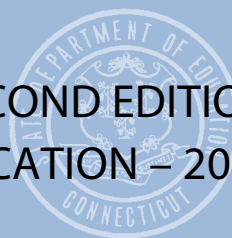


COMPETENCY IN SCHOOL NURSE PRACTICE



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Competency in **School Nurse Practice** (2nd Edition)

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PREFACE

“The public has a right to expect registered nurses to demonstrate professional competence throughout their careers...the registered nurse is individually responsible and accountable for maintaining professional competence... it is the nursing profession’s responsibility to shape and guide any process for assuring nurse competence” (American Nurses Association[ANA], 2008). In 2009, Connecticut State Department of Education initially published this document to establish school nurse competencies in alignment with the American Nurses Association (ANA) and the National Association of School Nurses’ (NASN) Scope and Standards of Nursing (2005). It defined a need to address competencies of the emergent, the experienced, and the expert school nurse. The second edition of this document reflects the new Scope and Standards (ANA/NASN, 2011) and the thoughts of Connecticut school nurses who have used and evaluated the original competencies tool.

RATIONALE

Evidence confirms what school nurses know: children are now attending school with more complex health needs, and the frequency of chronic health needs has increased significantly over the last several decades (NASSNC, 2007; Van Cleave, Gortmaker, & Perrin, 2010; Robert Wood Johnson Foundation [RWJF], 2010). In order to assure safe and high-quality health care in the educational setting, school nurses need expanded skills and knowledge in order to meet the growing needs of students.

In addition to the knowledge and skills needed by the individual school nurse, clinical supervision is essential in ensuring safe care. At present, many school nurses do not have access to regular, ongoing clinical supervision. According to the National Association of School Nurses (NASN, 2008), “In order to meet students’ health needs and to function effectively with school and community team members, school nurses need supervision and evaluation to maintain and improve competence in this independent practice... Best practice requires that this supervision and evaluation be performed by a registered professional school nurse.”

The National Association of State School Nurse Consultants (NASSNC, 2007) believes that schools have a responsibility to provide safe and high-quality health services, and that these services require clinical supervision by a school nurse manager/ coordinator or supervisor.

HOW TO USE THIS DOCUMENT

This document is intended to be used by individual school nurses, their school nurse supervisors and school administrators. It is divided into three sections: competencies, supervision and evaluation. The competencies are designed to identify the skills and knowledge needed to ensure safe and high-quality health care. These competencies may be used in a variety of ways:

- A framework for nursing school instructors;
- An orientation plan for new school nurses;
- An evaluation tool by nursing supervisors;
- A self-evaluation tool for school nurses;
- A goal-setting tool for school nurses; and
- A program planning tool (See How to Use the Competencies on page 12).

The section on supervision can be used to explore the role of the supervisor, the need for clinical supervision, and the difference between clinical and administrative supervision.

The last section of this document includes the rationale for evaluation and potential components of an evaluation. Three sample evaluation tools are included in the Appendix and are based on the school

nursing competencies:

1. The School Nurse Competencies Self-Evaluation Tool (to be completed by the school nurse and reviewed by the school nurse supervisor)- Appendix A; and
2. The School Nurse Performance Evaluation Summary Tool (this tool aligned with competencies and professional goals) - to be completed by the nursing supervisor in collaboration with the school nurse) – Appendix B; and
3. The Comprehensive School Nurse Performance Evaluation Summary Tool (this tool is aligned with Teacher Evaluation Model for Connecticut and includes Student Learning Objectives and Whole School Data) – to be completed by the nursing supervisor in collaboration with the school nurse if school nursing is incorporated into the state teacher evaluation system – Appendix C.

INTRODUCTION

PURPOSE

This document is designed to support the practice of school nursing within Connecticut schools. The areas of school nurse competency, supervision and evaluation are presented in an effort to promote high-quality school health services. In alignment with the national standards of Professional School Nurse Practice (ANA/NASN, 2011), the school nurse competencies delineate the knowledge and skills needed to practice nursing in the school setting. These guidelines also align with *Connecticut's Common Core of Teaching* (2010) and the underlying tenets of professional growth and professional development. With input from a broad spectrum of school nurses, including school nurse supervisors, higher education and the Connecticut Board of Examiners for Nurses, these guidelines reflect the standards, research and best practices in the field of school nursing.

HIGHLY QUALIFIED PROFESSIONALS

The U.S. Department of Education (2004) cites highly qualified professionals as a major objective of the *No Child Left Behind Act of 2001* to ensure that all students have the best teachers possible, and further states that research demonstrates a correlation between student achievement and teacher quality. The Connecticut State Department of Education supports the position that **all** individuals providing services for students should be highly qualified professionals, including *school nurses*. It is expected that school nurses, just as teachers, demonstrate competencies in order to provide Connecticut students with quality health services from the most highly qualified professional school nurses.

One of the three requirements of the highly qualified professional is demonstrated competency. This document provides the defined competencies for a school nurse. "In the world of increasing accountability, competencies in nursing practice are essential to ensure consistent, safe, and high-quality care for all students" (Resha, 2009).

COMPETENCIES

DEFINITION

Competency, as used in this document, is defined as “an expected level of performance that integrates knowledge, skills, abilities, and judgment, based on scientific knowledge and expectations for nursing practice. Competency statements are specific, measurable elements that interpret, explain, and facilitate practical use of the standard” (ANA/NASN, 2011, p.74). All competency statements in this document reflect what is expected of all school nurses in Connecticut.

Competency involves both the ability to perform and the capacity to transfer knowledge and skills to new tasks and situations. Performance criteria can be used to outline the steps that must be taken to achieve competency (Brunt, 2007). The school nurse must use his or her core knowledge and skills and be “able to apply that knowledge and those skills to benefit the health and educational success of the school-age child” (Bobo, Anderson, & Cooper, 2002, p. 285). An older reference but one of the few out there

OVERVIEW

Competencies exist for any number of specific disciplines. For several decades, professional organizations have emphasized the need for professional competencies. The 2011 Institute of Medicine’s (IOM) *The Future of Nursing* report recommends “accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan”(IOM, 2011; Kowalski, 2012).

The American Nurses Association (ANA) empowered a panel of experts to consider nursing competencies and to formulate the following assumptions regarding continuing competence in nursing (American Nurses Association, 2000; Whittaker, Carson, & Smolenski, 2002). The purpose of ensuring continuing competence is protection of the public and advancement of the profession through the ongoing professional development of nurses. Competency assumptions follow.

- The public has a right to expect competence throughout nurses’ careers.
- Any process of competency assurance must be shaped and guided by the profession of nursing.
- Assurance of continuing competence is the shared responsibility of the profession, regulatory bodies, organizations/workplaces and individual nurses.
- Nurses are individually responsible for maintaining continuing competence.
- The employer’s responsibility is to provide an environment conducive to competent practice.
- Continuing competence is definable, measurable and can be evaluated.
- Competence is considered in the context of level of expertise, responsibility and domains of practice.

Continuing competence contributes to the quality of nursing practice. “The development and implementation of a continuing competency program for nurses promotes patient safety, public protection and enhances nursing practice” (Washington State Nursing Care Quality Assurance Commission, 2009).

EVOLUTION OF SCHOOL NURSE COMPETENCIES

In 2000, the Southern Regional Education Board (SREB), a nonprofit, nonpartisan organization that works with educational leaders and policymakers in 16 member states to improve pre-K through postsecondary education,

worked with nurse educators and school nurse leaders to develop a framework of core competencies for school nurses (Aiken, 2000). It was acknowledged that school nursing is a specialty practice within the nursing profession and that nursing educators required this framework to guide the preparation of school nurses.

Building on the work of the SREB, the National Association of School Nurses partnered in 2001 with the National Consortium of School Nurse Educators, the American School Health Association, the National Association of State School Nurse Consultants and invited national experts to move the school nursing competencies forward, acknowledging not only the need for core competencies for the beginner nurse, but to expand it to school nurses with a variety of experience (Bobo, Anderson, & Cooper, 2002). That work continues with the Competency Committee of the Consortium of School Nurse Educators that is designing competencies that have “promise to become national educational competencies” (Proctor, 2013, p. 73).

“School nursing exists on a continuum from generalist to specialist” (ANA/NASN, 2011, p.17). The Connecticut State Department of Education (CSDE) has responded to the need to provide a set of expanded competencies that define school nursing practice at several levels. These competencies are based on Benner’s Application of the Dreyfus Model of Skill Acquisition to Nursing (1984).

BENNER’S APPLICATION

In Benner’s original application, the skills of a nurse are based on a five-tiered continuum from novice to expert. When the CSDE first published the School Nurse Competencies document, the competencies were outlined in a four-tiered model. After several years of actual use by school nurses and their supervisors and with their feedback regarding ease of use, the model has been modified to three tiers from the developing level to the exemplary level. The novice nurse, the first tier on the Benner continuum, addresses the undergraduate nurse and, therefore, does not apply to school nurses. The application posits that in the acquisition and development of a skill, a student passes through levels of proficiency and these different levels reflect changes in skilled performance. Permission for the CSDE adaptation of the following continuum was granted by Patricia Benner, R.N., Ph.D., of the University of California at San Francisco.

Developing School Nurse

The developing school nurse can demonstrate marginally acceptable performance. Through practical experience in concrete situations, the developing school nurse starts intuitively to recognize various aspects of a situation when they are present. These aspects require prior experience in actual situations for recognition. Principles to guide actions begin to be formulated. The principles are based on experience, skills and knowledge as part of one’s professional education and preparation as a nurse, and as evidenced by licensure as a registered nurse with the state.

Proficient School Nurse (combines Brenner’s competent and proficient levels of competencies)

Competence is achieved when the school nurse, through instruction or experience, begins to adopt a hierarchical perspective. The proficient school nurse devises a plan based on considerable conscious, abstract and/or analytic contemplation of the situation he or she is facing. Proficient school nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The proficient school nurse learns from experience what typical events to expect in a given situation and how plans may need to be modified in response to these events. This response is not yet automatic, as the proficient school nurse has yet to have

enough experience with the wide variety of possible actions in each situation. In order to determine the correct response, the school nurse falls back on the detached, rule-based determination of actions.

Exemplary School Nurse

The exemplary school nurse no longer relies on an analytic principle (rule, guideline, and maxim) to connect her or his understanding of a situation to an appropriate action. The extensive background of the exemplary school nurse fosters an intuitive grasp of each situation and identification of the nexus of the problem without wasteful consideration of many alternative diagnoses and solutions. The exemplary school nurse operates from a deep understanding of the whole situation. Although the expert's performance is ongoing and non-reflective, she or he thinks before acting, reflects upon the goal or perspective that seems evident, and upon the action that seems appropriate to achieving the goal. The exemplary school nurse sees intuitively what to do without applying rules and making inferences.

HOW TO USE THE COMPETENCIES

These competencies are intended to be used for the following purposes:

- *A framework for nursing school instructors.* Nursing education, course work and clinical experiences need to incorporate core content and skills to ensure that graduating nurses are well prepared as school nurses (Aiken, 2000). These competencies can assist nursing school instructors to develop curriculum that can prepare nursing graduates for entry-level competencies in school nursing practice.
- *An orientation plan for new school nurses.* While the orientation of school nurses should include basic information, such as an introduction to district policies and procedures, familiarity with data collection and nursing documentation, and how and when to access the nursing supervisor and available resources, these competencies allow the school nurse supervisor to establish basic expectations for the new school nurse's performance. Competencies delineate the skills and knowledge required of the new school nurse and the content of an orientation can be guided by these competencies.
- *An evaluation tool by the nursing supervisor.* Competencies provide a framework for performance appraisal of the school nurse in the education setting (Bobo, Anderson and Cooper, 2002). Evaluation provides necessary objective feedback to the school nurse. The sample tool provided in this document is based on the competencies and standards of school nursing practice. Using the competencies as the basis for evaluation provides the nursing supervisor with a fair and consistent standard by which to evaluate all school nurses.
- *A self-evaluation tool by the school nurse.* Competencies provide the criteria and standards to measure one's achievement and allow the school nurse to assess his or her performance. Self-evaluation represents a commitment of the school nurse to honestly evaluate his or her own performance, with the goal of increasing professional development and the quality of services provided. Self-evaluation is a good evaluation practice and considered a standard for professional practice (Hootman, 2013; ANA/NASN, 2011).
- *A goal-setting tool for school nurses.* Once the school nurse has performed a self-evaluation and assessed her or his performance, setting goals will assist the nurse in reaching professional potential. School nurses who set their own goals, with the competencies as a guide, demonstrate motivation and professionalism. In partnership with a supervisor, the goals can be evaluated, setting the course for performance outcomes.
- *A program planning tool.* School health services programs can use the competencies to guide program standards and policies, develop professional training and assess program quality.

SUPERVISION

OVERVIEW

The American Nurses Association (ANA, 2008) believes that it is the employer’s responsibility to provide an environment that is conducive to competent clinical practice. This responsibility includes supervision. Supervision is initial and ongoing direction, procedural guidance, observation and evaluation (Ohio BON, 2009).

The National Association of School Nurses’ position statement, *School Nurse Supervision and Evaluation* (NASN, 2008), states, “school nurses need supervision and evaluation to maintain and improve competence in this independent practice... Best practice requires that this supervision and evaluation be performed by a registered professional school nurse.”

Supervision should be provided through an ongoing, positive, systematic, collaborative process between the school nurses and the school nurse supervisor. The AAP states that schools “require that fully qualified, credentialed, and licensed health professionals supervise clinical health professionals and health care services” (Taras et al., 2004).

SUPERVISION REQUIREMENTS

School districts should provide adequate clinical supervision and professional resources to meet the needs of their school nursing staff members. Clinical supervision of school nursing requires discipline-specific training and expertise (CSDE, 2001) and experience in the practice of school nursing and school health or a related clinical setting (**i.e. must be a registered nurse or advanced practice registered nurse**). A school nurse supervisor should be designated by a school system to respond to practice issues in school nursing and school health, such as appropriate assessment techniques, best practice methods and skill-building in all role functions.

Supervision should be offered on an individual basis for all staff members, including new school nurses, interns and veteran school nurses.

- For new school nurses, direct on-site supervision should be provided for two hours weekly — at a minimum — and consultation by telecommunications should be available as needed.
- Individual clinical supervision for experienced school nurses should be arranged, based on individual and district needs, ranging from two hours on-site biweekly to biannual evaluations.

CLINICAL SUPERVISION AND ADMINISTRATIVE SUPERVISION — HOW ARE THEY DIFFERENT?

Clinical supervision requires specialized, professional knowledge, skills and related credentials for the practice of school nursing. It promotes, enhances and updates the professional growth of school nurses in terms of their professional and clinical skills and knowledge. As it relates to school nursing, the term *supervision* incorporates activities performed at two levels.

- At the individual level, clinical supervision refers to direct, on-site supervisory sessions between the school nurse and the supervising school nurse. These sessions are designed to improve clinical knowledge and skills related to nursing assessment, diagnosis, planning, evaluation, consultation and other school nurse role requirements.
- Group supervision has the same goal — the enhancement of clinical competencies — but refers to sessions with a group of two or more school nurses and the supervising school nurse. Group and individual clinical supervision require technical proficiency in school nursing and should only be

provided by a qualified school nurse supervisor who has training and experience in the areas of supervision and evaluation (CSDE, 2001; NASN, 2008).

Administrative supervision may be provided by appropriately credentialed individuals who are knowledgeable about school nursing, such as a building or district administrator (ANA, 2009). Administrative supervision includes activities and attributes such as adherence to school policy and state and federal regulations, organization, oral and written communication skills, collaborative skills and the day-to-day nonclinical duties performed by the school nurse.

MODELS OF SUPERVISION

School nurses should receive clinical supervision from a registered nurse supervisor.

The National Association of State School Nurse Consultants' (NASSNC) 2007 position paper addresses the rationale for clinical supervision of school nurses being provided by licensed, experienced registered nurses rather than a non-nurse supervisor. "Nurses providing school health services should be directly supervised by a qualified school nurse supervisor who is licensed registered nurse and has experience in school nursing practice" (Henry, Roberts, Taliaferro, & Young-Jones, 2007). Several boards of nursing require that nurses be supervised and evaluated by another RN. The Ohio Board of Nursing (2008) specifically states in its regulations that supervision and evaluation of the practice of nursing be performed by RNs only. The Kansas Nurse Practice Act requires that "an individual must be licensed to supervise the nursing process. A non-nurse could not supervise nursing practice" (Kansas Board of Nursing, 2011). Specific language has been introduced by the Washington State Legislature (2012) that requires a school to provide clinical supervision for a licensed nurse working in a school setting.

While Connecticut's Board of Nursing does not include specific language that requires a nurse to be supervised clinically by another nurse, best practice, legal prudence and professional integrity direct that clinical supervision should be performed by nurses.

As school districts strive to move toward a model of school nurse supervision, the following models may be used:

Clinical supervision at the district level

This model is the benchmark that all school districts should strive to attain.

NASSNC (2007) defines clinical supervision as "a formal process of professional support and learning which enables individual school nurses to develop knowledge and competence, assume responsibility for their own practice and enhance client protection, school nursing practice, and the safety or care in complex clinical situations. This clinical supervision is a practice-focused professional relationship involving a practitioner reflecting on practice, guided by a skilled nursing supervisor."

In this model a school nurse supervisor guides, supports and responds to emergent practice issues and evaluates the school nurse's clinical performance.

Supervision by non-nursing personnel

In school districts where the supervisor or administrator is *not* a school nurse, administrative supervision should be provided. A non-nurse administrator cannot address the need for staff support and professional growth, issues that can be addressed only by a school nurse administrator. If school

districts do not have an administrator who is a school nurse supervisor, it is recommended that a designated lead school nurse provide clinical supervision. Other innovative arrangements for evaluating and supervising school nurses (and other support services specialists) might be explored. School systems may need to share supervisors with other districts, develop regional models or appoint a lead school nurse on a part-time basis. School systems also may contract with their regional educational service centers for clinical consultation.

Regional models

- Regional educational service centers (RESCs) are public education agencies created under state statute primarily for the purpose of “cooperative action to furnish programs and services” to public school districts. Cooperative efforts of RESCs have saved money for Connecticut school districts over the past 30 years and have enabled schools to expand services beyond what they could have accomplished alone.

RESCs do what their school districts need them to do. They support both the instructional and operational sides of school districts. In providing programs and services to schools, RESCs may be well-suited to develop regional school nursing supervision for small public school districts in their service areas. Many small school districts do not have the individual resources to have a nursing supervisor but would be able to contribute to a regional system through a RESC.

- Regional school districts, similar to the RESC model described above, that do not have school nurse supervision in each town may partner with the towns in their region at both the elementary and secondary levels to provide nursing supervision to the entire region.

All models of supervision described above should include nurse supervisor visits to each local public school district throughout the school year, evaluation/performance appraisals for individual school nurses, regularly scheduled nursing meetings with all districts, individual consultation as needed, assistance with the development of policies and procedures, and when appropriate, professional development opportunities for school nurses.

Peer/group supervision

Peer/group supervision is another viable source for staff supervision and development. In this model, competent school nurses with experience can assist new school nurses to function more effectively in their positions and to improve their clinical knowledge and skills. By offering technical assistance, being available for questions and providing support, the new school nurse is supported by someone with clinical experience and technical proficiency.

Peer mentoring

While not a substitute for school nurse supervision, peer mentoring is another means of ensuring sufficient opportunities for professional growth and development for novice school nurses. Houghton’s 2003 study on school mentoring finds that it is “crucial to the success of school nursing to offer mentorships and continuing education to individual school nurses. There is an increased demand for experienced and knowledgeable school nurses due to the challenging health, social and emotional needs of today’s school-age children... assisting new school nurses to acquire the knowledge and skills necessary to improve the health outcomes of children is essential in today’s schools.” Foley (2011) describes the challenges facing the school-age population coupled with a shrinking nurse work force and why it “is crucial to transition and retain competent school nurses. One

way to assist newly practicing school nurses in meeting the challenges they will face in the 21st century is through mentoring relationships and programs.”

PROFESSIONAL DEVELOPMENT

Ongoing professional development is the means by which school nurses maintain, improve and broaden their knowledge and skills and develop the vision to provide quality nursing services that are current and meet the needs of the children and youth they serve. ANA's Scope and Standards of Practice for Nursing Professional Development states "nursing professional development is a life-long process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing their professional practice, and supporting achievement of their career goals" (ANA, 2010).

Supervision also includes providing professional development activities offered through department meetings, workshops and conferences. These activities are part of a comprehensive clinical supervision plan developed for the school nursing staff. Professional development days offer an excellent opportunity for school nurses to pursue leadership opportunities, learn new skills, review new evidence-based practices, and participate in program review and planning. School systems should provide professional development activities such as peer supervision and workshops specific to school nursing training and expertise. The Association of School Nurses of Connecticut, the National Association of School Nurses, the American Academy of Pediatrics, the State Education Resource Center (SERC) and the Connecticut State Department of Education's school health consultant and School Nurse Cadre of Trainers are all valuable resources in this regard.

Supervisors also should encourage and promote:

- school nurses' participation in state and national associations to maintain professional identity and an up-to-date knowledge of the field of school nursing; and
- the participation of school nurses in professional development workshops offered outside the school system to obtain knowledge and to network with colleagues.

Personal responsibility for professional development

While professional development opportunities should be made available and encouraged by the school system and the school nurse supervisor, each school nurse has a professional responsibility to seek out professional development that will enhance his or her skills and knowledge (Institute of Medicine, 2011).

ANA's Position Statement on *Professional Role Competence* (2008) states "ANA believes the registered nurse is individually responsible and accountable for maintaining professional competence". Additionally, the Scope and Standards of Practice for School Nursing states "school nurses must seek professional development and continuing education to increase critical thinking skills and professional judgment, as well as to maintain competence in their role (ANA & NASN, 2011, p. 17).

ADDITIONAL ROLES OF THE SCHOOL NURSING SUPERVISOR

The school nursing supervisor, in addition to having responsibility for staff development and supervision, should assume the following roles and responsibilities:

- Coordinate school nursing services in an organized manner for all students and families;
- Develop policies and procedures that standardize school nursing practice;
- Provide information regarding available community resources;
- Be a liaison to other administrators, helping them understand school nurse roles and practices and

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- advocating for effective school nursing practice within the school system and the community;
 - Be a supporter of school nursing staff members;
 - Be a teacher/supporter of methods to enhance the school nurse's ability to communicate school nursing knowledge and skills in an educational setting;
 - Provide a link between school nursing and other support services, special education and general education staff members;
 - Provide direction by establishing priorities and evaluating school health programs;
 - Develop a budget for the purchase of necessary clinical and professional materials;
 - Provide professional leadership through participation in school nursing and related professional organizations;
 - Assist staff members in developing a formal professional development plan annually;
 - Encourage and assist staff members in seeking advanced recognition (e.g., degrees, national certification, district and national recognition);
 - Develop and provide professional development activities designed to enhance clinical skills;
 - Develop, with the school nursing staff, an effective job description and evaluation instruments based on the school nurse competencies; and
 - Develop liaisons with other school nursing services programs to share professional development activities and to help in policy development and methods.

EVALUATION

“A competence based assessment evaluates whether an individual has the knowledge, education, skills, experience, and proficiency to perform responsibilities” (Hootman, 2013, p. 1301).

According to Baille, et al. in *Effective Nursing Leadership: A Practical Guide* (1989), a performance evaluation system is designed to: This is old I know but I can't seem to find another source that so clearly defines the topic.

- Document that an employee's performance meets standards and competency criteria;
- Assess employee knowledge and skills compared to expected levels of competency;
- Allow the employee and his or her supervisor to come to consensus on the standards and expectations for job performance;
- Develop an action plan for improvement;
- Provide an opportunity to acknowledge attitudes and behaviors that may have either a positive or negative impact on job performance;
- Motivate an employee to seek educational opportunities that “will maximize, strengthen and augment the employee's experience;” and
- Give the supervisor the opportunity to “encourage, guide and support” professional development opportunities.

The evaluation of school nurses should be based on a comprehensive job description, performance standards and competencies. In evaluating school nurses, direct observation of performance is desirable. (Ethical principles concerning informed consent and confidentiality are followed in conducting such observations.) Other evaluative techniques that are frequently used encompass a review of the school nurse's documentation, content and maintenance of:

- school health records;
- individualized education program (IEP) goals;
- individualized health care plans;
- assessments;

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- direct and indirect interventions; and
 - the school nurses' notes for individual health interventions.

The summary performance evaluation tools based on school nurse competencies is attached.

The performance evaluation is completed after the school nurse and school nurse supervisor have reviewed and identified the level of performance of the school nurse based on the competencies for each standard (see School Nurse Competencies Self-Evaluation Tool). On the performance evaluation tool, each standard is given an overall ranking by the nursing supervisor in collaboration with the school nurse. **The ranking for each standard is determined by the most frequent level of performance in meeting the measures for each standard based on the information in the Self-Evaluation Tool (e.g., the Assessment Standard has five measures to determine competence and if the nurse is proficient at least three of these measures, the overall ranking would be proficient).** The final evaluation score is based on a combination of the final competency score and accomplishment of professional and districtwide goals (See School Nurse Evaluation Summary Tool).

Note: If the school nurse evaluation is incooperated into the school district's Teacher Evaluation Model for Connecticut then the final evaluation score is based on a combination of the final competency score, accomplishment of professional and student growth and development (SLO) goals; and the whole school parent and whole-school student learning indicator (See the Comprehensive School Nurse Evaluation Summary Tool).

SUMMARY

The vision for a successful and effective school health services program is one that meets the identified health needs of children and supports the health and wellness of students and the school community. When children are healthy and their needs are met, they are ready to learn and can be academically successful. To reach that goal, staff members who provide the health services programs and the supervisors who support them must be highly qualified professionals with skills and knowledge that enable them to perform to the highest standards. To ensure that these standards are being met, a set of competencies, based on professional standards, has been defined. From these standards and competencies, individual school nurses and their supervisors can objectively determine goals for professional performance and growth.

A school nurse must be able to continually grow, learning new skill sets or refreshing skills and knowledge through professional development activities. In addition, a school health program must provide professional supervision of school nurses, and school nurses should expect to receive clinical support for their practice from their school districts.

Finally, in order for a school nurse to establish and reach her or his professional goals and to perform in a highly professional manner, an evaluation should occur. This evaluation provides an opportunity for the school nurse to reflect on his or her own goals and receive feedback, objective observation of performance and assistance with goal-setting from a clinical supervisor. This evaluation should be based on school nursing standards and competencies.

The professional school nurse can provide valuable, needed services to students if he or she has core skills and knowledge, mastery of competencies, and is supported by a supervisor who offers guidance, encourages professional development and provides evaluation.



A school that addresses children’s health needs and promotes wellness, and does so with a professional nursing staff guided by experienced nurse supervisors, will support the academic and personal success of its students.

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