

2007 MCHB Joint Meeting: Strategic Plan Workgroups Summary Notes

Reporting and Monitoring

1. Are there critical data elements missing?
2. What is the rationale for adding/deleting items?
3. What strategies can be used to administer the tools, collect, and report data?
 - o Focus on diversity forms: 1)current trainees 2)graduate followup
 - o Keep the form short
 - o Add definitions for unfamiliar terms (“frontier”)
 - o Questions too collapsed? Are we asking two things in one question?
 - o Graduate followup form: Sect C (topic area) to be split, revised to cover all aspects of diversity in working with groups

Family Directed and Family Centered Care and Practice

1. What attributes of family centered care or practice should/can be measured?
2. What are possible indicators for these attributes?
 - o Indicator: statistical measure to monitor trends
 - o Ensure indicators are applicable to clinical and public health programs
 - o Family/youth/client/consumer/patient Definitions of “family”
 - o Intent: indicators should be for medium and long term trainees
 - o Preliminary indicators:
 1. 100% trainees in MCHB training programs will include families in program planning
 2. At least x trainees in MCHB training programs will be actively engaged in or demonstrate principles of family advocacy
 3. 100% of trainees in MCHB training programs are capable of communicating in the manner most easily understood by families
 - Should include all modes of communication

Trainee and Faculty Diversity

1. Do the guidelines present a clear understanding of:
 - a. Why the MCH training programs should focus on increasing diversity?
 - b. The elements that should be addressed in an MCH Training Program Diversity Plan?

 - o Guidelines: positive reaction so far
 - o Placing this diversity plan in the local context: needs thought at each program & location
 - o Working more closely with the other workgroups (esp. reporting)
 - o Address in the general intro: yes including Cultural Competence, family... though this doc focuses generally on recruiting
 - o Idea behind the guidelines is to produce a supportive resource, not measurement tool

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Interdisciplinary Practice

1. Does this definition clearly articulate what Interdisciplinary Practice is as it relates to the MCH Training Program?
 2. What if any additional information should be included?
 3. What are critical indicators for ID Practice?
 4. What strategies can be used to collect and report data?
- Good: definition values skills, values, mutual respect, joint decision making & outcomes
 - Missing: “communication”, dynamic flow of teams idea,
 - Focus on health care vs. health & human services?
 - Critical indicators:
 1. short term: in curriculum, are there experiences for ID training; do trainees leave with knowledge and skills in ID; can trainees apply knowledge, skills of ID teams;
 2. long-term: application in work settings; are there leaders in this area

MCH Leadership Competencies

1. How have you used the draft leadership competencies?
 2. How do you envision using them in the future?
 3. What would help you to use them?
- Problem: trainees come to program with different levels of expertise. Do likert scale of self-assessment on each competency area to measure improvement
 - Recognize in your program if you’re teaching the competencies (if not calling them “leadership competencies”)
 - Developmental trajectory! Trainees shouldn’t be nervous about being overwhelmed. Recognize gains will be made in some competency areas during the training, may be different per trainee
 1. Faculty can tell their own stories as examples, emphasize leadership doesn’t have an end-point
 2. Get alumni stories, profiles of young leaders in your discipline
 - Techniques:
 1. Peer training, shared leadership, use faculty
 2. Ask trainees for leadership goals at beginning of training
 3. During recruitment, discuss leadership skills already achieved. Recruit for individuals who WANT to be leaders in MCH
 4. Link trainees with community groups to play a local/state/regional leadership role and gain skills
 - Continuing Needs:
 1. Best practices, evaluation tools should be linked to the competencies (share via discussion board!)
 2. Link competencies within your progress reports for bonus points
 3. Continue building resources via the website

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Next Steps:

- Continue to discuss the topics on the workgroups
 - New members? Email HSR: mch-training-resource-center@hsrnet.com
- Post resources and tools as developed
- Use the discussion boards to provide feedback
- Work across groups (reporting & diversity)
- Clarifications

2008 All Training Program Grantee Meeting: April 22-23, 2008, Crystal City, VA