**ABSTRACT**

While the MCH Leadership Competencies and the family discipline have been required elements of Leadership Education in Neurodevelopmental and related Disabilities (LEND) programs for over a decade, little research has been conducted to assess the efficacy of either programmatic component in the development of the next generation of leaders who can advocate and care for MCH populations.

**Objective:** Using an MCH leadership competency as an outcome measure, the investigators examined the impact of the long-term LEND trainee-led curriculum on trainees' development of leadership skills and self-efficacy in leadership.

**Method:** One hundred and two long-term LEND trainees completed a clinical and leadership training program which featured intensive involvement by a full-time family member and a parent led curriculum. Trainees rated themselves on the basic and advanced skill items that comprise MCH Leadership Competency 8: Family-Centered Care (ver. 3.0) at the beginning and conclusion of their LEND traineeship.

**Results:** When compared to their initial scores, trainees rated themselves as significantly higher across all family-centered leadership competency items at the completion of their LEND traineeship.

**Conclusion:** The intentional engagement of a full-time family member and a parent led curriculum that includes didactic and experiential components leads to greater identification and adoption by trainees of family-centered attitudes, skills, and practices. In addition, the use of the MCH Leadership Competencies as a quantitative measure of program evaluation, particularly leadership development, is supported.

**Significance:** This study represents a first effort using an MCH leadership competency to directly measure the effectiveness of LEND family member and a parent led curriculum in facilitating trainee leadership development in family-center care.

**FAMILY AS A LEND DISCIPLINE**

MCHB mandated the inclusion of family as a formal discipline within LEND programs in 1989, in part, in response to the lack of emphasis on family-centered care across many allied health education programs [2]. The Loring Center for Developmental Disabilities has consistently employed family members as part of the interdisciplinary LEND faculty since 2001. The Family Faculty Coordinator has a variety of roles with trainees, including consultation during diagnostic and evaluation clinics, assessment of the family's resource needs, and provision of family-centered and culturally competent approaches to patient care. Trainees are invited to attend support and information groups and local disability board meetings with family faculty as learning experiences. Periodic family didactics, training panels, and discipline-specific seminars include family faculty and other family representatives.

Most notably, the Family Faculty Coordinator oversees a didactic and experiential Family Membership program for LEND trainees. There are 12 MCHB LENDs that have this program, including 10 that have an MCHB LEND contracted family member as part of the interdisciplinary LEND faculty since 2001. The Family Faculty Coordinator has a variety of roles with trainees, including consultation during diagnostic and evaluation clinics, assessment of the family's resource needs, and provision of family-centered and culturally competent approaches to patient care. Trainees are invited to attend support and information groups and local disability board meetings with family faculty as learning experiences.

Evaluation of the family discipline and parent-led curriculum in developmental disabilities has been very limited. No research has examined the efficacy of including family faculty with long-term allied health training. This finding is consistent with a limited amount of research that supports the use of parent-led curricula with moderate-term (10-299 program hour) trainees in such programs [4-6].

**METHODS/ PARTICIPANTS**

At the outset and completion of their LEND experience, trainees were asked to voluntarily rate themselves on the 12 MCH leadership competencies using a 5-point Likert scale. A pre-test/post-test item analysis was conducted to determine the degree of perceived change within a group of trainees for MCH Leadership Competency 8: Family-Centered Care.

Trainees who completed 300 or more contact hours in the LEND program at the Boiling Center for Developmental Disabilities between 2009 and 2015 were eligible participants. The LEND program has 2 LEND traineeships, one generalist and one specialty. Eighty-three (83.3%) completed the MCH Leadership Competencies (version 3.0) as a pre- and post-test measure. Disciplines included psychology (41.6%), speech-language pathology (19.4%), audiology (8.8%), wildlife, social work (4.9%), and family (2.9%). Forty-six (46.1%) of the trainees reported having a personal relationship with disability in their life.

**RESULTS**

As is common with ordinal scales of measurement, the distribution of pre/post test scores was not normally distributed, as the nonparametric Wilcoxon Signed Rank Test was used to evaluate score differences. Trainees uniformly rated themselves as more knowledgeable about what constitutes family-centered care and more supportive of a family-professional partnership at the conclusion of their LEND traineeship. While all post-program ratings of Family-Centered Care (Basic and Advanced skills) were statistically significantly, a slightly higher number of trainees rated themselves as unchanged (i.e., tied) across Advanced items of the competency measure.

**LIMITATIONS**

The MCH Leadership Competencies have been criticized as being limited in its validity as an outcome measure [7]. The need to update the competencies to include concepts such as quality improvement and health equity has been noted [6].

Obtained data are based on trainee self-report, which is subject to response bias and may not accurately represent the perspective of a clinician. This is one limitation of the study, including consultation during diagnostic and evaluation clinics, assessment of the family's resource needs, and provision of family-centered and culturally competent approaches to patient care. Trainees are invited to attend support and information groups and local disability board meetings with family faculty as learning experiences.

Evaluation of the family discipline and parent-led curriculum in developmental disabilities has been very limited. No research has examined the efficacy of including family faculty with long-term allied health training. This finding is consistent with a limited amount of research that supports the use of parent-led curricula with moderate-term (10-299 program hour) trainees in such programs [4-6].

**REFERENCES**

Available upon request