change little over time and are often grounded in religious faith. They include beliefs about the sanctity of life, the role of families in society, and protection from harm of infants, children and other vulnerable people. Social values are more flexible and may change as individuals undergo experience. These may include beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances. Values can affect behavior and health either beneficially or harmfully.

**Vision:** If a strategic plan is the “blueprint” for an organization’s work, then the vision is the “artist’s rendering” of the achievement of that plan. It is a description in words that conjures up the ideal destination of the group’s work together.