Transforming LEND Leadership Training Curriculum through the Maternal and Child Health Leadership Competencies

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Available at: https://works.bepress.com/betsy_humphreys/5/
Abstract  The purpose of this article is to describe how the Maternal and Child Health (MCH) Leadership Competencies (v 3.0) were used to examine and improve an MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training curriculum for New Hampshire and Maine. Over 15 % of the nation’s children experience neurodevelopmental disabilities or special health care needs and estimates suggest 1 in every 68 children is diagnosed with an autism spectrum disorder. Across the United States critical shortages of qualified MCH professionals exist, particularly in poor and rural areas. A continued investment in training interdisciplinary leaders is critical. The MCH Leadership Competencies provide an effective foundation for leadership training through identification of requisite knowledge, skills, and dispositions required of MCH leaders. This paper describes a three-step process, which began in 2010 and included utilizing the MCH Leadership Competencies as a tool to reflect on, develop, and evaluate the NH LEND leadership curriculum. Curriculum development was further supported through participation in a multi-state learning collaborative. Through a series of intentional decisions, the curriculum design of NH LEND utilized the competencies and evidence-based principles of instruction to engage trainees in the development of specific MCH content knowledge and leadership skills. The LEND network specifically, and MCH leadership programs more broadly, may benefit from the intentional use of the MCH competencies to assist in curriculum development and program evaluation, and as a means to support trainees in identifying specific leadership goals and evaluating their leadership skill development.

Keywords  Maternal and Child Health Leadership Competencies · Leadership education in neurodevelopmental and related disabilities · Leadership curriculum · Leadership

Introduction

Maternal and Child Health (MCH) leadership faces a number of challenges in the coming years to achieve its mission of ensuring equal access to health care services for children with special health care needs. Over 15 % of the nation’s children, birth to 17, experience a neurodevelopmental disability or special health care need [1] and recent estimates suggest 1 in every 68 children is diagnosed with an autism spectrum disorder (ASD) [2]. Children with developmental and related disabilities are three times more likely than the general population to have unmet healthcare needs [3] and only 21 % of children with ASD have access to a medical home [4]. Racial, ethnic, and socioeconomic factors further influence a family’s access to services and supports [5, 6]. Across the United States critical shortages of MCH professionals exist, particularly in poor and rural areas [7, 8]. Shortages in personnel qualified to provide
early intervention for a growing population of children with ASD may be particularly acute [9]. These shortages, and the “changing political, social, scientific, and demographic contexts” [10] require emerging MCH leaders to take on new and more varied leadership roles. Further, the nature of the challenges facing children with special health care needs and their families requires MCH professionals to work across disciplines to resolve complex problems and develop systems of care that are responsive to children’s needs [11]. A continued investment in interdisciplinary leadership training is critical.

Over the last decade, to ensure that MCH professionals develop the necessary leadership skills to meet the growing demands of the population, there has been a shift to competency-based education [12]. To that end, competencies have been developed both for public health practice [13] and leadership [12, 14, 15]. Public health professionals recognize the need to develop leadership competencies related to collaboration, including communication skills, interpersonal relations, knowledge of practices in other disciplines, leadership, professionalism, identification of common goals, and resources [16, 17]. Collaboration among disciplines has been identified as an especially critical skill for emerging professionals. Opportunities for emerging MCH professionals to develop leadership competencies outside their existing positions are limited and specific leadership training is often required [18]. Students and professionals bring different levels of knowledge and experience to leadership training and individual developmental trajectories differ [19, 20]. Therefore, leadership training that includes competency-based assessment and a focus on self-development appears to be most effective [14, 15].

MCH Leadership Competencies

In 2004, the MCH Bureau hosted a working conference with the purpose of identifying specific skills that would advance the leadership development of MCH professionals [21]. A competency-based approach to MCH leadership training in which faculty would begin to assess their own leadership knowledge with trainees was recommended. Leadership training that incorporates “capability,” defined as one’s “ability to adapt to change, generate new knowledge, and continue to improve performance” (p. 217), was recommended to account for the unpredictability of the future environments in which MCH leaders would operate. The final result was the release in 2009 of the MCH Leadership Competencies, Version 3.0 [12]. These competencies are situated within a conceptual framework that views leadership as a lifelong progression developing as individual knowledge and experience expands. The competencies are sequenced in a progression from Self to Others to Wider Community, demonstrating the growing influence of leaders over time. They create an effective framework (1) for the development of training objectives within MCH programs, (2) the evaluation of individual leadership, and (3) to assess and promote leadership training.

MCH LEND Programs

MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs have provided graduate-level, interdisciplinary training to enhance the leadership skills of professionals caring for children with neurodevelopmental disabilities and special health care needs since the 1960s [22]. Forty-three LEND programs across the country provide high-quality training to cohorts of graduate students and professionals. Trainees complete a minimum of 300 h of training over a 9-month academic year that includes didactic instruction, clinical training, and leadership skill development. Across LEND programs faculty provide mentorship in exemplary clinical services and public health practice, translation of research to practice, provision of continuing education and technical assistance, policy development, promotion of cultural competence, and dissemination of resources. While the structures of the training programs are similar, each has a unique composition of faculty and resources resulting in differing emphases and program activities. LEND graduates are highly qualified professionals who are ready to assume leadership roles in the field of neurodevelopmental and related disabilities.

Beginning in 2009 LEND programs were required to include the MCH Leadership Competencies in curriculum and program development [23]. The MCH Training network has identified a need to understand how the competencies are being utilized across programs for the development of training curricula, evaluation of individual leadership, and evaluation of leadership training [11, 12].

Purpose

The purpose of this paper is to describe how the MCH Leadership Competencies were used to examine and improve a LEND training curriculum for New Hampshire and Maine. The paper will describe the rationale for the change in curricular design and demonstrate how an intentional focus on leadership development transformed and improved the curriculum. The use of preliminary evaluation data to inform continuous curricular improvement is explained. Participation in the Maternal and Child Health Bureau-Association of University Centers on Disabilities (MCHB-AUCD) sponsored Interprofessional
Leadership Learning Collaborative (ILLC) will also be described.

Description

New Hampshire LEND

For over 20 years the Geisel School of Medicine at Dartmouth College and the Institute on Disability, a University Center of Excellence on Developmental Disability (UCEDD) at the University of New Hampshire (UNH) have partnered to deliver the NH LEND program. In 2011 the partnership was expanded to include the Center for Community Inclusion and Disability Studies/UCEDD at the University of Maine to bring LEND training to Maine. Each year, the NH LEND program provides high quality interdisciplinary training to a cohort of 20–22 graduate students, community-based professionals, and family members who have a child with special health care needs. Disciplines may include pediatrics, public health, education, nursing, nutrition, occupational therapy, speech language pathology, and social work.

NH LEND Curriculum

The NH LEND instructional framework is grounded in educational pedagogy that guides adult learning [24, 25]. Program activities include two semesters of didactic instruction, clinical training through field placement, and specific curriculum devoted to leadership skill development. The following section of the paper will describe the process of making revisions to the leadership curriculum within the program.

Between 2000 and 2012 leadership training was provided through a partnership with the NH Family Leadership Series at the UNH Institute on Disability [26], modeled after Minnesota’s Partners in Policymaking program [27]. Trainees actively participated in monthly training sessions, designed for families and self-advocates, focused on the history of the disability movement, principles of community organizing, strategies for inclusive communities, and approaches to legislative advocacy.

In 2010, as NH LEND embarked on planning for a new five-year grant cycle, program management determined it was time to evaluate the leadership curriculum. The task at hand was to determine how to incorporate the MCH Leadership Competencies more fully into the curriculum. The following section describes this process, which included using program evaluation data to reflect on the existing curriculum, utilization of the competencies to develop new content, and expansion of the leadership curriculum through participation in a multi-state learning collaborative.

Assessment

Assessing the Curriculum

During the fall of 2010 and the spring of 2011 the NH LEND program conducted two ad-hoc work sessions to examine the leadership curriculum. Although NH LEND had provided a high quality leadership training experience for over 20 years, the program had not articulated a conceptual framework for leadership development. The MCH Leadership Competencies were used to conduct a curriculum crosswalk1 [28]. During this time, faculty engaged in lengthy discussions about leadership development and reflected on the ‘what and why’ of the training program. This included identifying the tools of leadership, developing meaningful leadership activities, instructing trainees on the purpose of leadership activities, and allowing time for reflection on how those activities contributed to leadership development. As a result of these dialogues, the need to be more intentional about leadership skill development across all program activities was recognized.2 Intentional curriculum design focuses on the desired learning outcome, the needs of the student, the learning context, and assessment of growth over time as identified by the Association of American Colleges and Universities [29].

The following areas of the curriculum were identified for development: (1) explicit training in leadership skill development and professional ethics, (2) additional opportunities to apply ethical decision-making in professional settings, (3) explicit teaching on professional communication, (4) intentional instruction on conflict resolution in professional settings, (5) opportunities to examine the impact of personal communication and negotiation style on outcomes, and (6) engaging trainees in strategic planning, managing projects, and group decision making skills.

MCH Leadership Skills Self-Assessment

The revised NH LEND leadership curriculum integrated the use of the MCH Leadership Skills Self-Assessment [30], which corresponds to the MCH Leadership Competencies.

1 A curriculum crosswalk refers to a process used to align learning outcomes in a pathway to a set of local state or national standards.

2 Throughout this paper the terms ‘intention’ and ‘intentionality’ are used to connote a planned and purposeful curriculum development process grounded in the MCH Leadership Competencies.
During the spring of 2012, MCHB and AUCD announced the formation of a six-state learning collaborative, the Interprofessional Leadership Learning Collaborative (ILLC). A learning collaborative model engages participants in a community where practice improvements can be shared and tested. The overall goal of this experience was to incorporate elements of an evidence-based leadership consortium model based at the University of North Carolina (UNC) at Chapel Hill as a component of their MCHB-funded training programs.

The UNC model evolved over a decade when five MCHB-funded training programs collaborated to implement a shared leadership training experience. The training includes an Orientation, 4-day Leadership Intensive, four topical workshops (cultural competence, conflict management, family-professional partnership, leadership reflection), and participation in an annual conference on minority health. Participants complete psychological assessment instruments that allow them to explore their personal leadership styles and preferences, as well as those of others. For NH LEND, the timing was fortuitous, as the program was deeply engaged in an examination of its leadership curriculum. The program submitted an application and was selected to participate as one of the six states in the ILLC.

Over a one-year period, the ILLC supported the efforts of state teams in incorporating elements of the UNC model into their training programs through (1) a four-day leadership development intensive in North Carolina, (2) monthly technical assistance phone conferences, and a reflective evaluation process, (3) quarterly calls between state teams centered on intentionality in leadership training, discussion of curricular changes within programs, and the importance of “threading” leadership skill development throughout programs. Five NH LEND faculty members were identified to serve as members of the leadership curriculum planning team. The ILLC provided opportunity to share ideas, discuss challenges, and reflect on progress in community with other MCH professionals. The intentional use of the MCH Leadership Competencies as a program development tool, combined with active participation in the ILLC, set the stage for development and improvement of the NH LEND leadership curriculum.

Improving the Leadership Curriculum

Several elements of the UNC model were adapted and integrated into the NH LEND leadership curriculum. These included the use of two psychological instruments, the Myers Briggs Type Indicator and the Thomas Kilmann Conflict Mode Instrument, as a means of exploring personal styles and preferences on leadership. NH LEND developed a new leadership curriculum that included nine Interdisciplinary Leadership Intensives (ILI’s) where instruction focused on principles of leadership within a specific content area (Table 1).

This included the development of Leadership in Action (LIA) placements (Table 2). Partnerships were developed in New Hampshire and Maine with MCH initiatives, key stakeholder groups, and community-based organizations who were involved in research, policy work, continuing education, and/or technical assistance related to the LEND mission. Consideration was given to community partners serving culturally diverse populations.

Trainees completed 70 h in LIA placements with the objectives of: (1) developing an understanding of the community-based organization’s mission and vision relative to that of NH LEND, (2) developing an understanding of collaborative relationships among stakeholders, and (3) applying emerging leadership skills (e.g., collaboration, conflict negotiation and resolution, and facing challenges). At the end of the year, trainees presented a Capstone Poster Session describing their work with LIA partners over the course of the year. The use of the MCH Leadership Competencies as a foundational tool, in conjunction
with participation in the ILLC resulted in a strengthened commitment to leadership skill development.

What We’ve Learned and Where We Are Going

NH LEND utilizes a program evaluation methodology that incorporates a range of data, including annual surveys of trainees, faculty, and stakeholders, discussions from faculty and management team meetings, and trainee assessments using the MCH Leadership Skills Self-Assessment over time. Results are reviewed regularly with management, faculty, an advisory board, and an executive council to discuss strengths and potential recommendations for improvement.

The program evaluation trainee survey for 2012–2013 was completed by 22 of 24 trainees (92 % response rate). Of these respondents, 68 % reported that completion of the MCH Leadership Skills Self-Assessment either acceptably or greatly contributed to their professional and leadership goals. When asked about the impact of the leadership plan, which was developed from their self-assessment, 86 % of the respondents agreed the plan had an impact on their professional and leadership goals. When asked to rate the impact of the ILI’s, which specifically focused on leadership skill development, 95 % agreed that the ILI’s positively impacted their ability to achieve their goals. Each trainee identified two leadership goals, for a total of 44 goals for the cohort, and provided completion ratings on 42. Of these 42, 95 % of trainees rated their goals as “mostly” or “fully achieved.” These results suggest that the intentional curricular focus on specific competency areas advanced trainees’ confidence in demonstrating critical leadership skills.

Among the qualitative comments gathered from the annual surveys, additional evidence emerged. A seasoned community professional who participated as a LEND trainee commented:

Leadership is a word I thought I understood! As I begin this journey…my perceptions and ideas of what leadership is have already begun to change. It is a much more complex and integrated concept that I had never really examined…..
A LEND faculty member who was not involved in the development of the revised leadership curriculum commented:

The changes in the leadership curriculum this year were outstanding. Trainees processed their experiences differently and were more confident about what they were doing.

Of the Leadership in Action placements, one partner commented:

It (LIA placement) has had a positive impact by bringing those who have shown an interest in leadership the opportunity to explore different aspects of system involvement.

Finally, results of the trainee’s MCH Leadership Skills Self-Assessment at three time points during the year indicate perceived growth in leadership development over time. Twenty-four trainees reported an average 1.7–2.1 points increase on the 5-point scale across each of the 12 domain areas between assessment points 1 and 3 (Table 3). These preliminary data suggest that the revised curriculum may be having a positive impact on trainees.

Results from the MCH Leadership Skills Self-Assessment have been incorporated into mentorship meetings with trainees. Mentors were able to use the information to guide the learning experiences of the trainees as they move through the program. In cases where a trainee rated their skills as particularly high, it provided an opportunity for the mentor to discuss areas that could be further strengthened. In cases where ratings were low, this created the opportunity to develop a plan of engagement for improvement. At the program level, self-assessment scores were aggregated across the cohort at the beginning of the year in order to assess perceived competency levels. With the second and third cycle of ratings during a program year, faculty were able to use information at the program level to see if competency levels were changing and to assess gaps in the curriculum. By reviewing changes over the year, the program was able to document substantive improvements in trainee competency levels. However, self-ratings may not necessarily reflect changes in observable practice [35]. To this end, the NH LEND program is currently reviewing the use of rating assessments provided by mentors in clinical training sites documenting changes in trainee’s skill development. In addition, the NH LEND program continues to seek collaborative opportunities with the LEND network to determine how the MCH Leadership Competencies can be used in the translation of knowledge to practice—specifically addressing the ability of the competencies to measure what we want them to measure, determine in which contexts they are most applicable, and consider how they can be most effectively used to assess and promote leadership development [11].

Table 2 NH LEND sample leadership in action placements: 2013 cohort

| New Hampshire Division of Public Health Services, disability & public health: Improving the health of people with disabilities through state-based health programs |
| New Hampshire Family Voices |
| New Hampshire Special Medical Services, (Title V Program for CSHCN) |
| Children with Special Health Needs Program and Maine Developmental Disabilities Council |
| University of Maine Center for Community Inclusion and Disability Studies (CCIDS) |

<table>
<thead>
<tr>
<th>Time 1 (fall)</th>
<th>Time 2 (winter)</th>
<th>Time 3 (spring)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No experience 0</td>
<td>Awareness 1</td>
<td>Knowledge 2</td>
</tr>
<tr>
<td>12 %</td>
<td>67 %</td>
<td>17 %</td>
</tr>
<tr>
<td>13 %</td>
<td>75 %</td>
<td>12 %</td>
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<tr>
<td>29 %</td>
<td>50 %</td>
<td>21 %</td>
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Trainee scores averaged across 12 domains with an overall skill category assigned: No experience (0–0.5), awareness (0.5–1.4), knowledge (1.5–2.4), skill (2.5–3.4), and leadership (3.5–4)
Conclusion

Over three decades, the MCH network systematically developed a set of competencies that provide a strong conceptual framework for leadership [12]. The MCH Leadership Competencies articulate the requisite knowledge and skills needed by interdisciplinary leaders, while the conceptual framework identifies how leadership progresses. Utilization of the MCH Leadership Competencies as a formative assessment measure afforded trainees the opportunity to reflect on their professional development over the course of a year. As programs continue to build upon this work, it will be critical for them to understand the strengths and limitations of this approach. For example, we know that self-assessment provides trainees an opportunity to reflect on their skill levels across domain areas. However, based on research around the efficacy of self-assessments to represent real world ability, these self-perceived skill sets may or may not translate into real-world observable competencies [35]. The MCH network may benefit from further developing the MCH Leadership Competencies into a reliable and valid measure that is capable of capturing leadership growth over time.

At the program level, the MCH Leadership Competencies also provided a useful framework for measuring and evaluating LEND leadership training, and a framework for evaluation of training curricula. Updating curriculum with current evidence, knowledge, and innovation is critical and keeps professional practice current [19]. In the absence of a clear framework, a curriculum becomes vulnerable over time. Use of the MCH Leadership Competencies as a program development tool ensures that LEND training curricula are aligned with the development of requisite knowledge and skills. Aligning curriculum with trainee assessment also makes the intent of the curriculum explicit to trainees, so learning makes sense. Over time these data may be used to measure the effectiveness of the curriculum [29] on the development of effective MCH leaders.

An explicit and intentional focus on leadership development emerged as a critical factor in the development of the NH LEND Leadership Curriculum. Setting the intention to engage faculty and trainees in defining, discussing, and reflecting on leadership development, both individually and collectively, had a positive effect on the NH LEND program. Through intention, the NH LEND community has strengthened its commitment to the language of leadership and the qualities that define effective leaders. The MCH Leadership Competencies and ILLC provided the foundation for this work. Sustaining this momentum will require focused attention on the part of the faculty and program management to support development of a curriculum that is both true to the MCH leadership framework and responsive to evolving practice.

Understanding how the MCH Leadership Competencies are utilized across MCH training programs will benefit and strengthen the MCH network. Through the MCH Leadership Competencies the MCH network has articulated a clear framework for training program development forged on competency-based assessment. Like current practice, training curricula are not static. They must evolve, informed by research and ever-shifting social and political contexts. Across the network, MCH training programs will continue to benefit from participation in learning communities with an intentional focus on the development of effective MCH leaders.

Acknowledgments The NH LEND Program is supported by a Grant (#T73 MC00024) from the Maternal and Child Health Bureau, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. The Interprofessional Leadership Learning Collaborative was supported by the Association of University Centers on Disabilities through Grant # UA5MC11068 from the Maternal and Child Health Bureau, Health Resources and Services Administration.

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23. US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Maternal and Child Health Training Program, Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND), Funding Opportunity Announcement Number HRSA-11-036.


