INTEGRATING THE PUBLIC HEALTH NURSING COMPETENCIES INTO PRACTICE

CHNC Pre-Conference Workshop

June 16, 2010

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OVERVIEW

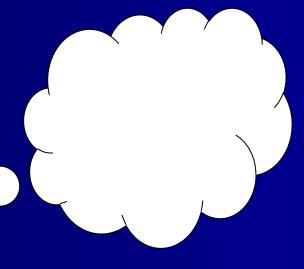
- Welcome and Background
- Introduction of the Public Health Nursing Discipline Specific Competencies
- Project 1: "Strengthening Your Professional Identity: Embracing the PHN Competencies and Lifelong Learning"
- Project 2: "Public Health Nurse Performance Evaluation: Integrating PHN Competencies and the Performance Management Process"

LET'S CONNECT!



SHARE AT YOUR TABLE

How did you imagine Public Health Nursing to be?



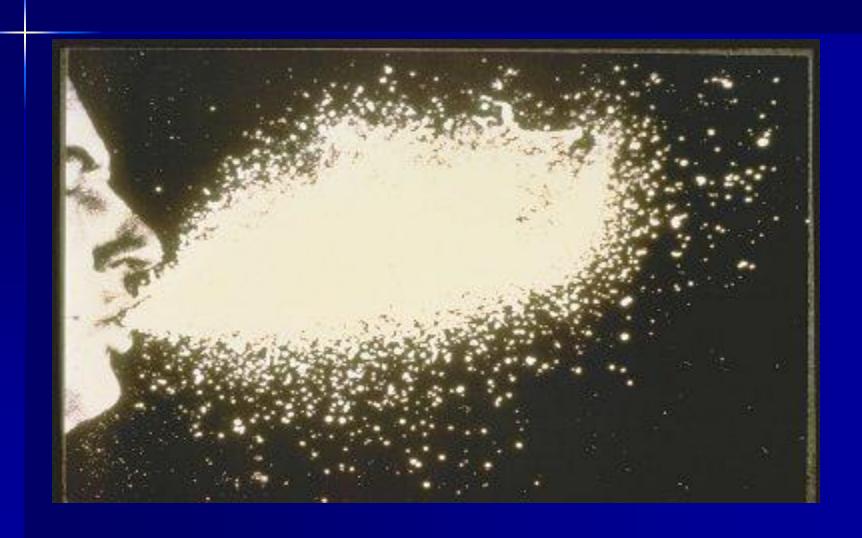




What do PHNs do that make them unique from other Nurses?

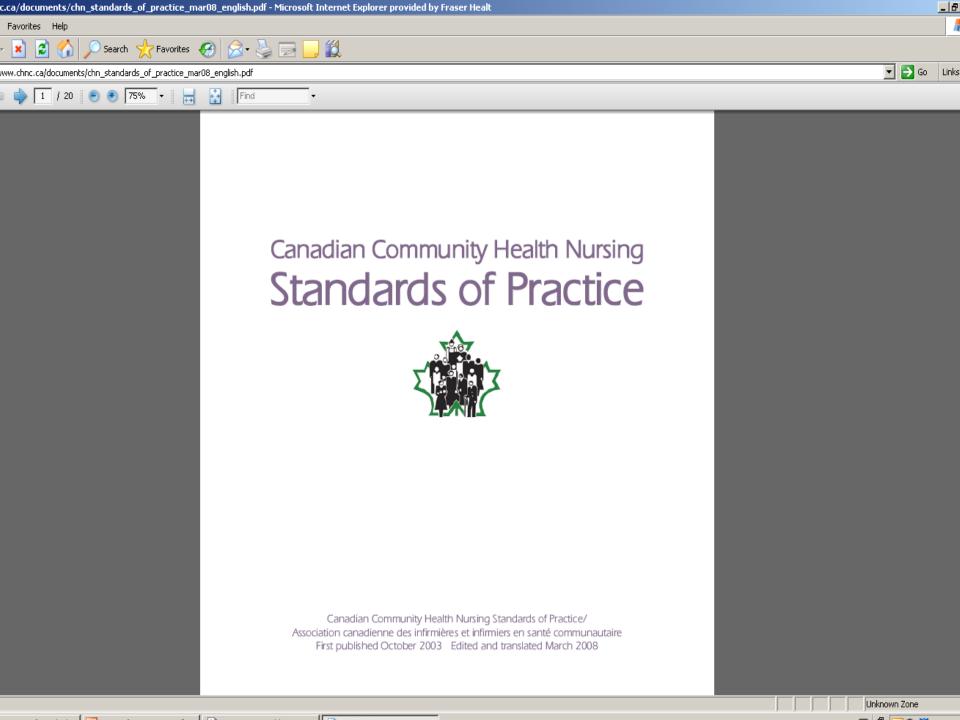


COMMUNICABLE DISEASES



ADVOCACY....







Strengthening the Public Health Workforce: Skills Enhancement for Public Health

PUBLIC HEALTH AGENCY of CANADA AGENCE DE LA SANTÉ PUBLIQUE du CANADA

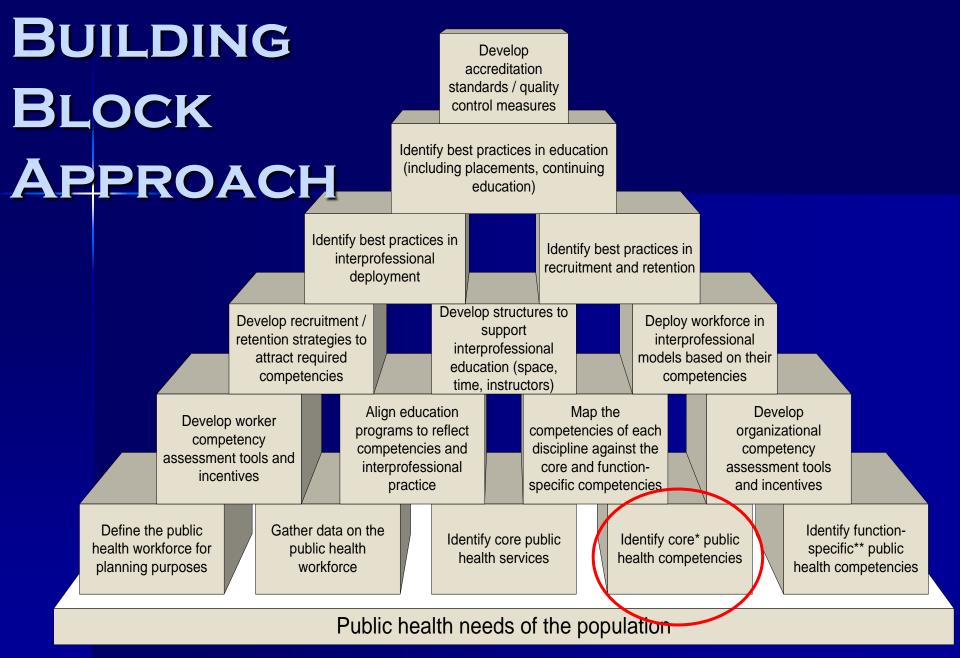




NATIONAL RESPONSE TO STRENGTHEN THE PUBLIC HEALTH WORKFORCE

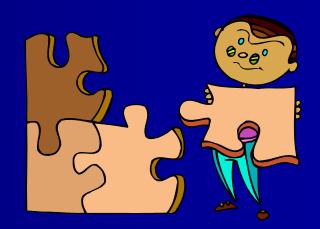
Federal/Provincial/Territorial Advisory Groups

- Develop pan-Canadian strategies to strengthen public health capacity
- 2 Components:
 - Develop public health core competencies common to all public health professionals
 - Enhance knowledge & skills among the public health workforce



CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA

Set of essential skills, knowledge & attitudes necessary for the broad practice of public health



CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: RELEASE 1.0

Launched at Canadian Public Health Association Conference

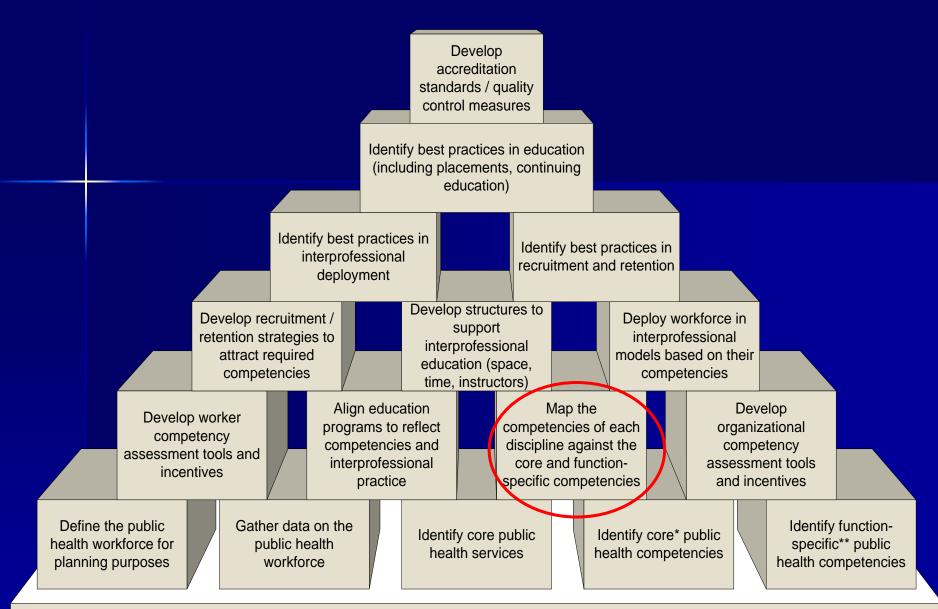
Ottawa, ON September 16, 2007



CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: RELEASE 1.0

36 statements organized under 7 categories:

- 1. Public Health Sciences
- ∠ 2. Assessment & Analysis
- 3. Policy & Program Planning, Implementation & Evaluation
- 4. Partnerships, Collaboration & Advocacy
- 5. Diversity & Inclusiveness
- **6.** Communication
- 7. Leadership



Public health needs of the population

WHAT ARE DISCIPLINE SPECIFIC COMPETENCIES?

- Include the core competencies & the particular technical competencies that define a discipline
- May extend the baseline &/or describe additional competencies or depth of competency that are specific to that discipline.

WHY IDENTIFY DISCIPLINE-SPECIFIC COMPETENCIES?

Individual practitioner

- ✓ Strengthen practice
- ✓ Support regulation & standards of practice
- ✓ Recognize specialized knowledge, skills & abilities
- ✓ Articulate specialized skills for certification

Team

- ✓ Identify areas of common ground
- ✓ Promote inter-professional practice development

Organization

- ✓ Support human resource processes & succession planning
- Assess training needs & continuing professional development

PUBLIC HEALTH NURSING DISCIPLINE SPECIFIC COMPETENCIES



CANADIAN COMMUNITY HEALTH NURSING PRACTICE MODEL



PUBLIC HEALTH NURSING DISCIPLINE SPECIFIC COMPETENCIES

66 statements organized under 8 categories:

- 1. Public Health and Nursing Sciences
- 2. Assessment & Analysis
- 3. Policy & Program Planning, Implementation & Evaluation
- 4. Partnerships, Collaboration & Advocacy
- 5. Diversity & Inclusiveness
- 6. Communication
- 7. Leadership
- 8. Professional Responsibility and Accountability

CATEGORY 1: PUBLIC HEALTH AND NURSING SCIENCES

 1.4 Critically appraise knowledge gathered from a variety of sources

Practice Example: Immunization Clinic

- ✓ sources of knowledge
- ✓ how to critically appraise



CATEGORY 2: ASSESSMENT AND ANALYSIS

 2.3 Collect, store, retrieve and use accurate and appropriate information on public health issues



CATEGORY 3: POLICY & PROGRAM PLANNING, IMPLEMENTATION & EVALUATION

 3C.3 Demonstrate the ability to integrate relevant research and implement evidence informed practice



CATEGORY 4: PARTNERSHIPS, COLLABORATION & ADVOCACY

 4.2 Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships and to support group development



CATEGORY 5: DIVERSITY AND INCLUSIVENESS

 5.1 Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups



CATEGORY 6: COMMUNICATION

 6.1 Communicate effectively with individuals, families, groups, communities and colleagues:....



CATEGORY 7: LEADERSHIP

 7.6 Demonstrate an ability to build capacity by sharing knowledge, tools, expertise and experience...



CATEGORY 8: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

 8.1 Demonstrate professionalism in independent practice in multiple settings with multiple stakeholders.



PUBLIC HEALTH NURSING DISCIPLINE SPECIFIC COMPETENCIES



PROJECT 1

Strengthening Your Professional Identity:

Embracing the Public Health Nursing Competencies and Lifelong Learning













2009 PROJECT: CELEBRATING PUBLIC HEALTH NURSING

Core Competencies for Public Health in Canada: Release 1.0

- Dialogue sessions
- Workshops in April and May 2009











2009 PROJECT KEY THEMES

- 4 Key themes from PHNs:
 - More opportunities to connect and share with peers
 - ✓ Desire for increased support and access to continuing education opportunities
 - ✓ Interest in learning and professional development
 - ✓ Greater input and involvement in program planning

2010 PROJECT

Lifelong learning and Professional Development

PHN Discipline Specific Competencies: Version 1.0

- Dialogue sessions
- PHN EducationSessions in May andJune

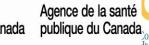














Public Health

DIALOGUE SESSIONS:

What did we learn from our PHNs....

- What makes learning experiences positive?
- What does professional development mean to you?
- How can learning be built into everyday PHN practice?
- How do the Competencies shape professional development?



WHAT DID PHNS TELL Us...

What makes learning experiences with colleagues positive....?



POSITIVE LEARNING EXPERIENCES WITH COLLEAGUES SHOULD...

- Collaborative
- Respect
- Trust
- Reflective Practice
- Interesting and Creative
- Relevance

What Does Professional Development Mean to You?

RESPONSIBILITY

- ✓ Personal responsibility
- ✓ Employer responsibility
- ✓ Responsible to others
- BUILD KNOWLEDGE / SKILLS / ATTITUDES
- LEARNING
 - ✓ Learning opportunities
 - ✓ Learning environment
- ENGAGEMENT / MOTIVATION

HOW DO THE COMPETENCIES SHAPE PROFESSIONAL DEVELOPMENT?

What PHNs said at our dialogue sessions....



COMPETENCIES SHAPE PROFESSIONAL DEVELOPMENT

- Defines PHN Practice
- Promotes Collaboration
- Program Planning and Evaluation
- Evaluates Practice
- Tool for Advocacy for Professional Development

Strengthening Your Professional Identity:

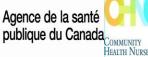
Embracing the Public Health Nursing Competencies and Lifelong Learning













OVERVIEW OF THE DAY

- Welcome and Background
- Professional Development
- Introduce the PHN Competencies
- Story Based Learning
- Lunch
- Application
- Pulling it Together
- Evaluation

What is Professional Identity

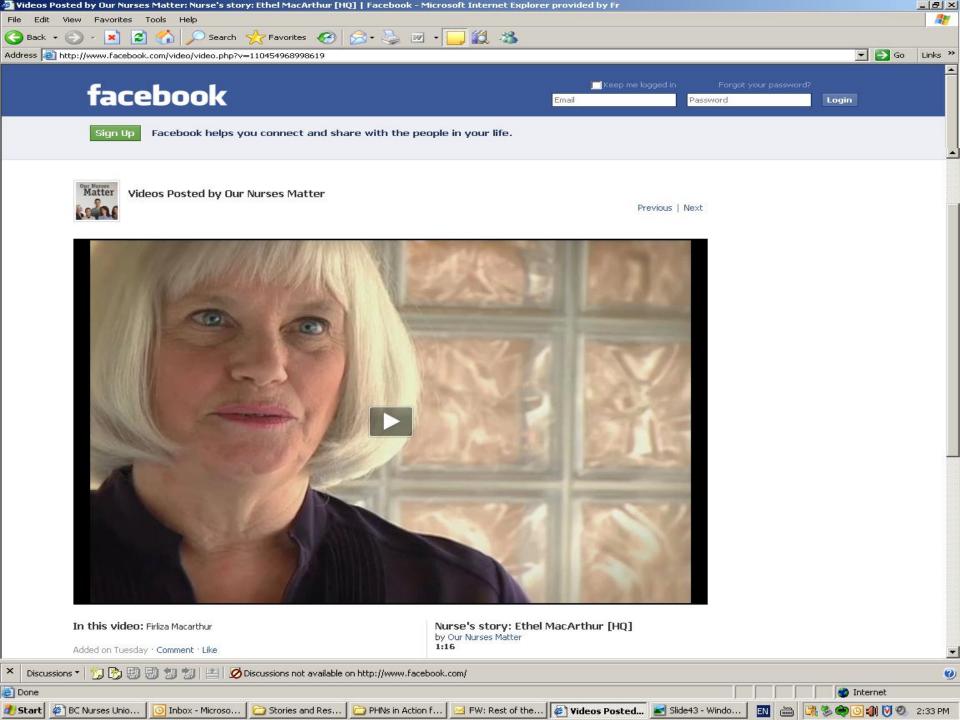
Definition:

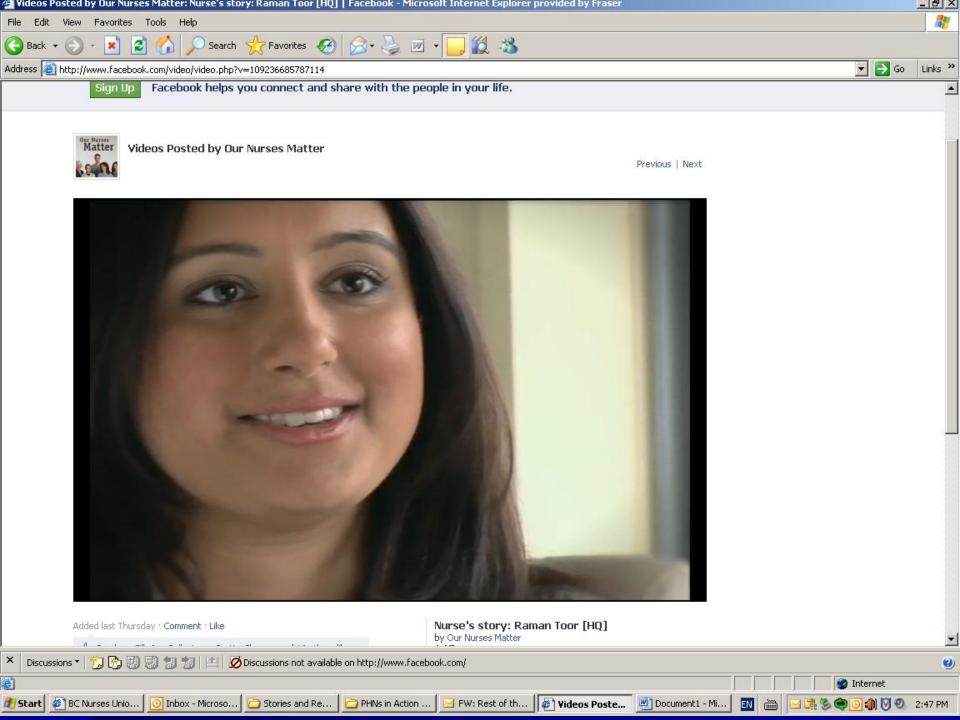
- ✓ The set of characteristics by which a group, or individual within that group, is known (1)
- ✓ "...the process by which the person seeks to integrate their various statuses and roles, as well as experiences, into a coherent image of self" (2)

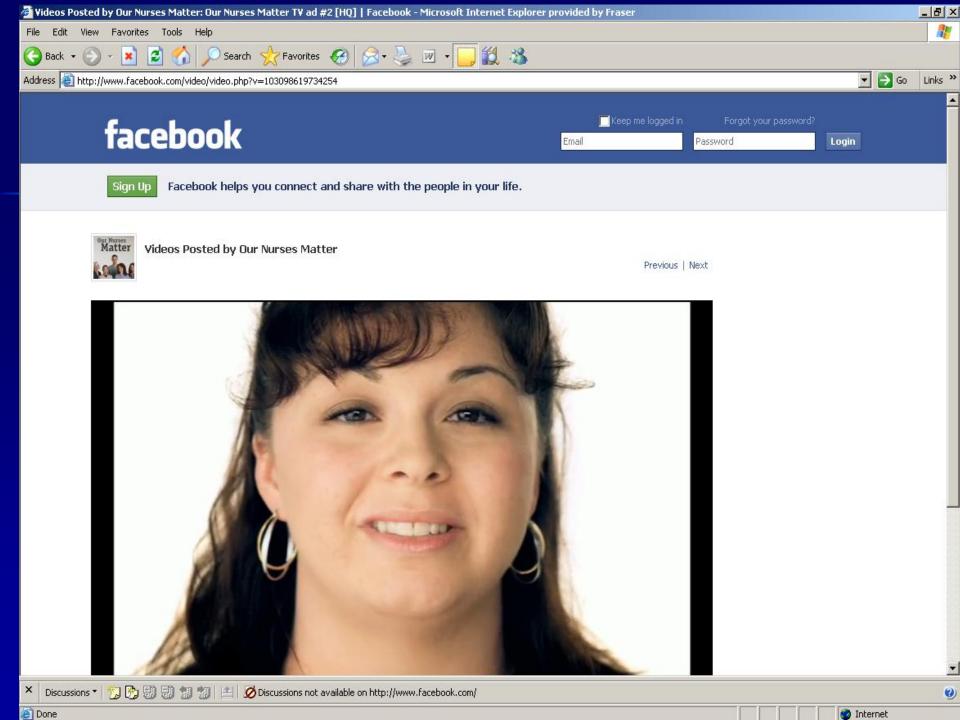
PROFESSIONAL IDENTITY

How do we strengthen our professional identity?

- Professional development
 - Lifelong learning
- Engaging in workplace interactions and activities
 - Learning together









Community Health Nurses of Canada



Infirmières et infirmiers en santé communautaire du canada





PUBLIC HEALTH NURSING DISCIPLINE SPECIFIC COMPETENCIES

Strengthen our Professional Identity
and
Support Lifelong Learning



How Do You STRENGTHEN YOUR PROFESSIONAL IDENTITY?

1.6 Pursue lifelong learning opportunities in the field of public health....



7.4 Contribute to team and organizational learning



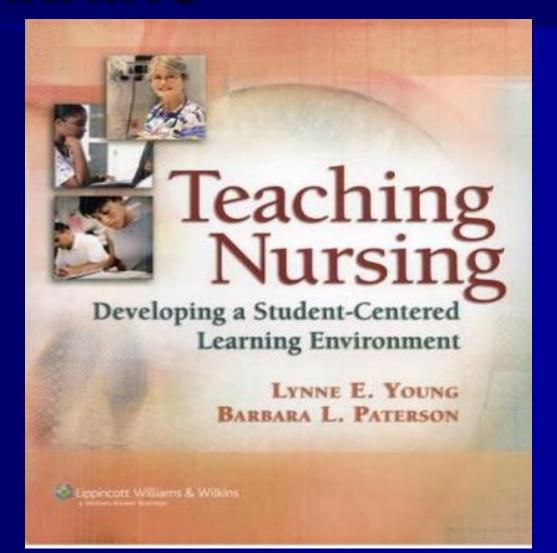
SHARING AND LEARNING WITH OTHERS

Story- Based Learning

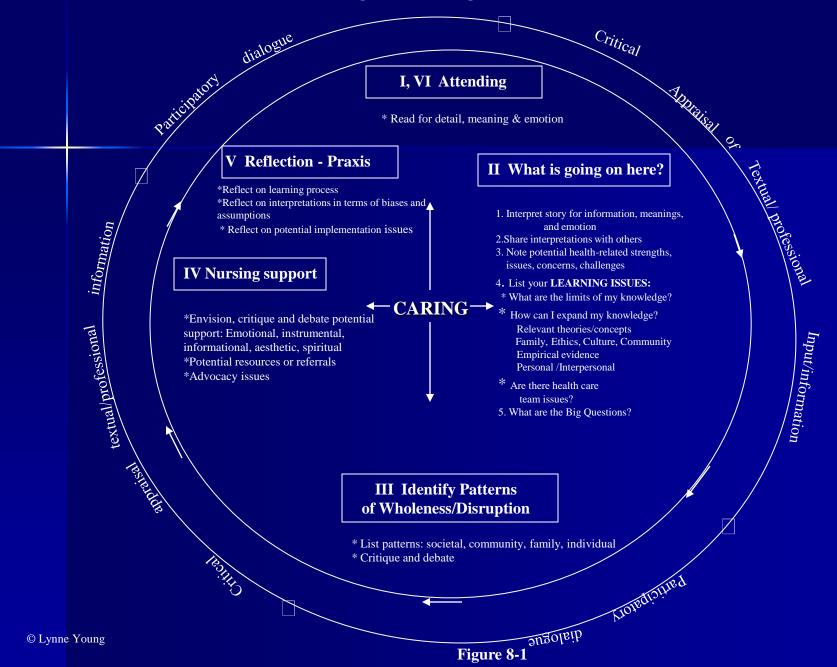
Strategy for Professional Development



Model for Story-Based Learning



A Story-Based Learning: Blending Content and Process to Learn Nursing



LIFELONG LEARNING JOURNEY



Professional Development and Lifelong Learning Pathway

Goal: The goal of this pathway is to explore spaces for learning in our practice as public health nurses. Throughout this pathway the PHN Discipline Specific Competencies are used to open up new foci of interest and learning.

Directions

- 1. You may start this pathway at whatever section catches your interest
- 2. Check off and date your learning activities as you complete them.
- 3. To access the articles referenced in the pathway follow these directions:
 - a) Log onto the FH Intranet and click on the Education & Research tab.
 - b) Click on "Library" and then "Electronic Resources".
 - c) Click on either "Are you looking for a specific journal or article? or Are you searching for articles?"
 - d) To use the A to Z Journal List, type in the name of the journal in the FIND box and click search. Click on the database (either CINAHL or EBSCO). Once you have located the journal, select the year, volume and issue.
 - e) Sometimes you will need to scroll down to find your article. Select PDF full text to bring up the article.







Vame:							

Professional Development and Lifelong Learning Pathway Outline

I. Professional Development Overview

- A. Exploring Professional Development concepts
- B. Clinical Decision Making
- C. Reflective Practice
- D. Learning Culture
- E. Learning through our stories

II. Ways of Learning

- A. Learning as an individual
 - 1. Individual learning plan
 - 2. Reflective practice
 - 3. Self-directed learning activities
 - 4. Structured learning activities
 - 5. The Professional Portfolio
- B. Learning with others in the workplace
 - 1. Building communities of learning
 - 2. Sharing learning with the team
 - 3. Trying out Story Based Learning
 - 4. Advocating for change
- C. Learning with the National and International Nursing Community



FOCUS	LEARNING ACTIVITIES	PHN COMPETENCY	DATE
I. Professional Development Overview	A. Exploring Professional Development □ Select one of the following articles to read: - Janzen, D. (2008). Reframing professional development for first-line nurses. Nursing Inquiry, 15(1), 21-29. - Daley, B.J. (2001). Learning in clinical nursing practice. Holistic Nursing Practice, 16(1), 43-54. □ Interview 2 colleagues that you view as role models and ask them what they do to continue to grow professionally. Write down what resonates with your practice.	1.6 Pursue lifelong learning	
	 B. Clinical Decision Making 1. Critical Thinking Read pp. 208- 209 in Tanner, C. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. Journal of Nursing Education, 45(6), 204-211. Compare Tanner's model with the nursing process of assessment, planning, intervention and evaluation. Which model makes more sense to you? 	1.7 Integrate multiple ways of knowing 1.4 Critically appraise knowledge 2.4 Analyze information	
	2. Evidence Informed Practice Read http://www.nccmt.ca/pubs/NCCMT_fall2009EN.pdf regarding Evidence Informed Public Health resources Review A Model for Evidence-Informed Decision-Making in Public Health http://www.nccmt.ca/pubs/FactSheet_EIDM_EN_WEB.pdf Read Straus, S. & Haynes, R.B. (2009). Managing evidence-based knowledge: The need for reliable, relevant and readable resources. Canadian Medical Association Journal, 180(9), 942-945. Explore FH Knowledge Transfer and Exchange (KTE) Toolkit section 2 literature search and review found at	public health and nursing sciences 1.4 Critically appraise knowledge	
	http://research.fraserhealth.ca/knowledge transfer/knowledge transfer toolkit/knowledge transfer %26 exchange kte toolkit	1.5 Use evidence and research to inform practice	

PROFESSIONAL DEVELOPMENT



NURTURE A CULTURE OF LEARNING











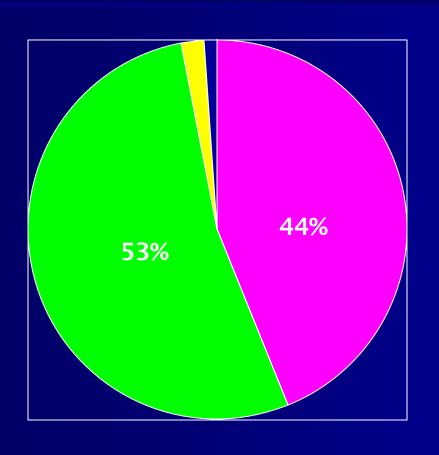
EVALUATION



EVALUATION SURVEY DATA

- 93.4% stated the in-service increased their understanding of the PHN Competencies
- 79.4% stated they were inspired to try something new for their professional development
- 77% stated they were inspired to try something new to foster a culture of learning in their workplace

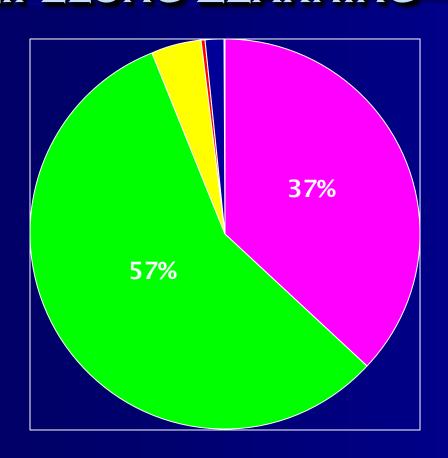
INTRODUCE THE PHN COMPETENCIES AND RELEVANCE TO PRACTICE





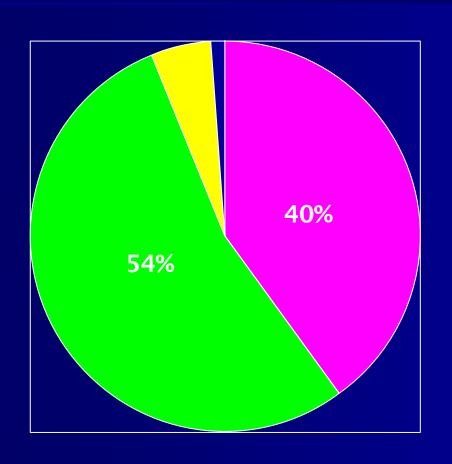
- weii
- Not Very Well
- Not at all Well
- □ Not Sure

PROVIDE PHNS WITH TOOLS AND STRATEGIES TO SUPPORT PROFESSIONAL DEVELOPMENT AND LIFELONG LEARNING





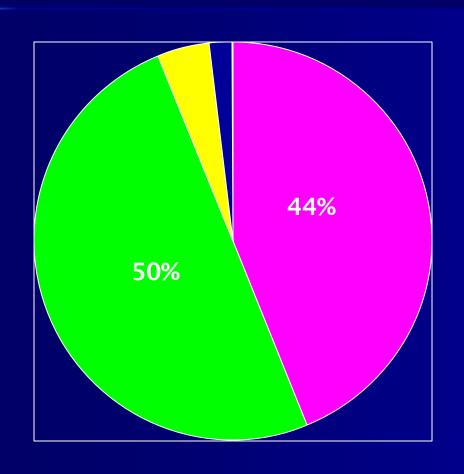
ACKNOWLEDGE THE CAPACITY OF PHNs to Shape their Own Professional Development





- Well
- Not Very Well
- Not at all Well
- **☐ Not Sure**

ACKNOWLEDGE THE ROLE OF ALL PHNS TO FOSTER A CULTURE OF LEARNING IN THEIR WORKPLACE





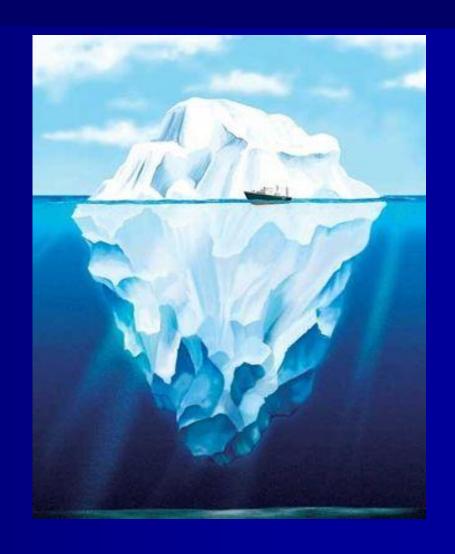
SUCCESSES

- Collaborative Union Practice Partnership
- PHN Input in Planning and Design
- All PHNs able to attend
- Integration of Schools of Nursing
- BCNU Update Magazine Article
- Sustainability and Integration Planning



CHALLENGES

- Communication
- Timeline
- Working GroupWorkload
- Location and Timing of Sessions
- Workload of PHNs
- Priority Health Issues (H1N1...)



RECOMMENDATIONS

- Partner with Unions
- Involve PHNs
- Leadership Support and Involvement
- Funding
- Build in IntegrationStrategies



APPLICATION

Tracy's Story

Using a Story –Based Learning model



LINKING PHN COMPETENCIES TO PRACTICE

As a group look
through the PHN
Competency
statements and
choose one to
highlight that reflects
your discussions







PROJECT 2

Public Health Nurse Performance Evaluation:

Integrating PHN Competencies and the Performance Management Process



OVERVIEW

- Competency Based Performance Management
- Background
- Tool Development
- Face Validation
- Lessons Learned
- Examining the Performance Evaluation Tool for Public Health Nurses

COMPETENCY BASED MANAGEMENT

- Way of managing human resources functions through a focus on competencies
- Approach can be used during:
 - ✓ Recruitment
 - ✓ Selection
 - ✓ Promotion
 - ✓ Succession management
 - ✓ Learning and development
 - ✓ Performance management



PERFORMANCE MANAGEMENT PROCESS





BACKGROUND

- Previous work at MLHU developed & piloted a performance evaluation tool based on Canadian Community Health Nursing Standards of Practice - identified recommendations
- U of W Masters in Public Health practicum placement – 'to complete revisions & implement new performance evaluation tool'
- Current project work funded by Middlesex-London Health Unit and the Public Health Agency of Canada



CONSULTATION WITH STAKEHOLDERS

- MLHU Managers
- MLHU Performance Evaluation Advisory Group (staff)
- MLHU Directors
- MLHU HR Manager
- Caroline Ball (Hamilton Health Services)



TOOL DEVELOPMENT

- 2 new documents reviewed
- Consultation with stakeholders
- Performance evaluation tool drafted
 - ✓ Adapted from the Competency Based Performance Management Toolkit for Public Health
 - ✓ Revised to reflect the Public Health Nursing Discipline Specific Competencies
- Drafted job description



SHIFT IN FRAMEWORK

- Most recent document, & incorporates both the CCHN Standards of Practice and the Core Competencies for Public Health in Canada
- Mapping document (CCHN Standards and PHN Competencies) available to inform revisions
- Specific to public health nursing, yet provides consistency with all public health disciplines
- Supporting documents for performance evaluation process created based on Core Competencies – easier shift to make



DEFINITION OF COMPETENCIES

"Public health nursing competencies are the observable and integrated knowledge, skills, judgment and attributes required of a public health nurse to practice safely, ethically, and effectively with minimal supervision. Attributes include, but are not limited to, attitudes, values and beliefs"

(Adapted from the definitions available in the Public Health Nursing Discipline Specific Competencies (http://www.chnc.ca/nursing-publications.cfm), College of Nurses of Ontario (http://www.cno.org/docs/qa/44028 CRT.pdf), and MLHU Performance Appraisal Pilot Project recommendations)

SELF-ASSESSMENT RATING SCALE

- Rarely
- Sometimes
- Often
- Always
- Challenging Situations; Mentoring &/or Consultation
- Limited or No Opportunity to Practice



OVERALL RATING SCALE

- Exceeds Expectations
- Meets Expectations
- Progressing
- Needs Improvement
 - ✓ The 'meets expectations' rating represents the performance expected of a fully functional individual experienced in her/his role. An individual new to the role, performing at an acceptable level, may be rated as 'progressing' as a reflection of their continued growth & development in the role this is normal and expected



FACE VALIDITY

- Concerns the extent to which an instrument looks as if it measures what it is intended to measure (Patton, 2008).
- Generally judged by clinical/practitioner and theoretical experts (Green & Lewis, 1986)
- Increases the user's understanding of and confidence in the data (Patton, 2008)
- Weaker than criterion or construct validity, but still important
- Qualitative feedback is most helpful

EVALUATION QUESTIONS

- Do managers, public health nurses, and nursing academics/leaders think the performance indicators accurately and adequately measure public health nursing competencies?
- What changes are recommended to improve the face validity of the tool's indicators?



FACE VALIDATION PROCESS

- Information regarding face validity gathered from members of MLHU Staff Advisory Group (11), MLHU managers (8), and recognized public health nursing experts/leaders (2)
- Group or individual
- Reviewed four competency levels within one category, and provided feedback on six evaluation questions



FACE VALIDATION RESULTS

- Move indicators into more appropriate levels
- Change wording slightly to make the concepts clearer
- Adapt indicators slightly to make them more adequately reflect PHN practice
- Add indicators to address gaps
- Modify wording somewhat to increase measurability



1: REFLECTION OF RANGE OF COMPETENCY

- Overall, levels adequately reflect range of competency seen in PHN practice
- Front-line staff thought they generally fit in levels 2 or 3, and sometimes some of 4
- Between-category inconsistency in Level 1 expectations observed
- Level 2 often focused on work with individuals
 & families, while level 3 often highlighted work
 with communities & populations
- Better 'carrying across' & organization of indicators needed



2: RELEVANCE TO PRACTICE

- In general, indicators were relevant to all areas of nursing practice
- In some categories, indicators were more relevant to nurses with a community or population focus than to those nurses with an individual/family focus



3: ADEQUACY IN MEASURING PERFORMANCE

- Participants predominantly expressed confidence that the indicators included in the tool were valuable for measuring performance
- Very few suggestions for deletion of indicators



- Public Health & Nursing Sciences
 - ✓ Need for program-specific knowledge
 - ✓ Knowledge of community development & health promotion knowledge (in both definitions & indicators)
- Assessment & Analysis
 - ✓ Budget in Level 4
 - ✓ Concept of caring in conjunction with social justice
 - ✓ Understanding & use of epidemiology
 - √ 1:1 nursing assessment



- Policy & Program Planning, Implementation & Evaluation
 - Consideration of determinants of health in planning & implementation
 - ✓ Need to determine when to discontinue programs
 - Emergency planning & awareness, use of research to inform practice
 - ✓ Prescriptive approach to theories used results in gap
 - √ 1:1 nursing assessment



- Partnerships, Collaboration & Advocacy
 - ✓ Evaluation of effectiveness of partnerships
 - Development of relationship with clients and clientcentred care
 - ✓ Need to ensure PHN does not 'take over' partnership
- Diversity & Inclusiveness
 - ✓ Accessing resources to enable PHN work in this regard
 - ✓ Skills needed to balance service needs & resource constraints
 - ✓ Identification of appropriate use of clients' natural support systems
 - ✓ Learning needs re: relevant services/programs

Communication

- ✓ Consistency
- ✓ Skills for effective communication with the media
- Recognizing & working within existing communication processes & channels
- ✓ Development & implementation of strategic & comprehensive communication plans
- ✓ Skill of interviewing clients
- ✓ Culturally sensitive communication skills (Level 1)



- Leadership
 - ✓ Leadership within the larger community.
 - ✓ Attitudes that leaders need to display
 - Seeking of opportunities to take more formal leadership role
 - ✓ Mentoring of students
- Ethics, Professional Responsibility & Accountability
 - ✓ Use of resources & conflict management (Level 4).
 - ✓ Recognition of need to set personal & professional boundaries
 - ✓ Values & beliefs of client-centred care
 - ✓ Integration of reflective practice (Levels 1 & 2)



5: IDENTIFICATION OF AREAS FOR IMPROVEMENT

- Participants almost unanimously provided consistent positive feedback regarding the role the tool could play in identifying areas for improvement and supporting the development of learning plans
- Consistent throughout competency categories



6: MEASURABILITY & REALISM

- Participants noted that indicators seemed measurable and realistic overall
- Some exceptions noted throughout categories



OTHER RECOMMENDATIONS

- Orientation / support for completion of the performance evaluation tool
- The process of completing the tool
- The performance evaluation tool itself



LESSONS LEARNED

- Participation of nurses & managers from a range of nursing practice areas was critical
- Time invested in familiarizing nurses with concepts and application to practice was invaluable
- The tool needs to support self-assessment and learning, but should also meet management & administrative needs



LESSONS LEARNED

- Slowing down the process to examine face validity of indicators was worth it
- Collaboration with other public health departments from the beginning may have resulted in better use of resources and better outcomes



RECOMMENDATIONS FROM FACE VALIDATION

- Clarify use with novice public health nurses
- Determine which level(s) of competency should be completed in the self-assessment
- Further simplify language in indicators, ensuring concepts are not eliminated
- Consider developing team-specific profiles
- Ensure adequate resources are committed to orientation of staff to the tool
- Share the tool with others & continue to validate / pilot the tool



THE PERFORMANCE EVALUATION TOOL



COMPETENCY CATEGORIES

- A set of 8 Ontario Public health Performance Management Competencies
 - ✓ Public Health Sciences
 - ✓ Assessment & Analysis
 - ✓ Policy & Program Planning, Implementation & Evaluation
 - ✓ Partnerships, Collaboration & Advocacy
 - ✓ Diversity & Inclusiveness
 - ✓ Communication
 - ✓ Leadership
 - ✓ Ethics & Professionalism



COMPETENCY LEVELS

- Four competency levels in each competency category
- Levels 1 4 highlight range of competence, as well as scope of nursing role
- Levels are cumulative



INDICATORS

- Behavioural statements that describe the successful performance within each competency level
- Neither exhaustive or mandatory a guide
- Revised to incorporate the Public Health Nursing Discipline Specific Competencies



COMPETENCY PROFILES

- Profiles to identify the relevant competency levels required for successful job performance
- Created for front-line providers, consultants, and managers
- Can be modified to more accurately reflect a particular job/role



PERFORMANCE OBJECTIVES

- An indicator of effective work performance (i.e., what is expected to be accomplished)
- Identifies specific task, knowledge, skill, or attitude that should be developed & demonstrated over performance cycle
- Links organizational goals and individual action plans



ONE: PERFORMANCE PLANNING

- M & E individually review process and complete 'preparation checklist'
- M & E meet to identify & agree on expected competency level for current cycle and performance objectives
- M & E determine / review learning plan



Two: Ongoing Review

- M & E meet periodically to review progress and make necessary revisions to learning plan
- M provides informal feedback to reinforce or modify behaviours



THREE: PERFORMANCE EVALUATION

- E conducts self-assessment for current performance cycle & provides copy to M
- E drafts behavioural/practice examples (minimum of 1 for each competency category)
- M documents comments on PHN performance in each category, as appropriate
- M & E meet to discuss and evaluate performance, and complete 'performance evaluation checklist'



THREE: PERFORMANCE EVALUATION

- M determines a rating, in discussion with E
- E & M develop a learning plan
- M & E complete summary review & overall evaluation
- M & E begin process of identifying performance objectives and expected competency levels for the next cycle



Your turn.....

LET'S TRY IT OUT!



REFERENCES

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- Sealy P., Bewick, D., Buckland Foster, I., Dueck, L., Hartford, A., & Gritke, J. (2009). Adapting the performance appraisal system for public health nurses to reflect expertise in applying the Canadian community health nursing standards and the public health core competencies. London, ON: Middlesex-London Health Unit.