

UNDERSTANDING CORE ROLES & COMPETENCIES, SCOPE OF PRACTICE, and FUNCTIONAL JOB ANALYSIS

CHW CORE ROLES AND COMPETENCIES

In the Community Health Worker (CHW) field many people talk about CHW core roles or functions and core competencies or skills. The National Community Health Advisor Study released a list of CHW core roles and competencies in 1998 based on nationwide research which is often cited as a starting point by CHW employers and educators. The Study recognized QUALITIES as part of competencies. Conventionally, competencies are something learned that can be demonstrated. CHWs interviewed for the Study insisted that much of what a CHWs needs to be effective are QUALITIES; thus the Study determined that Qualities are a key element of CHW practice and included them in their core findings.

Dr. Wiggins who led this component of the Study explains possible uses of the roles and competencies:

ROLES: Should be used when creating job descriptions; these are related to Scope of Practice

COMPETENCIES:

QUALITIES: Should be used when recruiting and hiring CHWs

SKILLS: Should be used when designing curricula

NCHAS ROLES

- 1) Cultural Mediation: Bridging gaps between individuals and health and social service systems;
- 2) Health Education: Providing culturally appropriate health information and education;
- 3) Assuring Access to Health Care and Other Services;
- 4) Informal Counseling and Social Support;
- 5) Individual and Community Advocacy: Promoting individual and community needs;
- 6) Provision of Direct Service: Providing health screenings and basic first aid; and
- 7) Individual and Community Capacity Building: Activities and resources that strengthen and support the skills and abilities of individuals and communities.

NCHAS QUALITIES (partial list)

- 1) Relationship with community being served.
- 2) Empathy
- 3) Personal strength and
- 4) Persistence
- 5) Respectfulness

NCHAS SKILLS - See list on the Arizona CHWs 101 Fact Sheet Released 12-9-13

SCOPE OF PRACTICE

“Legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scopes of practice is a state-based activity. State legislatures consider and pass the practice acts, which become state statute or code. State regulatory agencies, such as medical and other health professions’ boards, implement the laws by writing and enforcing rules and regulations detailing the acts.” P. 1

“Some professions have moved toward nationally uniform scopes of practice by promoting model practice acts that are designed to be adopted by all of the states for a given profession. Often drafted by professional associations or federations of state boards, these models can be very helpful to legislatures considering establishing or expanding scopes of practice, in addition to alleviating the challenges of state variability. Such model practice acts have met with varying degrees of success. Some have been implemented by a majority of states, while others are less popular.” P. 17

Excerpts above from Promising Scope of Practice Models for the Health Professions
Dower et al. from the Center for the Health Professions, 2007

A 2005 Federation of State Medical Boards report defined scope of practice as the “Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability.”

“Decision making regarding changes in the scope of practice of healthcare professions...is to:

- Promote better consumer care across professions and competent providers
- Improve access to care
- Recognize the inevitability of overlapping scopes of practice.”

In looking at Scope of Practice: “competence assessment tools are needed to determine whether practitioners are competent to perform the advanced skill safely. “

Excerpts above from Changes In Healthcare Professions’ Scope of Practice Legislative Considerations, State Boards of Nursing, 2009

FUNCTIONAL JOB ANALYSIS

“Functional job analysis, developed by the Employment and Training Administration of the United States Department of Labor, is concerned with qualitative analysis of a job role and worker that produces unique information based on the employee’s behavior and actions. FJA breaks down job roles into seven areas: things, data, worker instructions, reasoning, people, math and language. Analysis of worker actions within these areas plays a key part of the Functional Job Analysis process.”

Excerpt above from HR Zone at: www.hrzone.com/hr-glossary/what-functional-job-analysis

A typical SOP includes several detailed nesting components that can help lead to the targeted identification of needed skills.

CHW Scope of Practice > has various functions (CHW example: Outreach)

 FUNCTIONS (CHW example: Outreach:>Home Visit)

 TASKS (CHW example: Home Visit> Prepare for a Home Visit)

 ACTIVITIES (CHW example: Prepare >Schedule Appt., Get Family History, etc)

 SKILLS: Various (CHW example: Communication, Advocacy skills etc.)