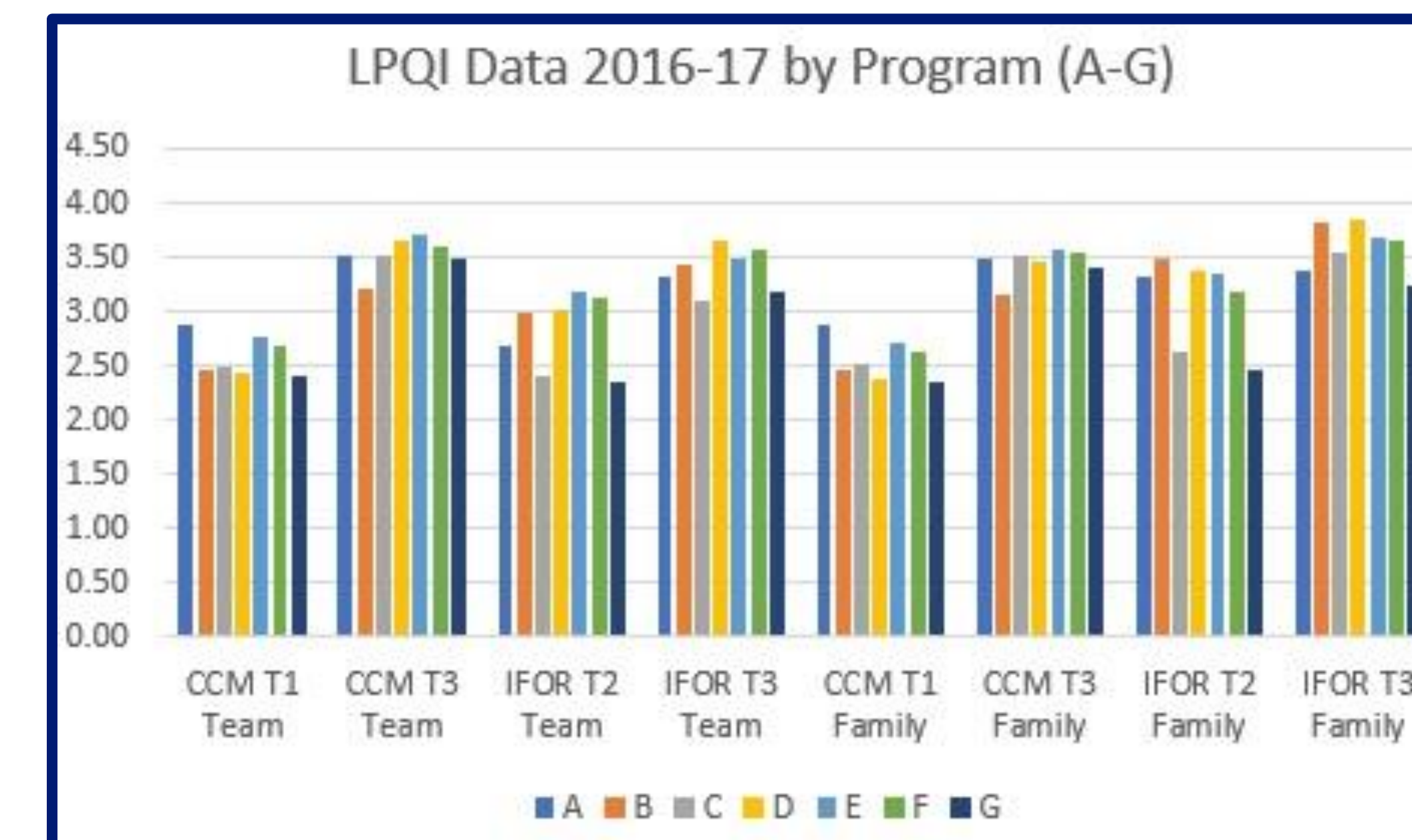
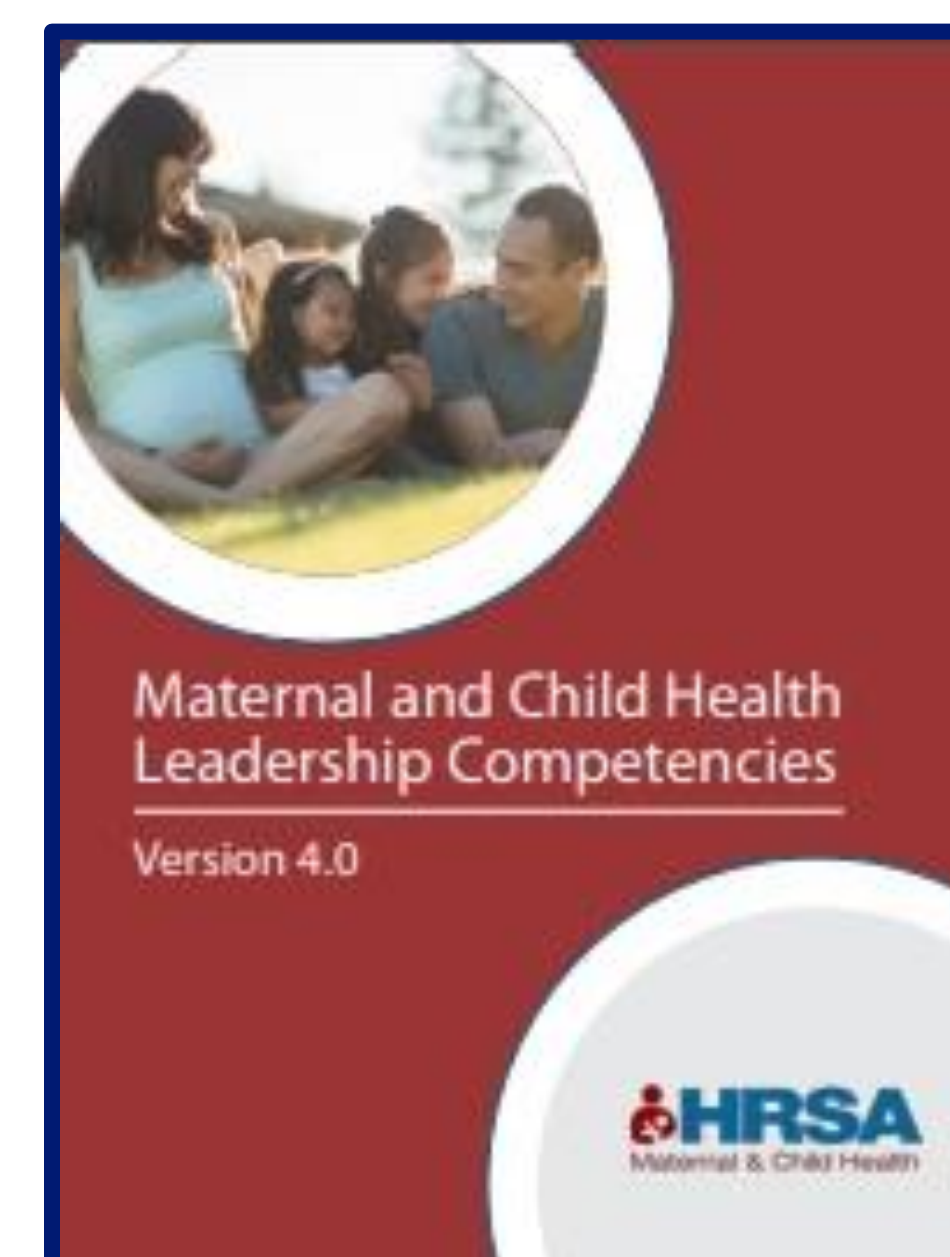


## What is LEND?

Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs provide graduate-level interdisciplinary training to enhance the clinical and leadership skills of individuals caring for children with autism and other developmental disabilities.

They are funded under the Autism CARES Act, reauthorized in 2014, and administered by the Health Resources and Service's Administration's (HRSA) Maternal and Child Health Bureau (MCHB).

There are currently 52 LEND programs located at universities and children's hospitals across 44 states, with an additional 6 states and 3 territories reached through partnerships.



## Results (2016-2017 Pilot)

7 programs and 131 trainees participated (currently, there are 23 programs participating).

There is significant variability in data from program to program – see figure at left.

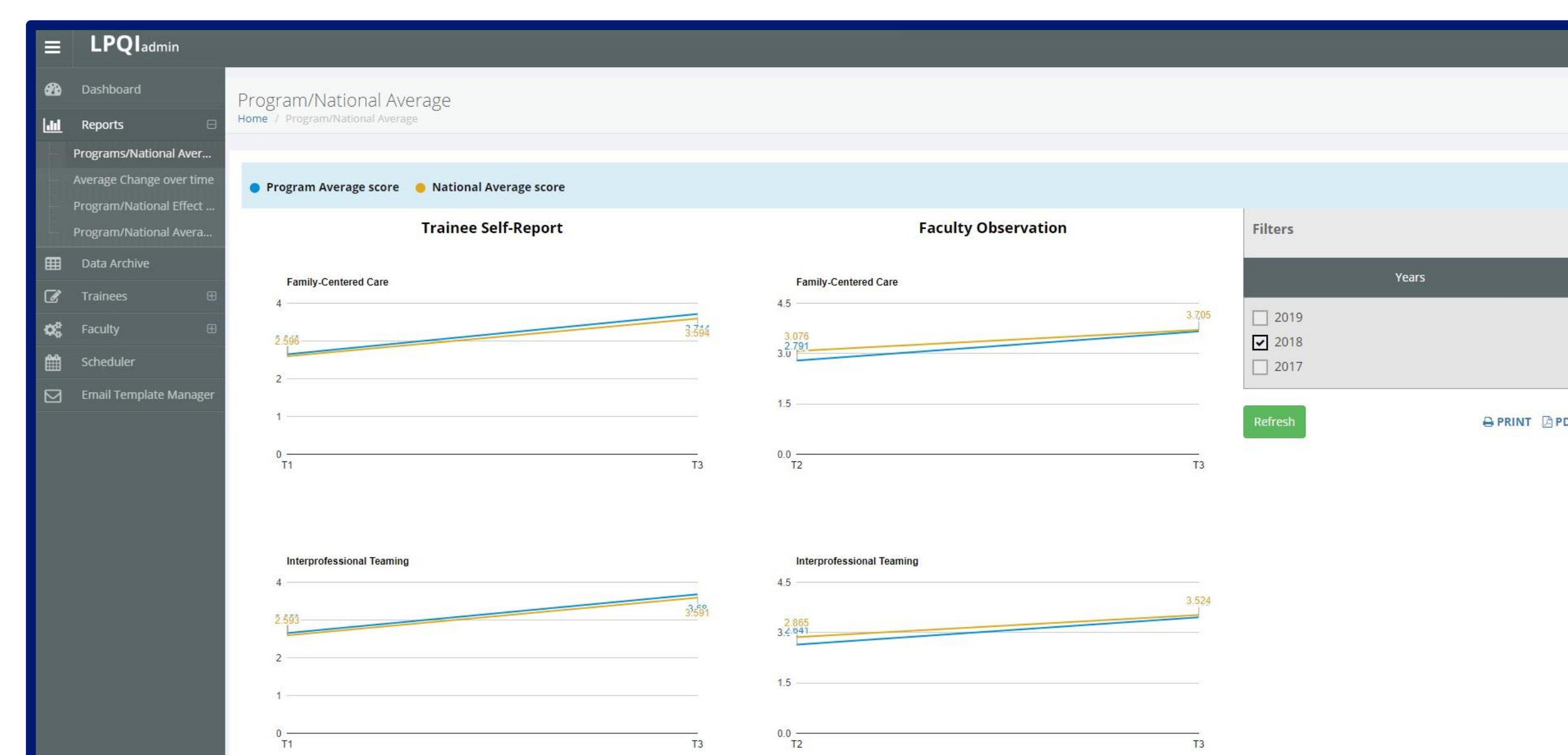
Program scores for self-report (CCM) and faculty observation (I-FOR) increase for both ITB and FPP.

The increase in trainee self-report is greater than the increase in faculty observation scores.

## Background

Historically, each LEND program used idiosyncratic measures to track effectiveness of training in family-professional partnerships (FPP) and interdisciplinary/interprofessional team building (ITB). Such before-after training data provided a limited view of training quality and impact.

Over the last five years, LENDs have worked together to form the LPQI Network, with the goals of devising common measurement tools, creating a national database, and using benchmarks to drive improvements in workforce training.



Participating LEND programs measure trainee FPP and ITB using two validated tools: the **LEND Core Competency Measure (CCM)** is based on trainee self-evaluation, and the **Interdisciplinary—Family-Centered Observation Rubric (I-FOR)** relies on faculty observation.

Programs use a proprietary **web-based dashboard** to enter trainee and faculty data collection at **T1** (beginning of the training year), **T2** (approximately one-third of the way through the training year) and **T3** (end of the training year).

AUCD staff manage the dashboard, implement additional features based on user feedback, host monthly **technical assistance** calls, coordinate the development of **shared resources**, orient/onboard new programs, and support the production of research manuscripts.

A visualization tool embedded in the dashboard allows programs to see their trainees' **change from baseline** to year end, filter data by variable (e.g. trainee discipline) and compare their results to a **"national average"** benchmark.

*"Participation has provided opportunities for our faculty to focus on and define core competencies and leadership skills for different disciplines. These rich conversations informed the curriculum as we participate in the Plan-Do-Study-Act process."* – Ohio

*"This process helped us go a step further and ask how we know that all of our experiences (clinical and non-clinical) are truly family-centered and interprofessional."* – Florida

*"This has helped us be more mindful of the need to identify, support, and enhance family-centered experiences and we've added more opportunities for interprofessional teaming early on, which allows for more accurate baseline assessment."* – Arizona

## Network Impact

Increased emphasis on observable behaviors in determining trainee knowledge and skills; decreased reliance on self-assessment measures to drive important curricular decisions.

The development and implementation of the I-FOR across sites has initiated a national dialogue on what constitutes foundational- and advanced-level "competency" and reasonable expectations for all trainees upon program completion.

## Workforce Implications

Standardized, validated measures can be developed to determine workforce readiness that are relevant for emerging leaders across disciplines and practice settings.

This nationwide quality improvement effort was initiated by several LEND programs, supported by MCHB, and has become standard practice because of the technical assistance and ongoing structure of AUCD (the MCHB-funded technical assistance center for LENDs).

## Challenges

The CCM and the I-FOR measures need to account for the wide range of trainee disciplines (including self-advocacy and family leadership) and potential training experiences across clinical, research, and community settings.

Faculty need to be oriented to the I-FOR, develop a shared understanding of scoring rationale, and coordinate completion for trainees with multiple mentors/preceptors.

Programs require administrative bandwidth to manage data collection at all three time points and participate in monthly technical assistance calls.

## Next Steps

Recruit additional LEND programs to participate, increasing data richness and the degree to which the "national average" benchmark is representative of the entire network.

Revise the I-FOR to align with language/concepts from the recently released *Maternal and Child Health Leadership Competencies, Version 4.0* and add a new component that assesses knowledge and skills in policy and working with communities and systems ("leadership").

Connect with leaders from other Division of MCH Workforce Development grantee programs to determine if/how they could use the CCM and I-FOR to advance their training objectives.



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