



# MCH Training Program Joint Grantee Meeting

## Overview of Training Program Workgroups



# Workgroups Focused On:

- Family Centered and Family Directed Practice
- Trainee and Faculty Diversity
- Interdisciplinary Training and Practice
- Reporting and Monitoring
- Leadership Competencies

# Overall Purposes of Workgroups:

- Provide training grantees and affiliated colleagues with an opportunity to:
  - Directly impact policies and procedures that guide the MCHB Training Program
  - Enhance the achievement of the MCH Training National Strategic Plan goals and objectives
  - Assist in telling the “MCH Story”

# Composition of Workgroups:

- 50 grantee members, including
  - Faculty
  - Administrative staff
  - Trainees
- Represent 35 Training Programs

# Each Workgroup\*:

- Developed a workplan to guide work
  - Targeted to Strategic Plan
- Met monthly via conference call
  - Workgroups supported by MCH Training Program Resource Center staff
- Focus on specific tasks and deliverables
  - Obtain feedback from grantee colleagues
  - Submit recommendations to the MCHB

\*with exception of Leadership Competencies Group

# Today's Plan:

- A member of each workgroup will:
  - Present an overview of the workgroup
  - Identify membership
  - Describe activities
  - Present outcomes from activities
  - Identify needs for grantee input
  - And then.....

# Meeting Participants Will...

- Convene in small groups to
  - Discuss workgroup materials and
  - Provide feedback using specific discussion questions
- Reconvene to share small group discussion results

Workgroup  
workplans  
and  
participant  
lists  
available  
on the MCH  
Training  
Program  
web page

The screenshot shows the homepage of the MCH Training Program website. At the top, there is a navigation bar with links for "U.S. Department of Health and Human Services", "HRSA", "MCHB Home", "Questions?", and "Search". Below this is a banner for the "Maternal and Child Health Bureau" featuring a logo and several photos of people. A secondary navigation bar includes "MCH TRAINING PROGRAM", "Submit Content", "FAQ", "Contact", and "Site Map", along with a search box. The main content area is divided into several sections: "Grantee Products" with links to "Collaborative Essentials for Pediatric & Child and Adolescent Psychiatry Residents: Working Together to Treat the Child", "Leadership Pathways", and "CD ROM Evaluation Tool"; "MCH Training Grantee Network" with links to "Developmental Behavioral Pediatrics", "eLearning", "Leadership Competencies", "LEAH", "LEND", "Nutrition", "PPC", and "Workgroups"; "About" with links to "About the Training Program", "Our Goals", and "MCH History"; "Strategic Plan" with links to "Goal 1: MCH Competencies", "Goal 2: Workforce Diversity", "Goal 3: Interdisciplinary Training", "Goal 4: MCH Leadership", "Goal 5: Knowledge to Practice", and "Goal 6: Collaborating with Others"; "Grantee Resources" with links to "Grantee Products", "Reporting Requirements", "MCH Training Listservs", "MCH Training Webcasts", "Strategic Planning Workgroup Notes", "Performance Measures", and "History and Roots of MCH"; "Funded Projects" with links to "By Program", "By Region", and "MCH Training Grantee Network"; "Applying for a Grant" with links to "Grant Opportunities", "Grants.gov", "How to Apply", "Grant Life Cycle", "Application Guidances", and "Writing a Grant Proposal"; "MCH Resources" with links to "Additional Funding", "Research", "Technology", "MCH Listservs", "MCH Links", and "Resource Library"; "View Grant Opportunities Accepting Applications in FY 2007"; "News" with articles about "Association of University Centers on Disabilities (AUCD) Launches Redesigned Web Site", "New Knowledge Path Edition: Adolescent Violence Prevention", and "National MCH Oral Health Resource Center (OHRC) Releases New Edition of Knowledge Path about Oral Health and Children and Adolescents"; "MCH People in the News" with articles about "Renee Sieving, PhD, RN, C, University of Minnesota School of Nursing" and "Dr. Sion Kim Harris, Boston LEAH Faculty Member"; and "Upcoming Events" with an article about "February 25 - March 1, 2007: Intensive Course 'Nutrition for Infants, Children & Adolescents'".

<http://www.mchb.hrsa.gov/training>



# Want to Get Involved in a Workgroup?

## ■ Contact:

- The MCH Training Resource Center at:
- [MCH-Training-Resource-Center@hsrnet.com](mailto:MCH-Training-Resource-Center@hsrnet.com)
  - Provide your contact information
  - Indicate the group you are interested in joining



# Reporting and Monitoring Workgroup

# About the Workgroup...

## ■ Rationale:

- Sustaining and expanding training programs depends upon the availability of both process and outcome data that document the achievements of the training programs.

# About the Workgroup....

## ■ Purpose:

- Create strategies and measures to assess and monitor the progress of MCH training grantees in achievement of overall training program goals and individual program objectives
- In short.....We need to document and tell the MCH Program story

# Workgroup Members:

- LEND (1)
- Nursing (1)
- LEAH (4)
- School of Public Health (2)
- Pediatric Pulmonary Center (1)
- Pediatric Dentistry (1)

MCHB and AUCD Representatives also participate in the workgroup

# Our Workplan:

- Focus on relevant aspects of the MCH Training Program Strategic Plan
- Began with aspects of strategic plan focus on:
  - What is the extent and nature of diversity of trainees?
  - What is the extent to which graduates of training programs focus on needs and issues of underserved populations/communities?

# Workgroup Process:

- Identify indicators of “under-represented” and “underserved”
- Develop 2 tools to collect relevant information
- Pretest tools
- Revise
- Obtain feedback from grantees
- Submit recommendations to MCHB

# Design of Data Collection Tools:

- Focus on **most important** data elements
- Keep length at one page
- Design to be “good” and “useful”, not “perfect”



# Trainee Diversity Form - Data Elements:

- Race
- Ethnicity
- Gender
- Primary language – growing up
- Country of Origin
- Citizenship
- Geographic area – growing up
- Disabilities/Special Needs – self/family
- Economically disadvantaged – growing up

# Involvement of Graduates in Work Related to Underserved Groups or Communities – Data Elements:

## ■ Population Groups:

- Low income
- Uninsured
- MCH
  - Pregnant women
  - Infants and children
  - Adolescents
  - CYSHCN
  - Immigrant
  - Tribal
  - Migrant
  - Others

## ■ Underserved Communities:

- Medically underserved
- Health professional shortage

## ■ Topics/Issues:

- Access to services
- Inequities and disparities
- Quality
- Financing
- Others

# Pretesting....

## ■ Asked:

- What items are difficult to understand?
- How long did it take you to complete the form?
- What should be added? Deleted?

# Pretesting Results:

- Forms completed in under 5 minutes
- Unclear questions revised
  - For example:
    - Describe area where grew up (trainee form)
    - Identify current work on issues of particular importance to underserved groups (graduate form)

# Our Task Today:

- Use our one hour Reporting and Monitoring Workgroup Session to discuss :
  - Are any critical data elements missing from the tools?
    - What is the rationale for adding/deleting items?
  - What strategies can be used to administer the tools, collect, and report data?

# Other Opportunities to Discuss the Tools:

- Grantee Meetings
- MCH Training Resource Center Discussion Board
  - For access information contact:  
[MCH-Training-Resource-Center@hsrnet.com](mailto:MCH-Training-Resource-Center@hsrnet.com)

# Future Workgroup Plans

- Determine indicators of evidence that MCH training projects have translated research into policy, practice, or training.
- Identify mechanisms to assess effectiveness of interdisciplinary training
- Identify measures to assess effectiveness comprehensive instruction in family-centered services
- Develop reporting requirements for a “vigorous plan” to recruit and retain trainees from culturally diverse backgrounds



# Family-Centered and Family Directed Practices Workgroup



# Workgroup Purpose:

- Achieve high quality health care delivery systems
  - Through the involvement of the full range of professionals and communities who assure the health and well-being of children or youth and their families by
- Advancing respectful family-professional partnerships
  - Honoring the strengths, cultures, traditions, and expertise that everyone brings to these relationships.

# Workgroup Members:

- Distance Learning (1)
- LEAH (1)
- LEND (5)
- Nutrition (1)
- SPH (2)

# Strategic Plan Objectives (Goal 2)

## Objective 3:

By 2008, increase to 100 percent the proportion of MCH trainees who receive comprehensive instruction in cultural competency and family-centered services by the completion of their training.

## Objective 6:

By 2010, increase the proportion of MCH training programs that include field or applied experiences designed to lead to cultural competency and to an understanding of family-centered care.

## Objective 4:

Objective 4: By 2008, increase to 100% the proportion of MCH faculty who have received comprehensive education in cultural competency and family-centered services.

## Objective 7:

By 2009, increase to 50 percent the proportion of MCH training programs that demonstrate active, paid roles and involvement for family and/or youth

# Workgroup Activities:

1. Identify available family-centered and family directed practices curricula and materials and analyze for utility
2. Develop indicators of comprehensive instruction in family centered and family directed practices
3. Develop indicators for field placements that lead to cultural competency and understanding of family centered and family directed practices
4. Identify and assess current continuing education modules and teaching strategies targeted to faculty
5. Develop criteria for MCH Training Advisory Boards and placement on Training Program Web site

# Preliminary Focus Narrowed To:

Identify available family centered and family directed practices curricula and materials and analyze for utility and skill level.

Develop indicators of “comprehensive” instruction in family centered and family directed practices

# Identify Family Centered and Family Directed Materials: Workgroup Process

- Materials identified by group and others
- Materials reviewed according to criteria
- Materials categorized by:
  - Web-based
  - Video
  - Courses/Curricula
  - Workshops/Trainings

# Develop Indicators: Workgroup Process

- Draft list developed
- Working group review and input in process

# Products To Date:

1. **Resource Table** displaying summary information about approved family centered and family directed training materials
2. **List of Indicators** of comprehensive instruction in family centered and family directed training materials



# 1. Resource Table

- Guidance on high quality, accessible resources for applying family-centered and family-directed care practices.
- Guidance will continue to be developed to include additional resources.

Please send additional suggestions to:

[Anita\\_Farel@unc.edu](mailto:Anita_Farel@unc.edu)

## 2. Resource Table: Criteria

- Resources developed within the past 10 years or that continue to be current
- Offered in a variety of formats such as print, video, and articles
- Address different audiences and disciplines
- Meet diverse skill levels from beginners to highly skilled practitioners
- People First language

Continued →

# Resource Table: Inclusion Criteria

## (Cont'd)

- Address the needs and preferences of culturally and linguistically diverse families
- Include practice models that incorporate culture into the delivery of care
- Easily accessible no cost or reasonably priced
- Relevant, with ease of application in the practice setting
- High quality

# 1. Resource Table: Sample

## Family Centered and Family Directed Courses/Curricula

ORGANIZATION/ PROGRAM	WEB ADDRESS	TYPE OF INFORMATION	LAST UPDATED	INTENDED AUDIENCE/ SKILL LEVEL	EVALUATION/ REVIEWER COMMENTS
Teaching Family-Centered Care to Medical Students and Pediatric Residents at the University of Vermont – A Partnership with Families	<a href="http://www.partoparvt.org/ffi.html">http://www.partoparvt.org/ffi.html</a>	Parent to Parent staff introduces the concept of family-centered care to medical students during their orientation to pediatrics in this 3-part session.		Medical students	
Pediatric Pulmonary Centers, Cross Cultural Health Care Case Studies	<a href="http://ppc.mchtraining.net/index.php?option=com_weblinks&amp;catid=16&amp;Itemid=19">http://ppc.mchtraining.net/index.php?option=com_weblinks&amp;catid=16&amp;Itemid=19</a>	An interactive self-study program consists of a series of five tutorials in cultural competence, aimed at familiarizing health care providers with common issues that arise while working with people of diverse cultures.			
Iwaishi L, Taba S, Howard-Jones A, Brockman D, Yamashita L, Ambrose A.. Health and Education Collaboration Project, Hawaii Medical Association.		Training on Family Centered Interprofessional Collaboration.		Healthcare professionals, residents, and other healthcare trainees.	Well designed 10 week curriculum, complete with learning activities, that teaches interdisciplinary, family centered care.

## **2. Indicators (Draft): Sample Sub-goals**

1.1 Identify the principles of family centered care as detailed by MCHB.

1.1.1 Conduct an internet search of the latest Health Resources and Services Administration bulletins to locate MCHB's definition of family-centered care.

1.1.2 Using the most recent MCHB resources, locate the principles of family-centered care.

1.1.3 Read additional assigned articles, papers or PDF files on the internet.

# Our Task Today:

Use our one hour Family Centered Workgroup Session to discuss:

- What do we want to measure regarding family centered practice?
  - Trainees' knowledge of what?
  - Trainees' ability to do what? (what skills?)
- What would indicate that trainees have this knowledge?
  - What would indicate that trainees have these skills?

# Future Workgroup Plans:

- Continue to augment resource table
- Assess additional materials for faculty
- Evaluate and adapt “indicators”
- Assess use of these materials among training programs
- Prepare advisory materials for training programs regarding family involvement in agency policy, including issues of payment
- Develop and disseminate a new document: "*Recruiting, training, and facilitating family members as presenters and co-trainers for teaching family-centered and family-directed practices: guidelines for instructors*".



# Trainee and Faculty Diversity Workgroup



# Workgroup Members:

- Continuing Education (1)
- Distance Learning (1)
- LEAH (3)
- LEND (3)
- Nutrition (1)
- Pediatric Dentistry (1)
- SPH (2)

**Workgroup also includes MCHB and National Institute of Health (NIH) representatives**

# Workgroup Purpose:

Identify, assess, promote and support strategies and activities that:

- contribute to the development and maintenance of diverse training program trainees and faculty and
- encourage graduates of training programs to seek employment in unserved or underserved communities.

This will include consideration of how cultural competency relates to diversity and how grantees and the MCHB can effectively measure and monitor program efforts related to diversity.

# Related Strategic Plan Goals and Objectives

## Goal 2, Objectives 1 and 2:

**By 2010, increase the number of MCH training programs that have increased the diversity of their faculty (1) and the diversity of their trainee classes (2).**

# Workgroup Activities

1. Develop grantee guidelines for a “vigorous plan” for recruitment and retention of trainees from culturally diverse backgrounds

2. Identify resource materials to assist grantees in developing and implementing their diversity plan

3. Identify additional information and guidance on recruitment and retention needed by grantees.

# Products to Date:

- **Grantee guidelines** for a MCH Training Program-specific plan for the recruitment and retention of trainees and faculty from diverse cultural backgrounds

# Diversity Guidelines: Workgroup Process

- Identify materials (research, organizational guidelines, example plans, etc.) related to recruitment and retention of faculty and students of diverse cultural backgrounds
- Review materials and develop an outline of key elements for inclusion in guidelines
- Use Training Program performance measures and the identified materials to generate draft guidelines for the MCH Training Program

# Diversity Guidelines: Workgroup Process (cont'd)

- Draft guidelines were available in February for review and comment on the Internet Discussion Board
- Guidelines will be revised based on feedback from today's meeting and feedback gathered from other grantees

# Guideline Contents:

Guidelines contains key questions for consideration and discussion in the following areas:

## 1. Developing a Diversity Framework

- Program Specific Core Values for Diversity
- Program-Specific Diversity Goals and Objectives



# Guideline Contents (cont'd)

## 2. Assessing Current Status and Identifying Areas for Targeted Improvement

- Climate for Achievement of Diversity Goals
- Setting Targets for Faculty and Student Recruitment and Retention

# Guideline Contents (cont'd)

## 3. **Setting Goals, Objectives and Strategies to Support Improvements and Maintenance of Diversity**

- Climate and Cultural Competency
- Faculty Recruitment
- Faculty Retention
- Student Recruitment
- Student Retention

Continued →

# Guideline Contents (cont'd)

## 4. **Monitoring and Evaluation:**

- Benchmarking Progress
- Evaluating Outcomes
- Reassessing Priorities



# Our Task Today:

Use our one hour small group to discuss:

- Do the guidelines present a clear understanding of :
  - Why MCH Training Programs should focus on increasing diversity?
  - The elements that should be addressed in a MCH Training Program Diversity plan?

# Our Task Today (cont'd)

- What, if any, additional key elements or topic areas should be included?
- How can we best encourage and support Training Programs to develop Diversity Plans that can be actively used to improve the diversity within our training programs and of our MCH leaders?

# Future Workgroup Plans:

- “Pilot” the guidelines with training programs
- Refine Guidelines based on today’s discussion, the pilot, and other grantee feedback
- Collaborate with Reporting and Measurement Workgroup to develop draft indicators of a “rigorous” diversity plan



# Interdisciplinary Practice Workgroup

# Workgroup Purpose:

- Identify, assess, facilitate and support the organization and conduct of comprehensive, high-quality interdisciplinary practices (ID) to
- Promote positive MCH outcomes in the training programs and in community-related activities



# Workgroup Members:

- LEAH (1)
- LEND (4)
- NUTRITION (1)
- SPH (2)
- PPC (1)
- NURSING (4)

*ID Workgroup also includes MCHB and AUCD representatives*

# Workgroup Activities:

- Develop MCH Training Program specific definition of “interdisciplinary practice” (including rationale)
- Identify the evidence needed for programs to demonstrate effective interdisciplinary training
- Develop draft indicators to measure interdisciplinary training
- Draft recommendations to MCHB regarding reporting requirements for draft measurement

# Develop ID Practice Definition: Workgroup Process

- Current literature and definitions related to ID Practice reviewed by group members
- Members identified critical elements to include in MCH Training Program definition
- Draft definition crafted and circulated among group member for review and comment
- Definition shared with program colleagues and circulated to AUCD membership for review and comment
- Revised definition posted on Internet Discussion Board

# Develop Indicators: Workgroup Process

- Discuss critical elements to measure
- Draft list of suggested indicators
- Gather from all grantees

# Products To Date:

1. Definition of Interdisciplinary Practice for MCH Training Programs
2. List of Indicators of effective interdisciplinary training

# Our Task Today:

Use our one hour small group to discuss:

## DEFINITION

- Does this definition clearly articulate what Interdisciplinary Practice is as ***it relates to the MCH Training Program?***
- What if any additional information should be included?

## INDICATORS

- What are critical indicators for ID Practice?
- What strategies can be used to collect and report data?

# Future Workgroup Plans:

- Refine ID Practice definition based on grantee input
- Refine draft indicators based on grantees input
- Work with reporting and monitoring workgroup to draft recommendations regarding reporting requirements for draft measures



# MCH Leadership Competencies Workgroup



# Why Were the Competencies Developed?

- Leadership essential to achieving MCH goals
- Leadership is stressed in MCHB and MCH Training Program strategic plans
- MCH academic and practice communities recommended the development of MCH leadership competencies

# The Leadership Competencies Document Provides:

- A definition of MCH leadership
- A conceptual framework for the development of MCH leader
- Description of specific knowledge and skill areas

# How Were the Competencies Developed?

- 1987 Leadership Training: The Report of Two MCH-Sponsored Workshops
  
- April 2004: Leadership Conference
  - Identified critical knowledge and skills
  
- Fall 2004: All grantee meeting
  - Knowledge and skill areas refined

# Development of Competencies con't

- Fall 2005: Workgroup established
  - MCH Training Programs, AMCHP, CityMatCH
  
- Fall/Spring 2005-06:
  - Draft competencies shared with all MCH Training Programs
  
- Winter 2007:
  - Competencies revised based on feedback from Training Programs and finalized

# Groups Represented on the Workgroup

- MCHB
- AMCHP
- CityMatCH
- AUCD
- MCH Training Resource Center
- MCH Training Programs
  - LEAH
  - LEND
  - PPC
  - Nutrition
  - Distance Learning
  - Pediatric Pulmonary Centers
  - Schools of Public Health

# MCH Leadership Competencies Document (History of Development, and other support materials including teaching tools)

- Available on two websites:
  - [www.leadership.mchtraining.net](http://www.leadership.mchtraining.net)
  - MCH Training Program Website
    - [www.mchb.hrsa.gov/training](http://www.mchb.hrsa.gov/training)


# Next Step:

- How to USE the Leadership competencies as a tool to promote and strengthen MCH leadership?

# Our Task Today:

- Use our one hour Leadership Competencies Workgroup Session to discuss:
  - How have you used the draft leadership competencies?
  - How do you envision using them in the future?
    - What would help you to use them?





Other opportunities to discuss how to use the competencies will be provided at future grantee meetings.

# Resources

- MCHB and the MCH professional and training communities will jointly develop resources to support training in all competency areas.

The resources will be available at:

[www.leadership.mchtraining.net](http://www.leadership.mchtraining.net)