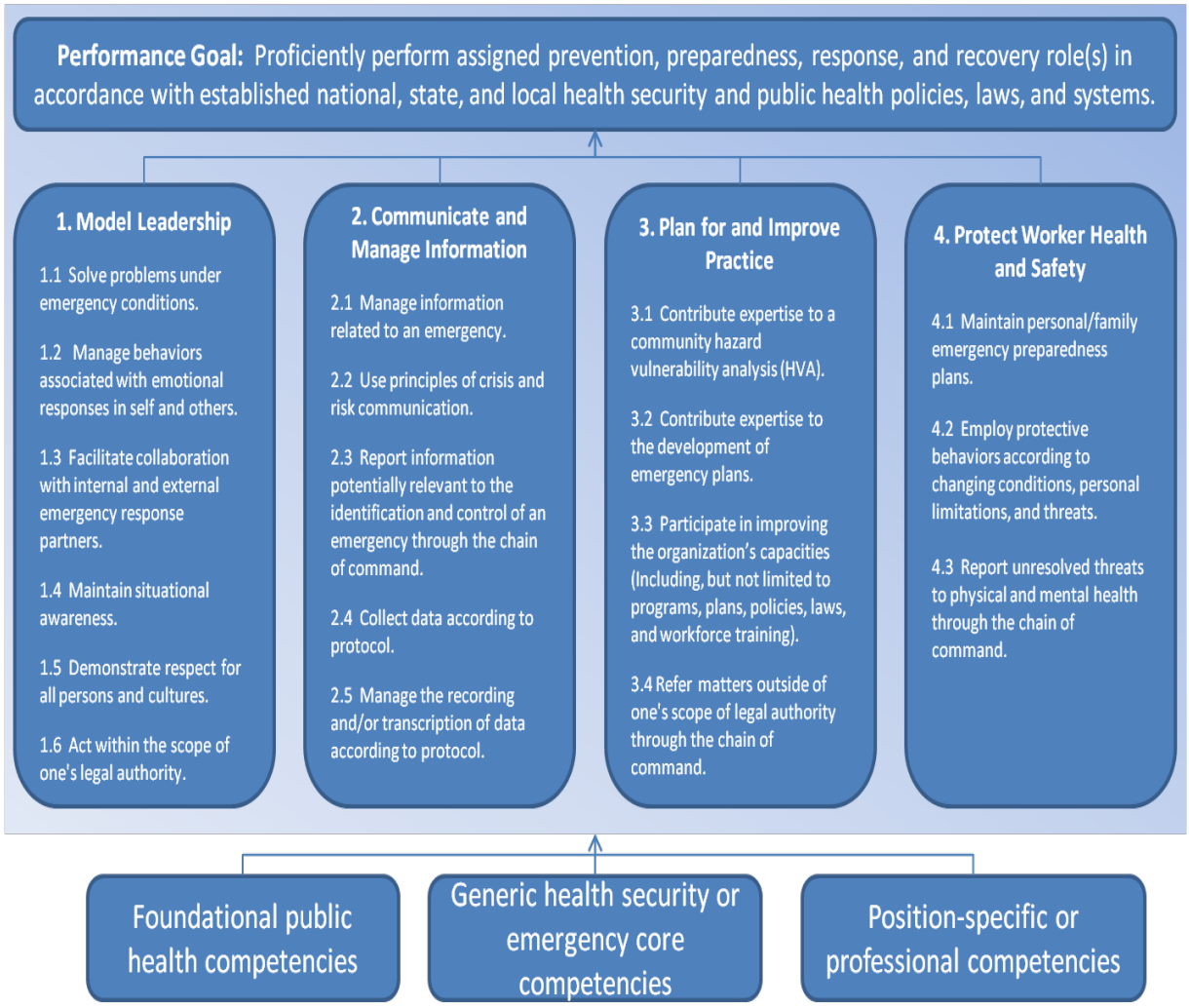
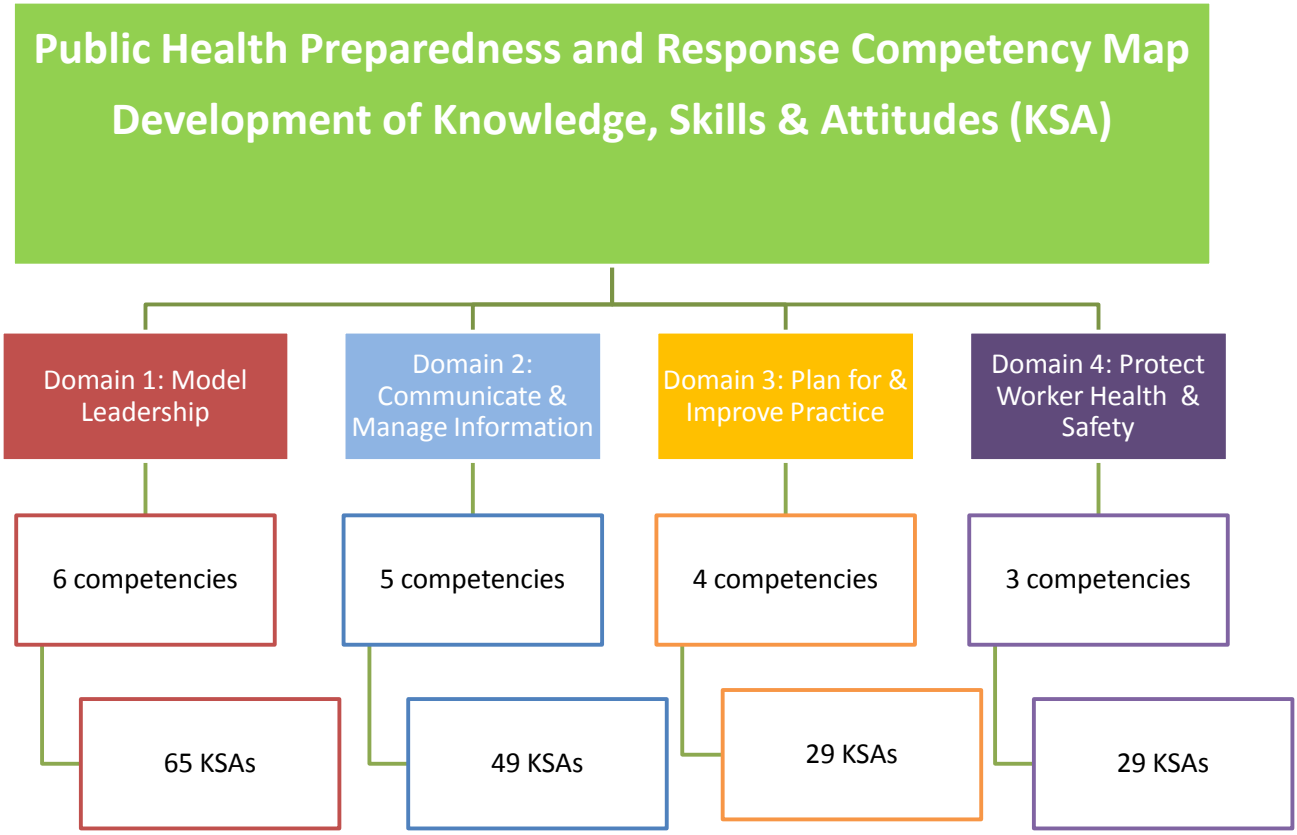
Public Health Preparedness & Response Core Competency Model

Public Health Preparedness and Response Competency Map

(Model Version 1.0 – December 14, 2010)



This project is conducted in partnership under a cooperative agreement between CDC and ASPH.


Public Health Preparedness and Response Competency Map
Development of Knowledge, Skills & Attitudes (KSA)
Domain 1: Model Leadership
Domain 2: Communicate & Manage Information
Domain 3: Plan for & Improve Practice
Domain 4: Protect Worker Health & Safety
6 competencies
5 competencies
4 competencies
3 competencies
65 KSAs
49 KSAs
29 KSAs
29 KSAs

Public Health Preparedness & Response Core Competency Model

Tenets, Target Audience, and Performance Level for the Public Health Preparedness and Response Core Competency Model Version 1.0

(December 17, 2010)

Supported by the Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response, the Association of Schools of Public Health (ASPH) has built upon existing work to provide a national framework for competency-based curricula and training and for performance benchmarks to measure public health preparedness and response. The finished model — the Public Health Preparedness and Response Core Competency Model Version 1.0 — fulfills a mandate in the 2006 Pandemic and All-Hazards Preparedness Act to develop "a competency-based training program to train public health practitioners." It represents individual, core competencies that mid-level public health workers, *regardless of their employment setting*, are expected to demonstrate to assure readiness.

ASPH and the CDC used a transparent, participatory process from April 2009 to December 2010 to develop, vet, and finalize this model. Over 400 individuals from federal, tribal, state, and local public health practice and from academe contributed to the process as volunteers in three rounds of electronic stakeholder input and in expert workgroups. A 16-member Leadership Group worked with ASPH staff, CDC officials, and consultants to guide the project.

Tenets

The Leadership Group established the following project tenets, stating that the resulting competency model would:

- Align with established capabilities
- Utilize an all-hazards approach, spanning across the prevent, protect, respond, and recover missions
- Provide a proposed national standard for mid-level public health workers across all sectors and settings
- Be behaviorally-based, focusing on observable actions
- Reflect and build upon existing competency models
- Supplement existing core public health competency models
- Inform curricular planning for the workforce
- Be utilized by the CDC Preparedness and Emergency Response Learning Centers (PERLC)* grantees in 2010.
- Be available to other public and private entities

** PERLC are the new iteration of the Centers for Public Health Preparedness.*

Target Audience

The model defines a mid-level public health worker as an individual with:

- Five years experience with an MPH equivalent or higher degree in public health, or
- 10 years experience with a high school diploma, bachelors, or non-public health graduate degree.

Aside from years of experience and education, these workers may have responsibilities for: program support, coordination, development, implementation, management and/or evaluation; supervision; establishing and maintaining community relations, presenting arguments and recommendations on policy issues, etc.

To provide a few examples, mid-level public health workers could include:

- Administrative supervisors, such as payroll supervisors, purchasing managers, and human resources staff;
- Chief clerks of vital records;
- Public health nurses who run well-child clinics, immunization programs, STD testing, and/or who also may assist with epidemiological tasks; and,
- Public health sanitarians who: undertake routine food, water, pool, and/or restaurant inspections; conduct food worker training; and/or may help with epidemiological tasks

Such mid-level workers may or may not *directly* provide the 10 essential public health services as part of their daily jobs. In the event of an "all hands on deck" emergency, however, organizational leaders may need to use the full range of available human resources to support response and recovery. Each organization will make a decision about which employees to include in the audience for training and exercises applying these core competencies.

Performance Level

The model targets *proficiency* as the level of competence required to assure readiness. Workers may begin as novices and some may be required by a specific position or activity to achieve expert competence.

TRAINING AND EDUCATION COLLABORATIVE SYSTEM
PREPAREDNESS AND EMERGENCY RESPONSE LEARNING CENTER

LORI GRAHAM, PH.D., INSTRUCTIONAL DESIGNER
TEXAS A&M HEALTH SCIENCE CENTER
SCHOOL OF RURAL PUBLIC HEALTH

DEVELOPING AND IMPLEMENTING PREPAREDNESS AND RESPONSE CORE COMPETENCIES
BEST PRACTICES EXERCISE
2012 National Trainers' Exchange

BEST PRACTICES: HOW CAN WE LEARN FROM EACH OTHER?
WHEN WE TRANSLATE COMPETENCIES INTO EFFECTIVE PRACTICE,
WE LEARN THROUGH EXPERIENCE WHAT WORKS AND WHAT DOESN'T.

SUCCESSES:

ACTIVITY	RATIONALE FOR YOUR SUCCESS:
1.	
2.	
3.	

GREATEST CHALLENGES OR LESSONS LEARNED:

ACTIVITY	WHAT COULD I HAVE DONE DIFFERENTLY?:
1.	
2.	
3.	

PERLC

TRAINING AND EDUCATION COLLABORATIVE SYSTEM
PREPAREDNESS AND EMERGENCY RESPONSE LEARNING CENTER

SELF-EVALUATION

2012 National Trainers' Exchange

Please indicate the number on the scale below that reflects your evaluation of *your performance* in each of the following areas:

	Strongly Disagree 1	**Disagree** 2	**Neither agree nor disagree** 3	**Agree** 4	**Strongly Agree** 5
I am ALWAYS aware of the exact outcomes expected at the conclusion of my trainings.					
I incorporate a method for helping me determine priorities for the specific participants in each training.					
I always model effective training techniques.					
I work at creating a learning environment that fosters the opportunity for active participation.					
I carefully incorporate a variety of participatory experiences that lend themselves to a better understanding of the training materials.					
I work at offering discussion opportunities that further understanding of the topic in each particular training.					
I feel confident that when I have completed my trainings the participants will be competent in the areas we have covered.					

(Adapted from Clinical Medical Education model; West, C. & Graham, L., 2012)

PERLC
TRAINING AND EDUCATION COLLABORATIVE SYSTEM
PREPAREDNESS AND EMERGENCY RESPONSE LEARNING CENTER

LORI GRAHAM, PH.D., INSTRUCTIONAL DESIGNER
TEXAS A&M HEALTH SCIENCE CENTER
SCHOOL OF RURAL PUBLIC HEALTH

MAKING CONNECTIONS IN PLANNING FOR TRAININGS

2012 National Trainers' Exchange

Looking at the "Public Health Preparedness and Response Competency Map," there is a performance goal under which there are four categories:

- Model Leadership
- Communicate and Manage Information
- Plan for and Improve Practice
- Protect Worker Health and Safety

In preparing trainings, we look at:

- Our "Overview"
- Objectives
- Capabilities
- Competencies

How are they connected? Do we:

1. determine expected or desired outcomes?
2. elaborate in terms of specific knowledge, skills, attitudes (or abilities) and use #1 & #2 to help in planning and content preparation?
3. look at what competencies go with your objectives?
4. think about how we accomplish learner mastery of expected outcomes as we prepare to train?

Comments from those who have attended trainings…

- Depends on the instructor
- Do they make the material relevant?
- Do they have the content knowledge AND personal expertise?
- Do they use practical experience to put you to the test?
- Can be very helpful and interesting or can put you to sleep

With experience in education, training, and professional development, an interesting quote comes to mind when it relates to teaching others how to be successful in sharing knowledge…

A question from Gen. Ruben Cubero, Dean of the Faculty,
United States Air Force Academy:

"If there were no students in the room,
could I do what I am planning to do?"

Do you know what the next statement he made was?

If your answer to the question is yes, don't do it.