Core competencies for injury and violence prevention

In 2000, the State and Territorial Injury Prevention Directors’ Association (STIPDA) and the National Association of Injury Control Research Centers (NAICRC), later reorganized to form SAVIR, formed the Joint Committee on Infrastructure Development with the goal of developing the infrastructure for the field. The group unanimously agreed that there was a significant need to address the training gap in our field, leading to a focus as the National Training Initiative for Injury and Violence Prevention (NTI). In the ensuing eight years, NTI has been instrumental in identifying training needs through several needs assessment activities, identifying existing training programs, and developing new training, including the PREVENT Program operated by UNC (http://www.prevent.unc.edu). The cornerstone of all these efforts was the development of a set of core competencies for injury and violence prevention.

Developed through a multi-stage process that included review of existing competencies from the field of public health1–4 and coupled with a careful review of the functions of public health agencies in injury control, as developed by STIPDA in the Safe States document and its companion STAT Review Guide,5 the group developed a set of competencies to identify the key skill areas for injury and violence professionals, with an emphasis on the public health environment.6 The complete draft of competencies was then reviewed by an expert panel consisting of 55 practitioners and academics representing federal, state, and tribal settings as well as those based in hospitals and private organizations. Their task was to review and critique the proposed competencies, identifying missing areas or areas in need of stronger focus or clarification. In addition, the competencies were divided to designate proficiency levels, with the expectation that all persons working in the field should be proficient at the basic level, with higher levels of proficiency expected collectively among members of team. The final set of competencies is available on the NTI website (http://www.injuryed.org).7 An article explaining the process of developing the competencies appears in the American Journal of Public Health.8

More recently, a self-assessment tool was created at UNC IPRC to provide a mechanism to test individuals’ competence at the basic level of proficiency on eight of the nine competencies (excluding the competency addressing specific injury content areas). The “test” was created and pilot tested with 300 volunteer practitioners, identified mostly via the membership of STIPDA, Indian Health Service injury professionals, and those who have participated in the PREVENT Program. Based on a careful analysis using item response theory methods, the final instrument was devised and is now available at the NTI website.7 As additional persons use the instrument, it will be retested and refined to ensure that its psychometric properties remain strong and appropriate to the users. The competencies are listed in box 1.1

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REFERENCES


Box 1 Core competencies for injury and violence prevention in public health practice

1. Ability to describe and explain injury and/or violence as a major social and health problem.
2. Ability to access, interpret, use and present injury and/or violence data.
3. Ability to design and implement injury and/or violence prevention activities.
4. Ability to evaluate injury and/or violence prevention activities.
5. Ability to build and manage an injury and/or violence prevention program.
6. Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communication networks.
7. Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy and education.
8. Ability to maintain and further develop competency as an injury and/or violence prevention professional.
9. Demonstrate the knowledge, skills and best practices necessary to address at least one specific injury and/or violence topic and be able to serve as a resource regarding that area.