A Competency-Based Approach to Public Health Nursing Performance Appraisal

Kate Bracy Kalb, Nancy M. Cherry, Jayne Kauzloric, Annette Brender, Kathy Green, LeaAnn Miyagawa, and Anne Shinoda-Mettler

ABSTRACT  Objectives: To integrate public health nursing (PHN) competencies into a comprehensive performance review instrument for nurses at multiple practice levels in an urban public health department.  Design: Based on thorough review of PHN competency literature, the tool evaluates performance for 5 nursing practice classifications (Staff RN, Public Health Nurse, Nurse Practitioner, Clinical Nurse Specialist, Nursing Supervisor) in eight PHN domains (assessment, policy development/program planning, evaluation, communication, cultural competency, partnership/collaboration, disease prevention/health promotion, leadership/systems thinking).  Sample: Tool was piloted with over 50 nurses from PHN workforce (n > 400) of Public Health—Seattle & King County (Washington).  Method: Pilot testing includes all components of the performance appraisal system: Public Health Competency Grid, statement of general workplace expectations, Nursing Performance Appraisal Tool, and supporting documents defining performance elements by job classification.  Results: Supervisors find the tool easy to use and report that it provides opportunity for real communication between employee and supervisor. Nurses at all practice levels report that it effectively describes/evaluates their practice.  Conclusions: This tool is an efficient performance appraisal instrument providing meaningful feedback to nursing employees within a framework of PHN competencies. Adopting such tools in PHN practice can help nurses to better understand their role in population-based public health efforts.

Key words: clinical competence, competencies, performance appraisal, public health nursing, supervision.

Essential public health nursing competencies have been well described in the public health literature. In the everyday world of nursing activities, however, it is something of a leap from merely understanding the competencies to seeing them form the framework of actual day-to-day practice. Public Health—Seattle & King County (PHSKC), located in Washington State, has a long history of strong, effective public health nursing practice. Recent changes in county nursing classifications provided an opportunity to update and improve the performance tool that had been used for over a decade to evaluate King County public health nurses.

The earlier appraisal tool had been designed as an instrument to offer acknowledgment and encouragement for nursing performance. Supervisors felt that it lacked opportunity for meaningful feedback, and that it did not address the nursing practice as population based. As nurses in the department were clearly practicing from a population-based framework, this seemed the opportunity to develop a nursing performance appraisal tool that would more accurately reflect the current role of nursing, as well as the opportunity to define the practice explicitly using population-based competencies. Supervisors requested a tool that would show staff growth and would provide meaningful feedback on performance. At the
<table>
<thead>
<tr>
<th>Standard</th>
<th>IOM Core Public Health Competencies</th>
<th>CDC/NACCHO 10 Essential Services</th>
<th>Minnesota Model 17 Public Health Interventions for PH Nurses</th>
<th>Quad Council 8 Tenets of Public Health Nursing</th>
<th>ANA 6 Standards of Nursing Care</th>
<th>ANA 8 Standards of Professional Performance</th>
<th>Quad Council 8 Public Health Nurse Domains (Adapted from COL)</th>
<th>NACCHO 7 Competencies for Public Health Organizations</th>
<th>Public Health, Seattle &amp; King County Public Health Nursing Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Components</td>
<td>Assessment</td>
<td>Assurance</td>
<td>Policy Development</td>
<td>Monitor</td>
<td>Diagnose/Investigate</td>
<td>Inform/Educate</td>
<td>Mobilize Community Partners</td>
<td>Develop Policies and Plans</td>
<td>Enforce Laws</td>
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</table>

Figure 1. Standards and Competencies in Public Health Nursing Practice
same time, there was overwhelming support for making the tool practical, easy to use, and helpful in supervising nurses to maximize their public health practice.

**Conceptual basis**
Public Health Nursing Competencies have been defined and clarified over the past decade. Beginning in 1994, when the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) described the “Ten Essential Services” of public health (NACCHO, 1994) based on three core public health functions (IOM, 1988) (see Fig. 1), the world of public health began to describe itself in terms of the population-based practice. These essential services, as they related specifically to public health nurses, were further described by the Minnesota Department of Health (1997) in *Public Health Interventions: Examples from Public Health Nursing* in October of 1997. This was a detailed description of the customary work of public health nurses, and framed in terms of its relationship with a population-based practice. These essential services, as they related specifically to public health nurses, were further described by the Minnesota Department of Health (1997) in *Public Health Interventions: Examples from Public Health Nursing* in October of 1997. This was a detailed description of the customary work of public health nurses, and framed in terms of its relationship with a population-based practice. These essential services, as they related specifically to public health nurses, were further described by the Minnesota Department of Health (1997) in *Public Health Interventions: Examples from Public Health Nursing* in October of 1997.

In 1998, the American Nurses Association (ANA) described “Six Standards of Nursing Care” and “Eight Standards of Professional Performance” (ANA, 1998) (see Fig. 1). Although not specific to public health nursing, these standards gave more structure to the discipline of nursing as it is currently practiced in this country. The National Association of County and City Health Officials (NACCHO) published *The Public Health Competency Handbook: Optimizing Individual and Organizational Performance for the Public’s Health* in 2001 (Nelson & Eissen, 2001). The handbook includes a chapter entitled “Where the Rubber Meets the Road: An Overview of Competency Based Performance Management.” This chapter describes a process for measuring and “optimizing individual and organizational performance for the public’s health.” It details both organizational and individual competencies for each of seven organizational “competency areas.” The role of public health nursing within a population-based framework and the leadership necessary to manage that transition were described in 2001 by Berkowitz et al. in *Public Health Nursing Leadership: A Guide to Managing the Core Functions*. In the same year, nursing competencies per se were explicitly described by the Quad Council with their adaptation of the “Core Competencies of Public Health Professionals” (Council on Linkages Between Academia and Public Health Practice [COL], 2001) to public health nursing practice (see Fig. 1). This work, finalized in 2003, lists eight “domains” for nursing practice and describes the expected activities and skills for each domain, as well as the expected skill level in each domain for staff level nurses versus management/specialist/executive nurses (Quad Council, 2004).

With this substantial groundwork conducted, it remained to find an actual appraisal tool based on all these well-considered documents. At the time of tool development, authors were unable to find such a tool. The Minnesota Department of Health Web site had listed “Entry Level Population-Based Public Health Nursing Competencies” (Henry Street Consortium, 2003). These were useful particularly for new and inexperienced nurses, and defined 11 basic competencies for nurses going into a public health practice, but did not allow for conventional performance review. South Carolina had performed a “Public Health Workforce Development Survey” in which they asked employees to describe their skill levels in each of 68 activities within the “Core Competencies of Public Health Professionals” (State of South Carolina, undated). The Kentucky Board of Nursing and Kentucky Department of Public Health had conducted some excellent work in a “Registered Nurse Initial Employment Competency Validation” (Kentucky Board of Nursing, 2002) checklist for newly hired public health nurses. The checklist was based on the Quad Council’s eight domains of public health nursing practice, and lists specific sub-competencies under each domain that must be verified for each public health nurse. While each of these pieces of work was valuable for its intended purpose, none was an appraisal tool per se, nor were any designed to address general feedback to employees or intended to serve as performance review tools with goal-setting and scoring features.

**Tool Development**
Developing and launching a new performance appraisal tool for nurses is not a small undertaking in a large county bureaucracy such as PHSKC. The Health Department has 10 major clinical sites and over 400 nurses in its employ. Although “population-based
practice” is supported and understood by leadership within the department, it has not been the basis for any official position descriptions.

To develop a tool specific to the county’s public health nursing practice, all of the previously mentioned documents and publications were reviewed for content and form. Additionally, the current job specifications were reviewed for nursing classifications at all levels. Various competencies from the available frameworks were summarized and combined, and “Eight Nursing Competencies for Public Health—Seattle & King County” were described for all nurses working in public health. These competencies were then broken into specific performance elements for each competency, at each level of nursing practice. For example, “Assessment” was the first competency named in the appraisal tool. Assessment performance elements were then described in detail for each of the classifications of nursing practice: registered nurse, public health nurse, nurse practitioner, clinical nurse specialist, and nursing supervisor. (For detailed performance elements, see Appendix A, “Nursing Public Health Competency Grid of Performance Elements.”) Performance elements were described for all eight competencies, and for each of five nursing classifications. These elements were reviewed by a committee of nurses from several of the classifications.

In order to design a tool based on these performance elements and derived from public health nursing competencies, there needed to be philosophical agreement among leadership players that it was appropriate to use these competencies as the basis of our practice. To accomplish this, first the performance elements were developed in great detail as described previously (see Appendix A). Once these elements were detailed, the document, a “Public Health Competency Grid for Nurses,” was introduced to a review committee of six nursing supervisors and site managers for their analysis and discussion. This grid outlined numerous performance elements for each competency at five levels of nursing practice (see Appendix A). The group was offered the opportunity to comment on the grid, discuss its applicability to the King County practice, and determine whether they could support this model as a performance framework. The committee did support this conceptual framework, and the grid was then presented to a department leadership group. The leadership group reviewed the performance elements and approved the continuing development of an appropriate appraisal tool.

One of the major goals of the review committee was to develop an appraisal tool that not only reflected a population-based practice, but that would also give meaningful performance feedback and address common performance concerns. With input from nursing supervisors, it was decided to develop a “General Workplace Expectations” document (see Appendix B, “General Workplace Expectations Document”) to augment the competency list, which would outline department expectations for nurses in areas such as communication, reliability, appearance, and conduct. This document made it unnecessary to address these elements separately on the appraisal tool, but provided an opportunity for feedback on any areas of concern when appropriate.

Next, a tool format was adopted that allowed for evaluation of general expectations as well as weighted evaluation of eight public health nursing competencies. The tool included scoring and goal setting. The tool itself was identical for each level of nursing practice, but specific evaluation content was based on the respective performance elements for each nursing classification, as listed in the “Nursing Public Health Competency Grid” (Appendix A). It was available in electronic format, so that evaluators could personalize it to each employee and develop unique and specific comments and goals. The following components comprised the packet that was made available to supervisors: (a) “General Workplace Expectations for Nursing Personnel” document (Appendix B); (b) “Nursing Public Health Competency Grid,” which describes all performance elements for all levels of nursing (Appendix A); (c) the “Nursing Performance Appraisal Tool”; and (d) separate “Performance Elements” documents for respective nursing classifications, making it possible to share specific competencies and performance elements with each nurse, using only those performance elements for that nurse’s classification. For example, a nurse practitioner would be given a document with the competencies and performance elements for a nurse practitioner only, not the grid with all elements for all classifications.

**Pilot implementation**

Initially the tool was piloted by the members of the committee. Ten performance appraisals were completed over a period of 4 weeks. The committee reconvened to discuss their experiences and to decide on changes that might be necessary before a wider
pilot within the department. Evaluations were performed on nurses at varying levels of practice, including a staff RN, a nurse practitioner, a public health nurse, and a nursing supervisor.

At the follow-up meeting to discuss the pilot, evaluators were very enthusiastic about the experience. All evaluators found the new tool to be shorter and less redundant than the previous tool. Several noted that it gave them an opportunity to reinforce with field nurses the concept of population-based practice, and that the nurses themselves appreciated understanding the role they play in a population-based framework. Both supervisors and employees found the goal-setting portion of the tool to be practical as well as comfortable to use. The electronic format was user friendly, and there were no complaints about the actual completion of the form.

When discussing improvements to the tool, it was agreed that there needed to be more clarity regarding “weight” for each competency. Evaluators felt that weights for each classification of nursing should be standardized, reflecting the King County nursing practice and its priorities. To do otherwise might be perceived as arbitrary, and would leave supervisors’ weightings open to dispute. Another requested improvement was to add the concept of “productivity” to the tool in some explicit form. As PHSKC still provides direct services to the community, there are productivity standards that must be a part of performance evaluation. This is consistent with the seventh tenet of Public Health Nursing, which states that “stewardship and allocation of available resources support the maximum population health benefit gain” (Quad Council, 1997). Although it was agreed that productivity was implicit in many of the performance elements, the committee suggested that having an explicit reference to it would be helpful in supervising this aspect of the practice. This was added under the “Leadership/Systems Thinking” competency area.

**Operational issues**

Once the tool was piloted and introduced to nursing supervisors, there were a number of operational factors to consider. PHSKC has a unionized nursing practice, and by contract the union was allowed review of such tools before a full implementation. Additionally, County and Department Human Resources would appropriately need to be involved, with both the competency framework and the “General Workplace Expectations for Nurses” document, as subsequent performance appraisals might involve human resource staff to deal with individual employee opposition to the new tool.

With this in mind, copies of the tool and the competency grid were sent to union representatives consistent with the contract agreement. The competency framework was presented to a team of human resources staff, and the “General Workplace Expectations Document” (Appendix B) was provided for their review. It was determined that the “Expectations” document needed some revision in order to reflect county policies explicitly. These revisions were made.

**Implementation strategy**

The tool was presented at a nursing supervisors meeting, with the results of the initial pilot. The tool, the competency grid, the workplace expectations, and the rationale for a new appraisal tool were all reviewed with the group. The supervisors wholeheartedly supported a broader pilot of the new tool, many of them volunteering to use it at their respective sites. It was decided that there would be a 3-month pilot of the tool, with subsequent feedback from all participating sites. Following this period, any necessary revisions would be made and implementation throughout the department would begin in July of 2005.

Because this tool delineates eight broad categories of competency and specific performance elements under each of these categories, department leaders have already requested a review to determine how to adapt it to other disciplines within public health. It has been suggested that such a framework would have appropriate applications to dentists, nutritionists, social workers, site managers, physicians, and others working within a population-based practice.

**Discussion**

The competency-based nursing performance appraisal described in this paper is currently being piloted. By July of 2005, preliminary pilot data were collected and necessary changes were made before department-wide implementation. Used for approximately 50 appraisals at the time of this writing, the tool is meeting with strong support. Use of such a tool reinforces population-based practice and translates into understandable terms the role of each level of nursing in the health improvement of a population. Although the work of the Minnesota Department of Health was extremely useful in demonstrating nursing
contributions to population health, using a performance tool brings the point home in an individual and personal way. Reading about nursing competencies informs nurses regarding their respective roles in population-based practice, but knowing further that one’s performance is based on these competencies helps a nurse integrate them into her understanding as no journal article can. Suddenly “Assessment,” “Policy Development,” “Health Promotion,” and “Systems Thinking” have relevant and personal meaning for the nurse’s everyday practice. The benefit to the organization, and to nursing supervisors, is the availability of a tool that is easy to use, provides meaningful performance feedback, and is an aid to communication of performance expectations. The use of performance tools reflecting these nursing competencies will enable nurses to understand and redefine their practice, thus contributing to the ability of public health to meet the challenges of improving the health status of increasingly complex populations.

Acknowledgments

A special thanks to Willma Elmore, Director of Nursing, Public Health—Seattle & King County, for offering the support of the Nursing Office in the development of the performance appraisal tool and the creation of this manuscript.

References


## Appendix A: Nursing Public Health Competency Grid of Performance Elements

Nursing Public Health Competency Grid—Public Health, Seattle & King County

<table>
<thead>
<tr>
<th>Nursing class: ▲ (level of PH practice) competency ▼</th>
<th>RN (indiv.)</th>
<th>PHN field nurse (indiv./comm.)</th>
<th>Nurse practitioner (indiv./sys.)</th>
<th>Clinical nurse spec. (comm./sys.)</th>
<th>Nursing supervisor (comm./sys.)</th>
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</thead>
</table>
| 1. Assessment | ・ Identifies and defines health problems of the individual using triage, history taking, and physical assessment skills  
・ Uses health information and retrieval skills to gather pertinent health information  
・ Assesses need for patient referral based on information gathered  
・ Documents assessment using established medical record forms and documentation practices  
・ Designs health interventions to improve patient satisfaction and compliance | ・ Performs comprehensive and family assessments that include health history; physical assessment; growth monitoring; developmental assessment; psycho-social assessment; assessment of family functioning; assessment for substance abuse or domestic violence issues; and assessment of basic needs such as food, housing, income, resources and supports, and access to health care  
・ Assesses need for patient referral based on information gathered  
・ Documents assessment using established medical record forms and documentation practices  
・ Participates in community assessment; can distinguish between quantitative and qualitative community assessment data; understands incidence and prevalence data; knows how to access basic community epidemiological data | ・ Performs comprehensive medical assessments that include health history; physical assessment; chart review, developmental assessment; psycho-social assessment; assessment of family functioning  
・ Assesses for substance abuse or domestic violence issues; and assesses basic needs such as food, housing, income, resources and supports, access to health care  
・ Assesses presenting illness and risk factors  
・ Assesses need for patient referral based on information gathered  
・ Documents assessment using established medical record forms and documentation practices | ・ Assesses specific department needs for information, training, and program adaptations  
・ Collects, analyzes, and interprets data and presents information in contextual formats that clarify significance of the data to a variety of audiences  
・ Assesses health status of specific populations using epidemiological information and current trend data  
・ Identifies and defines health problems based on health status indicators, determinants of health, and other contributing factors  
・ Effectively uses health information retrieval systems, data-collection processes, and technology applications  
・ Relates environmental and population surveillance data to populations and individuals served  
・ Determines appropriate uses and limitations of both | ・ Assesses clinic and field requirements for proper staffing and resource allocation to address health needs of population  
・ Assesses ongoing effectiveness of care provided by clinic and/or field staff, and adjusts staffing and resources accordingly  
・ Participates in community assessment; can distinguish between quantitative and qualitative community assessment data; understands incidence and prevalence data; knows how to access basic community epidemiological data  
・ Relates environmental and population surveillance data to populations and individuals served  
・ Effectively uses health information retrieval systems, data-collection processes, and technology applications |
### Nursing class: ▼

#### (level of PH practice)

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<th>Nursing supervisor (comm./sys.)</th>
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<tbody>
<tr>
<td><strong>2. Policy development/program planning</strong></td>
<td></td>
<td>• Identifies, interprets, implements public health laws, regulations and policies related to patient care</td>
<td>• Provides case management, care coordination, referral, and follow-up to individuals and families who are members of vulnerable population and/or high-risk group</td>
<td>• Develops differential diagnosis and risk identification through assessment and interpretation of data</td>
<td>• Identifies, interprets, and implements public health laws, regulations, and policies related to patient care</td>
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<td></td>
<td>• Effectively uses health information retrieval systems, data-collection processes, and technology applications</td>
<td>• Relates environmental and population surveillance data to populations and individuals served</td>
<td>• Identifies relevant and appropriate data and information sources</td>
<td>• Demonstrates a recognition of how the data illuminate ethical, political, scientific, economic, and overall public health issues</td>
<td>• Uses epidemiological surveillance methods in community outreach, screening, and case finding of communicable and infectious diseases that threaten the health of the community</td>
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<td></td>
<td></td>
<td>• Quantitative and qualitative data</td>
<td>• Obtains and interprets information regarding risks and benefits to the community</td>
<td></td>
<td>• Uses epidemiological surveillance methods in community outreach, screening, and case finding of communicable and infectious diseases that threaten the health of the community</td>
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<td></td>
<td></td>
<td>• Identifies relevant and appropriate data and information sources</td>
<td>• Makes relevant inferences from quantitative and qualitative data</td>
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<td>• Integrates knowledge of clients’ needs and medical interventions to design care plans and take action</td>
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<td></td>
<td></td>
<td>• Demonstrates prioritization of problems and issues based on assessment data and the individual/family perceived priorities and needs</td>
<td>• Monitors and assures compliance with contracts involving health districts and community agencies</td>
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<td>• Provides support for colleagues in analyzing data for planning, evaluation, and implementation of strategies</td>
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<tr>
<td></td>
<td></td>
<td>• Identifies, interprets, and implements public health laws, regulations, and policies related to patient care</td>
<td>• Participates in development of emergency response plan</td>
<td>• Provides support for colleagues in analyzing data for planning, evaluation, and implementation of strategies</td>
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<tr>
<td></td>
<td></td>
<td>• Participates in QI activities as required to improve patient care</td>
<td>• Participates in emergency response plan</td>
<td>• Participates in QI activities as required to improve patient care</td>
<td>• Participates in emergency response plan</td>
</tr>
</tbody>
</table>
Integrates knowledge of clients' needs and nursing interventions to design care plans and take actions that are consistent with the standards of practice, licensing laws, and established policies and procedures.

- Identifies, interprets, and implements public health laws, regulations, and policies related to public health services.
- Recognizes how policies and procedures are developed and revised through research/evidence-based practice.
- Demonstrates prioritization of problems and issues based on assessment data and the family/community-perceived priorities and needs.
- Participates in implementation of emergency response plans.
- Utilizes current techniques in decision analysis and health planning.

Actions that are consistent with the standards of practice, licensing laws, and established policies and procedures.

- Identifies, interprets, and implements public health laws, regulations, and policies related to medical care.
- Utilizes current techniques in decision analysis and health planning.
- Provides managed patient care by developing and implementing individual treatment plans: prescribing/dispensing medications; providing appropriate referrals; ensuring education, counseling, and case management follow-up with other professional and community agencies.
- Participates in policy development, care guidelines, and program changes using current scientific information and clinical experience.
- Participates in implementation of emergency response plans.
- Uses results of quality of care activities to initiate changes throughout the health care system.

Demonstrates prioritization of problems and issues based on assessment data and the family/community-perceived priorities and needs.

- Provides managed patient care by developing and implementing individual treatment plans: prescribing/dispensing medications; providing appropriate referrals; ensuring education, counseling, and case management follow-up with other professional and community agencies.
- Participates in policy development, care guidelines, and program changes using current scientific information and clinical experience.
- Participates in implementation of emergency response plans.
- Uses results of quality of care activities to initiate changes throughout the health care system.

Identifies program and policy options and writes clear and concise policy statements.

- States the feasibility and expected outcomes of policies and program options.
- Develops plans to implement policies and programs, including goals, outcome and process objectives, and implementation steps.
- Translates policy into organizational plans, structures, and programs.
- Designs program guidelines, activities, and procedures that maximize availability, accessibility, acceptability, and quality of public health services.
- Integrates knowledge of population needs and nursing interventions to design systems and take actions that are consistent with the standards of practice, licensing laws, and established policies and procedures.
- Recognizes how policies and procedures are developed and revised through research/evidence-based practice.
- Demonstrates prioritization of problems and issues based on assessment data and the family/community-perceived priorities and needs.
### Appendix A. Continued.

<table>
<thead>
<tr>
<th>Nursing class: (level of PH practice) competency</th>
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<tbody>
<tr>
<td>• Participates in implementation of emergency response plans</td>
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<td>• Utilizes current techniques in decision analysis and health planning</td>
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<tr>
<td>• Participates in policy development, care guidelines, and program changes using current scientific information and clinical experience</td>
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<tr>
<td>• Uses results of quality of care activities to initiate changes throughout the health care system</td>
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<td>• Develops strategies for determining budget priorities</td>
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<td>• Negotiates and develops contracts and other documents for the provision of population-based services</td>
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<td>• Manages programs within budget constraints</td>
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<td>• Analyzes data and information to identify opportunities for improving services using appropriate internal and external data</td>
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<tr>
<td>• Factors in magnitude, duration, and trends of health problems/improvements in program planning</td>
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3. Evaluation

- Evaluates interventions for effectiveness and
- Evaluates individual and family outcomes for effectiveness of plan, and
- Conducts program evaluation as needed to determine whether
documents the same using established medical record forms and documentation practices

makes changes as necessary on micro and macro levels
- Works with management and staff to evaluate individual and team performance and to develop plans to improve performance as appropriate

makes changes as necessary on micro and macro levels
- Works with management and staff to evaluate individual and team performance and to develop plans to improve performance as appropriate

program goals and objectives have been met
- Works with management and staff to evaluate individual and team performance and to develop plans to improve performance as appropriate
- Evaluates the integrity and comparability of data and identifies gaps in data sources

Evaluates the integrity and comparability of data and identifies gaps in data sources

Identifies key quality indicators for monitoring and evaluating services

Evaluates staff performance in an objective and equitable fashion

4. Communication
- Demonstrates communication skills that are clear; effective; facilitate patient care and team functioning; and are respectful of differences
- Listens respectfully and promotes the expression of diverse opinions and perspectives
- Translates client's expression of needs into clear descriptions of health needs
- Creates a communication environment where patients and colleagues feel free to ask questions and make suggestions
- Communicates facts, ideas, and skills that change knowledge, attitudes, values, beliefs, behaviors, and practices of individuals and families
- Demonstrates communication skills that are clear; effective; facilitate patient care and team functioning; and are respectful of differences
- Listens respectfully and promotes the expression of diverse opinions and perspectives
- Maintains client confidentiality and follows public health medical records policies and procedures and state and Federal laws that govern release of health care information
- Applies ethical principles to the collection, maintenance, use, and dissemination of data and information
- Communicates facts, ideas, and skills that change knowledge,
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<tr>
<td>• Fully responds to client and colleague questions</td>
<td>• Communications effectively orally and in writing, including documentation, record keeping, and correspondence</td>
<td>• Maintains client confidentiality and follows public health medical records policies and procedures and state and federal laws that govern release of health care information</td>
<td>• Applies ethical principles to the collection, maintenance, use, and dissemination of data and information</td>
<td>• Establishes and maintains effective communication with members of the health care team</td>
<td>• Communicates effectively orally and in writing, including documentation, record keeping, and correspondence</td>
</tr>
<tr>
<td>• Communicates effectively orally and in writing, including documentation, record keeping, and correspondence</td>
<td>• Documents patient assessment and intervention data in medical record using established medical record forms and documentation practices</td>
<td>• Provides training, orientation, and education to staff, students, and other health and human service professionals in the community regarding public health practices</td>
<td>• Establishes and maintains effective communication with individuals, members of the health care team, and members of the community</td>
<td>• Provides training, orientation, and education to staff, students, and other health and human service professionals in the community regarding public health practices</td>
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<td>• Establishes and maintains effective communication with individuals, members of the health care team, and members of the community</td>
<td>• Establishes and maintains effective communication with individuals, members of the health care team, members of the community, members of professional organizations, and other pertinent constituencies</td>
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<tr>
<td>• Applies ethical principles to the collection, maintenance, use, and dissemination of data and information</td>
<td>• Establishes and maintains effective communication with individuals, members of the health care team, and members of the community</td>
<td>• Solicits input from appropriate individuals and constituencies to aid in decision making and program planning</td>
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<tr>
<td>• Solicits input from appropriate individuals and constituencies to aid in decision making and program planning</td>
<td>• Leads and participates in groups to address specific issues</td>
<td>• Solicits input from appropriate individuals and constituencies to aid in decision making and program planning</td>
<td>• Establishes and maintains effective communication with community stakeholders</td>
<td>• Solicits input from appropriate individuals and constituencies to aid in decision making and program planning</td>
<td>• Establishes and maintains effective communication with community stakeholders</td>
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</tbody>
</table>
Responds to individual, supervisory, and community inquiries in a timely manner

Informs appropriate community stakeholders of program opportunities and benefits

Strives for consistency in articulating the mission

Maintains open communication across departments and disciplines

Maintains open communication with community stakeholders

Informs appropriate community stakeholders of program opportunities and benefits

Strives for consistency in articulating the mission

Creates a climate of mutual respect and understanding

Communicates thoroughly, promptly, and respectfully with staff regarding performance issues

Performs performance appraisals with an attitude of professional respect and with a goal of maximizing staff effectiveness and success

Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences

Identifies the role of cultural, social, and behavioral factors in determining the delivery of patient care

Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences

Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services

Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences

Identifies the role of cultural, social, and behavioral factors in determining the delivery of medical care

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Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences

Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services

Kalb et al.: Competency-Based Performance Appraisal
Nursing class: ▼

<table>
<thead>
<tr>
<th>Level of Competency</th>
<th>RN (indiv.)</th>
<th>PHN Field Nurse (indiv./comm.)</th>
<th>Nurse Practitioner (indiv./sys.)</th>
<th>Clinical Nurse Spec. (comm./sys.)</th>
<th>Nursing Supervisor (comm./sys.)</th>
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<tbody>
<tr>
<td>Develops and adapts approaches to problems that take into account cultural differences</td>
<td>Makes appropriate use of interpretation services</td>
<td>Develops and adapts approaches to problems that take into account cultural differences</td>
<td>Develops and adapts approaches to problems that take into account cultural differences</td>
<td>Develops and adapts approaches to problems that take into account cultural differences</td>
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<tr>
<td>Demonstrates an understanding of the dynamic forces contributing to cultural diversity and the impact of those forces on public health issues</td>
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<td>Demonstrates an understanding of the dynamic forces contributing to cultural diversity and the impact of those forces on public health issues</td>
<td>Demonstrates an understanding of the dynamic forces contributing to cultural diversity and the impact of those forces on public health issues</td>
<td>Includes members of cultural and/or ethnic communities in planning and evaluating programs impacting those communities</td>
<td>Includes members of cultural and/or ethnic communities in planning and evaluating programs impacting those communities</td>
</tr>
<tr>
<td>Provides education and counseling to individuals, families, and community groups that is adapted to their unique needs, lifestyle, and cultural and socioeconomic situations</td>
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<td></td>
<td>Demonstrates an understanding of the importance of a diverse public health workforce</td>
<td>Takes into account cultural and language factors when working with staff from various cultural groups</td>
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<td></td>
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<td></td>
<td></td>
<td>Communicates program and public health issues clearly to all pertinent staff</td>
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</table>

6. Partnership and collaboration (includes community dimensions)
- Establishes an interpersonal relationship with individuals or families that increases or enhances their capacity for self-care and coping
- Establishes an interpersonal relationship with individuals or families that increases or enhances their capacity for self-care and coping
- Establishes an interpersonal relationship with individuals or families that increases or enhances their capacity for self-care and coping
- Establishes effective professional relationships with others on the health care team
- Establishes effective professional relationships with others on the health care team and in the community
- Establishes effective professional relationships with others on the health care team, management team, and in the community
- Supports individual/family outreach approaches in appropriate programs
- Seeks information and generates optional solutions to perceived problems through interactive problem
- Seeks information and generates optional solutions to perceived problems through interactive problem
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- Seeks information and generates optional solutions to perceived problems through interactive problem
Acknowledges colleagues' contributions to teamwork
Seeks information and generates optional solutions to perceived problems through interactive problem solving with individuals
Creates and maintains effective working relationships with external resources related to patient care
Supports individual/family outreach approaches in appropriate programs

Seeks information and generates optional solutions to perceived problems through interactive problem solving with individuals
Creates and maintains effective working relationships with external resources related to public health services
Demonstrates awareness of existing resources that have potential for improving community health status
Supports individual/family outreach approaches in appropriate programs
Utilizes leadership, team building, negotiation, and conflict-resolution skills to build community partnerships
Collaborates with community partners to promote the health of the population
Identifies community assets and available resources
Contributes to an environment that is conducive to the clinical education of nursing students, other health care students, and other employees as appropriate
Collaborates with the physician, client, family, other health care practitioners, and payers in formulating overall goals and the plan of care

Establishes effective professional relationships with others on the health care team and in the community
Seeks information and generates optional solutions to perceived problems through interactive problem solving with individuals
Creates and maintains effective working relationships with external resources related to public health services
Demonstrates awareness of existing resources that have potential for improving health status of target populations
Collaborates with community partners to promote health care access
Identifies community assets and available resources
Demonstrates an understanding of the role of government in the delivery of public health services
Contributes to an environment that is conducive to the education of nursing students, other health care students, and other employees as appropriate
Participates on interdisciplinary teams to achieve designated public health outcomes
Acknowledges colleagues' contributions to teamwork
Develops collegial relationships and collaborates with community partners to promote the health of the population
Cooperates with other organizations sponsoring solving with individuals

Creates and maintains effective working relationships with external resources related to public health services
Demonstrates awareness of existing resources that have potential for improving health status of target populations
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Develops collegial relationships and collaborates with community partners to promote the health of the population
Cooperates with other organizations sponsoring
<table>
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<th>Nursing supervisor (comm./sys.)</th>
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<tbody>
<tr>
<td>Initiates referrals, including provisions for continuity of care, as needed</td>
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<tr>
<td>Participates in interdisciplinary teams to achieve designated client outcomes</td>
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<td>Coordinates resources for patient care</td>
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<td>Demonstrates an understanding of the role of government in the delivery of community health services</td>
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- Initiates referrals, including provisions for continuity of care, as needed
- Participates in interdisciplinary teams to achieve designated client outcomes
- Coordinates resources for patient care
- Demonstrates an understanding of the role of government in the delivery of community health services
- Develops and implements community health initiatives in the community
- Works with management within areas of expertise in order to contribute to the overall effectiveness of public health delivery
- Collaborates with, provides leadership to, and otherwise involves stakeholders and affected populations in assessing health needs of specific populations or geographic areas, and in developing strategies and specific programs to address public health issues and community needs
- Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships
- Identifies how public and private organizations operate within a community
- Develops, implements, and evaluates community public health assessments
evaluation of programs and services
• Collaborates with administrative peers in determining the acquisition, allocation, and utilization of organizational fiscal and human resources
• Collaborates with the human resources staff to develop and implement recruitment and retention programs for staff
• Collaborates with other providers of nursing/patient care within the delivery system for delivery of seamless services
• Provides support for colleagues in analyzing, planning, and evaluating programs
• Builds in representation of diverse internal stakeholders in group processes
• Assures representation from appropriate community stakeholders for health service planning efforts
• Facilitates implementation of the organization vision through collaborative leadership

7. Disease prevention/health promotion (basic public health science)
• Applies the basic public health sciences, including behavioral and social sciences, nursing, biostatistics, epidemiology, environmental public
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• Applies the basic public health sciences, including behavioral and social sciences, nursing, biostatistics, epidemiology, environmental public
• Applies the basic public health sciences, including behavioral and social sciences, nursing, biostatistics, epidemiology, environmental public
health, and prevention of chronic and infectious diseases as they relate to provision of individual care
- Executes prescribed treatments and medical, dental, and psychiatric interventions, administers prescribed medications, monitors and documents treatment progress, and documents treatment progress and patient response
- Provides patient education to individuals and groups about health maintenance and management of acute and chronic conditions
- Responds to emergency situations with basic life support and first aid skills. Summons other health care providers and emergency personnel in a timely and appropriate manner
- Maintains a safe clinic environment by adhering to the standards set by the Occupational Safety and Health Administration and the Washington Industrial Safety and Health Administration (OSHA/WSHA). Assures implementation of these standards at work by following infection control guidelines, ensuring compliance with standards, laws, regulations, policies, and procedures relating to scope of practice
- Ensures compliance with practice guidelines, community standards of care, and federal and state laws and regulations.
- Ensures a safe environment by adhering to the standards set by OSHA/WSHA
- Demonstrates critical thinking skills
- Ensures compliance with practice guidelines, community standards of care, and federal and state laws and regulations.
- Identifies and utilizes current relevant scientific health information
- Demonstrates capacity for critical thinking
- Maintains professional competence by pursuing opportunities for continuous learning, attending continuing education offerings, reading professional literature, and engaging in professional development.

Nursing class: ▼
(level of PH practice) competency ▼

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<td>health, and prevention of chronic and infectious diseases as they relate to provision of medical care</td>
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</table>
- Performs physical assessment using community clinical standards
- Orders and/or performs appropriate diagnostic and screening tests and collects additional data for evaluation of illness/wellness
- Develops differential diagnosis and risk identification through assessment and interpretation of data
- Provides patient education to individuals and groups about health maintenance and management of acute and chronic conditions
- Responds to emergency situations with basic life support and first aid skills. Summons other health care providers and emergency personnel in a timely and appropriate manner
- Participates in department emergency response trainings and drills
- Maintains home preparedness
- Ensures compliance with practice guidelines, community standards of care, and federal and state laws and regulations.
- Ensures a safe working environment by adhering to the standards set by OSHA/WSHA
- Identifies and utilizes current relevant scientific health information
- Demonstrates capacity for critical thinking
- Maintains professional competence by pursuing opportunities for continuous learning, attending continuing education offerings, reading professional literature, and engaging in professional development.

Appendix A. Continued.

132 Public Health Nursing Volume 23 Number 2 March/April 2006

PHN: Public Health Nurse
Nursing supervisor
Clinical nurse spec.
Nurse practitioner
Nursing class: (level of PH practice) competency
RN (indiv.)
guidelines; using techniques of asepsis; disposing safely of biological and clinical materials; and using appropriate personal protective equipment.

- Provides patient care based on practice guidelines, community standards of care, and federal and state laws and regulations.
- Ensures compliance with standards, laws, regulations, policies, and procedures relating to scope of practice.
- Participates in department emergency response trainings and drills.
- Maintains home preparedness.
- Maintains professional competence by pursuing opportunities for continuous learning, attending continuing education offerings, reading professional literature, and engaging in other activities that develop new knowledge and skills.
- Demonstrates an understanding of how population-based public health relates to individual health care practice.
<table>
<thead>
<tr>
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8. Leadership/systems thinking

- Develops individual care plans to direct care
- Identifies current relevant scientific health information and applies it appropriately to individual care
- Delegates care, as appropriate, to other members of the health care team in a manner consistent with the Law Relating to Nursing Care and Regulation of Health Professions—Uniform Disciplinary Act
- Participates in CQI activities to improve overall clinic effectiveness
- Performs in a manner consistent with site/organizational productivity goals
- Seeks available resources in formulating ethical decisions
- Generates, shares, and accepts new ideas and incorporates them into own daily work
- Considers individual/family, extended family, and cultural issues as they
- Provides leadership and acts as a liaison with other community agencies and professionals, advocates on behalf of vulnerable individuals and populations, participates in assessing and evaluating health care services to ensure that people are informed of available programs and services and are assisted in the utilization of those services
- Demonstrates support of the public health mission to protect and promote the health of all residents through implementing primary prevention strategies that prevent health problems from starting, spreading, or progressing
- Delegates and supervises tasks assigned to paraprofessional staff
- Participates in department and possibly community emergency response training and drills in
- Identifies and applies basic research methods used in public health
- Identifies the limitations of research and the importance of observations and interrelationships
- Assesses, as a clinical expert, a leadership role in establishing and monitoring standards of practice to improve client care
- Participates in efforts to minimize costs and unnecessary duplication of testing or other diagnostic activities and to facilitate timely treatment of the patient
- Analyzes organizational systems for barriers and promotes enhancements that affect client health care status
- Identifies current relevant scientific health information and applies it appropriately to public health practice
- Provides leadership and acts as a liaison with other community agencies and professionals, advocates on behalf of vulnerable individuals and populations, participates in assessing and evaluating health care services to ensure that
- Delegates responsibilities appropriate to the licensure, education, and experience of the staff
- Designs and negotiates organizational acceptance of appropriate roles for the utilization of all staff
- Develops, implements, and evaluates systems and processes that complement the overall system for performance improvement
- Makes presentations to key policy makers, health care professionals, specific populations, funding sources, and more general audiences in order to raise awareness and/or secure collaboration and funding
- Plans and implements training and provides technical assistance and nursing consultation to health department staff, health providers, policymakers, and personnel in other community and governmental agencies and organizations
- Participates in peer-review activities as appropriate
- Provides leadership and acts as a liaison with other community agencies and professionals, advocates on behalf of vulnerable individuals and populations, participates in assessing and evaluating health care services to ensure that
support of disaster preparedness
- Participates in research and demonstration projects that seek to improve the health of communities and determine new ways to address health issues
- Participates in program development, implementation, coordination, and support
- Participates in quality management activities using quality improvement and evaluation approaches
- Performs in a manner consistent with site/organizational productivity goals
- Assumes responsibility for own professional development by pursuing education, participating in professional committees and work groups, and contributing to a work environment where continual improvements in practice are pursued
- Encourages use of community resources in support of public health practice
- Aligns practice with overall organizational goals

people are informed of available programs and services and are assisted in the utilization of those services
- Demonstrates support of the public health mission to protect and promote the health of all residents through implementing primary prevention strategies that prevent health problems from starting, spreading, or progressing
- Delegates and supervises tasks assigned to paraprofessional staff
- Participates in department and possibly community emergency response training and drills in support of disaster preparedness
- Assumes responsibility for own professional development by pursuing education, participating in professional committees and work groups, and contributing to a work environment where continual improvements in practice are pursued
- Seeks professional certification in the area of expertise when available
- Participates in research and demonstration projects that seek to improve the health of individuals and populations, and determine new ways to address health issues
- Participates in research and demonstration projects that seek to improve the health of individuals and populations, and
- Provides leadership and acts as a liaison with other community agencies and professionals, advocates on behalf of vulnerable individuals and populations, participates in assessing and evaluating health care services to ensure that people are informed of available programs and services and are assisted in the utilization of those services
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- Assumes responsibility for own professional development by pursuing education, participating in professional committees and work groups, and contributing to a work environment where continual improvements in practice are pursued
- Seeks professional certification in the area of expertise when available
- Participates in research and demonstration projects that seek to improve the health of individuals and populations, and
### Nursing class:  
**Nursing class:** ▪  
**level of PH practice** competency ▪  

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<tr>
<td>• Participates in quality management activities using quality improvement and evaluation approaches</td>
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<td>• Aligns practice with overall organizational goals</td>
<td>• Creates a culture of ethical standards within organizations and communities</td>
<td>• Helps create key values and shared vision and uses these principles to guide action</td>
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<td>• Performs in a manner consistent with site/organizational productivity goals</td>
<td>• Creates a culture of ethical standards within organizations and communities</td>
<td>• Identifies internal and external issues that may impact delivery of essential medical and public health services</td>
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<td>• Applies the theory of organizational structures</td>
</tr>
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<td>• Helps create key values and shared vision and uses these principles to guide action</td>
<td>• Supports the system to address ethical issues within nursing and the organization</td>
</tr>
<tr>
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**Public Health Nursing Volume 23 Number 2 March/April 2006**
Appendix B: General Workplace Expectations Document

General Workplace Expectations for Nursing Public Health—Seattle & King County

Working for public health represents a varied set of working conditions and environments for nurses. WSNA labor contracts cover the general areas of wages, hours, and working conditions. The information being provided to you in this document is intended as a guideline for new and seasoned nursing employees. Although some items may seem obvious and “common sense,” it identifies what is expected in the professional workplace.

Nursing practice within public health observes a customer service model that is client centered. Nurses are expected to consider both client and business needs in providing care, and in any decision-making process.

It is expected that nurses working for public health will be in compliance with the following expectations. If there are any questions, please contact a supervisor or site manager.

Communication: Communication is expected to be respectful and professional at all times. Conversations with clients, co-workers, outside agencies, supervisors, and visitors should demonstrate respect for each individual.

Some examples of what is expected include listening to the information or concern, and demonstrating a willingness to be helpful in any situation that arises.

Nursing personnel are expected to observe all confidentiality safeguards required by department policies and in accordance with state and federal privacy laws.

Reliability: Nursing employees are expected to be regular in attendance. Unscheduled absences adversely impact the ability of public health to provide quality service to our clients and result in expensive replacement costs to achieve our mission. Nursing employees are expected to be ready to begin and end work on schedule. Arriving late or leaving earlier than the scheduled work times, breaks, or meal periods must be approved in advance by the appropriate supervisor.

Appearance: Public health provides many services in a variety of settings and locations. This means that a wide range of clothing/dress may be appropriate, depending on job duties and location of the nurse. In general, the information below should serve as a
guideline to ensure that we are professional in appearance and consistent with specific clothing requirements of each job location:

— During work hours, dress is expected to be neat, respectful, professional, modest, comfortable, and designed to allow the nurse to perform the required job duties.

Some examples of inappropriate dress include worn, ripped, frayed, torn, or unkempt clothing. Also, items that display obscene, profane, discriminatory, provocative, or inflammatory words/pictures are not acceptable. Items advertising alcoholic beverages, drugs, drug paraphernalia, or tobacco products are not acceptable. Pool/beach attire, see-through garments, halter tops, bare midriff/back tops, tank tops/muscle shirts, low-cut blouses, and pants are also considered unprofessional attire.

— Professional appearance also includes compliance with OSHA/WSHA requirements. Specifically, nurses are required to wear closed toed shoes in all clinical areas. Nurses are to use personal protective equipment whenever appropriate. Additionally, it is strongly recommended that nursing staff not wear artificial nails, because they have been associated with the spread of infection and disease in clinical settings.

**Conduct:** Nurses working for public health are expected to conduct themselves in a safe, professional, and efficient manner. They are expected to treat the department, its property, and other employees respectfully, and with integrity and honesty. Nurses are expected to be in full compliance with all County and Public Health policies related to conduct, including but not limited to, Nondiscrimination and Antiharassment policies, HIPPA requirements, Workplace Violence Prevention policies, and King County Email policies and restrictions. The county policy is clear regarding use of County equipment for personal use, and nurses are expected to be in full compliance.

Reporting for work under the influence of alcohol or controlled substances is prohibited as outlined in the King County Chemical Dependence and Impairment Policy. Any unlawful conduct is also prohibited, including but not limited to, gambling, disorderly conduct, vandalism, and damaging of company property or the property of other employees.

Nurses are expected to maintain appropriate professional boundaries with public health clients.

As information, the use of personal cell phones is discouraged, except when taking/making personal calls during scheduled lunch and/or break times in an area that is not disruptive to operations.

**SUMMARY:** The nursing staff in public health are committed, skilled, and professional individuals who work toward a goal of improving the health of King County residents. As representatives of public health, the nursing staff at all levels have a responsibility to always conduct themselves in a professional manner, fully complying with the expectations expressed above. Nurses should not hesitate to contact their supervisors if they have any questions relative to these expectations.