

MCH Leadership Competencies

Background:

To be a leader in maternal and child health (MCH) requires specific knowledge, skills, personal characteristics, and values. In 2009, the Maternal and Child Health Bureau (MCHB) released a set of MCH-specific leadership competencies developed and designed with leaders in the field to support and promote MCH leadership. The Division of MCH Workforce Development (DMCHWD) is seeking your input as we embark on a process to review and update the competencies. Results of this survey will be used to inform those updates.

For more information on the competencies visit: <http://leadership.mchtraining.net/>.

Instructions:

Please read through each of the 12 competencies and associated knowledge areas and skills, both basic and advanced. Rate each on a scale of 1-5 (from not at all to extremely) for how important you think the skill is for MCH leaders. Then, type in any specific comments or suggestions you have for each. The questions at the end of the survey ask about the competencies as a whole.

1/12: MCH Knowledge Base/Context

Knowledge Areas

Through participation in the training program a participant will know:

- The history and current structure of the key MCH programs serving women, families and children.
- The core values and strategic objectives that necessitate a special focus on the MCH populations. These core values and strategic objectives include a focus on prevention, individuals and populations, cultural competence, family-centered and community-based systems of services, elimination of health disparities, and evidence-based practice.
- The services available through major MCH programs and their limitations and gaps.
- The underlying principles of public health and population data collection and analysis and the strengths, limitations, and utility of such data.
- How programs that focus on particular populations or communities and those that focus on delivery of individual health services work synergistically to improve the health of the Nation.

Skills

Basic. Through participation in this program, a participant will:

1. Use data to identify issues related to the health status of a particular MCH population group.
2. Describe health disparities within MCH populations and offer strategies to address them.

Advanced. With more experience and building on the basic skills, MCH leaders will:

3. Demonstrate the use of a systems approach to explain the interactions among individuals, groups, organizations and communities.
4. Assess the effectiveness of an existing program for specific MCH population groups.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

2/12: Self Reflection

Knowledge Areas

Through participation in this program, a participant will know:

- The value of self-reflection in understanding personal beliefs, styles of communication, and life experiences.
- The impact of beliefs and past experiences on negotiation and leadership styles.
- The characteristics and utility of different leadership styles.
- Sources of personal reward and rejuvenation and signs of stress and fatigue.

Skills

Basic. Through participation in this program, a participant will:

1. Recognize that personal attitudes, beliefs, and experiences (successes and failures) influence one's leadership style.

Advanced. With more experience and building on the basic skills, MCH leaders will:

2. Use self-reflection techniques effectively to enhance program development, scholarship and interpersonal relationships.
3. Identify a framework for productive feedback from peers and mentors.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

3/12: Ethics & Professionalism

Knowledge Areas

Through participation in this program, a participant will know:

- The principles, values, and ethical behaviors such as beneficence, nonmaleficence, truthfulness, justice, and respect for autonomy that underlie professional conduct within the health care system.
- Ethical and legal principles of public health and clinical practice.
- His or her professional association's code of ethics.
- Institutional review board processes and criteria for ensuring ethical study design and informed consent as they relate to human subjects research and translation of research to practice.

Skills

Basic. Through participation in this program, a participant will:

1. Identify and address ethical issues in patient care, human subjects research, and public health theory and practice.
2. Describe the ethical implications of health disparities within MCH populations.
3. Interact with others and solve problems in an ethical manner.

Advanced. With more experience and building on the basic skills, MCH leaders will:

4. Identify ethical dilemmas and issues that affect MCH population groups and initiate and act as catalyst for the discussion of these dilemmas and issues.
5. Consider the culture and values of communities in the development of policies, programs, and practices that may affect them.
6. Describe the ethical implications of health disparities within MCH populations and propose strategies to address them.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

4/12: Critical Thinking

Knowledge Areas

Through participation in this program, a participant will know:

- The cognitive hierarchy of critical thinking: knowledge, comprehension, application, analysis, syntheses, and evaluation.
- Basic statistics and epidemiology, qualitative and quantitative research, systematic reviews, and meta-analyses.
- The levels of evidence used in the guidelines of the U.S. Preventive Health Services Task Force.

Skills

Basic. Through participation in this program, a participant will:

1. Use population data to assist in determining the needs of a population for the purposes of designing programs, formulating policy, and conducting research or training.
2. Formulate a focused and important practice, research or policy question.

Advanced. With more experience and building on the basic skills, MCH leaders will:

3. Apply important evidence-based practice guidelines and policies in their field.
4. Identify practices and policies that are not evidence-based but are of sufficient promise that they can be used in situations where actions are needed.
5. Translate research findings to meet the needs of different audiences.
6. Discuss various strategies, including supportive evidence, for the implementation of a policy.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

5/12: Communication

Knowledge Areas

Through participation in this program, a participant will know:

- Principles of communication for all three communication modalities – verbal, written, and nonverbal.
- Challenges to communication, such as contextual mediators, literacy levels, cultural meanings, professional terms, and acronyms; and approaches to overcome those challenges.
- The MCH vocabulary (for example, acronyms and terms specific to the MCH field) to express and understand information.

Skills

Basic. Through participation in this program, a participant will:

1. Share thoughts, ideas, and feelings effectively in discussions, meetings, and presentations with diverse individuals and groups.

2. Write clearly and effectively to express information about issues and services that affect MCH population groups.
3. Understand nonverbal communication cues in self and others.
4. Listen attentively and actively.
5. Tailor information for the intended audience(s) (consumers, policymakers, clinical, public, etc.) by using appropriate communication modalities (verbal, written, nonverbal).

Advanced. With more experience and building on the basic skills, MCH leaders will:

6. Demonstrate the ability to communicate clearly through effective presentations and written scholarship about MCH populations, issues, and/or services.
7. Articulate a shared vision for improved health status of MCH populations.
8. Employ a repertoire of communication skills that includes disseminating information in a crisis, explaining health risks, and relaying difficult news.
9. Refine active listening skills to understand and evaluate the information shared by others.
10. Craft a convincing MCH story designed to motivate constituents and policymakers to take action.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

6/12: Negotiation & Conflict Resolution

Knowledge Areas

Through participation in this program, a participant will know:

- Characteristics of conflict and how conflict is manifested in organizational contexts.
- Sources of potential conflict in an interdisciplinary setting. These could include the differences in terminology and cultures among disciplines and the relationships between mentors and students.

- The theories pertaining to conflict management and negotiation among groups with conflicting interests.
- The strategies and techniques useful in successful negotiation.

Skills

Basic. Through participation in this program, a participant will:

1. Apply strategies and techniques of effective negotiation and evaluate the impact of personal communication and negotiation style on outcomes.

Advanced. With more experience and building on the basic skills, MCH leaders will:

2. Demonstrate the ability to manage conflict in a constructive manner.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

7/12: Cultural Competency

Knowledge Areas

Through participation in this program, a participant will know:

- The influence of personal biases and assumptions on individual and organizational behavior.
- How cultural, ethnic, and socioeconomic factors influence the access to health care services.
- The impact of culturally competent health care practices on individuals’ access to health services, participation in health promotion and prevention programs, adherence to treatment plans, and overall health outcomes.

Skills

Basic. Through participation in this program, a participant will:

1. Conduct personal and organizational self-assessments regarding cultural competence.
2. Assess strengths of individuals and communities and respond appropriately to their needs based on sensitivity to and respect for their diverse cultural and ethnic backgrounds and socioeconomic status.
3. Suggest modifications of health services to meet the specific needs of a group or family, community, and/or population.

Advanced. With more experience and building on the basic skills, MCH leaders will:

4. Employ strategies to assure culturally-sensitive public health and health service delivery systems.
5. Integrate cultural competency into programs, research, scholarship, and policies.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

8/12: Family-Centered Care

Knowledge Areas

Through participation in this program, a participant will know:

- The definition of family-centered care and the origin of the family-centered care perspective.
- At least one example of the principles of family-centered care in MCH policies, programs, or clinical practice (e.g., a medical home model of primary care).

Skills

Basic. Through participation in this program, a participant will:

1. Solicit and use family input in a meaningful way in the design or delivery of clinical services, program planning and evaluation.
2. Operationalize the “family-centered care” philosophical constructs (e.g., families and professionals share decisionmaking; professionals use a strengths-based approach when working with families) and use these constructs to critique and strengthen practices, programs, or policies that affect MCH population groups.

Advanced. With more experience and building on the basic skills, MCH leaders will:

3. Ensure that family perspectives play a pivotal role in MCH research, clinical practice, programs, or policy (e.g., in community needs assessments, processes to establish priorities for new initiatives or research agendas, or the development of clinical guidelines).
4. Assist primary care providers, organizations, and/or health plans to develop, implement, and/or evaluate models of family-centered care.
5. Incorporate family-centered and medical home models of health care delivery into health professions and continuing education curricula and assess the effect of this training on professional skills, health programs, or policies.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

9/12: Developing Others Through Teaching and Mentoring

Knowledge Areas

Through participation in this program, a participant will know:

- A variety of teaching strategies appropriate to the goals and context of the session.
- Principles of adult learning.
- Characteristics of a positive mentoring relationship, including confidentiality, mutuality of purpose, and trust.

- Responsibilities of both parties in the mentor-protégé relationship.

Skills

Basic. Through participation in this program, a participant will:

1. Recognize and create learning opportunities for others.
2. Participate in a mutually beneficial mentoring relationship.

Advanced. With more experience and building on the basic skills, MCH leaders will:

3. Teach audiences of different sizes, backgrounds, and settings.
4. Incorporate feedback from learners to evaluate teaching effectiveness.
5. Give and receive constructive feedback about behaviors and performance.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

10/12: Interdisciplinary Team Building

Knowledge Areas

Through participation in this program, a participant will know:

- Team building concepts:
 - o Stages of team development
 - o Practices that enhance teamwork
 - o Managing team dynamics.
- Various approaches to practice (evolution from multidisciplinary to interdisciplinary to transdisciplinary practice).
- The roles and competencies of individual disciplines.

Skills

Basic. Through participation in this program, a participant will:

1. Identify and assemble team members appropriate to a given task (e.g., research question, program, curriculum, clinical care issue).
2. Develop and articulate shared vision, roles and responsibilities.
3. Facilitate group processes for team-based decisions (e.g., foster collaboration and cooperation).
4. Value and honor diverse perspectives (e.g., discipline, ethnic, cultural, economic) of team members.

Advanced. With more experience and building on the basic skills, MCH leaders will:

5. Identify forces that influence team dynamics.
6. Enhance team functioning, redirect team dynamics, and achieve a shared vision.
7. Share leadership based on appropriate use of team member strengths in accomplishing activities and managing challenges for the team.
8. Use knowledge of disciplinary competencies and roles to improve teaching, research, advocacy, and systems of care.
9. Use shared outcomes to promote team synergy.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

11/12: Working with Communities and Systems

Knowledge Areas

Through participation in this program, a participant will know:

- Basic features and issues of health care systems and health economics.
- Relationships between the mission, vision, and goals of an organization to its strategic planning, operations, and the community to which it belongs.

- Basic business and administrative principles related to planning, funding, budgeting, staffing, managing, evaluating, and representing health care systems and organizations.
- Principles of building constituencies and collaborations in communities and among organizations.
- Principles of systems-thinking that describe the hierarchy of systems.

Skills

Basic. Through participation in this program, a participant will:

1. Participate in basic strategic planning processes such as developing a mission, vision, strategic goals, and activities.
2. Develop agendas and lead meetings effectively.
3. Identify community stakeholders and their extent of engagement in the collaboration process.
4. Interpret situations systemically; i.e., identifying both the whole situation and the dynamic interplay among its parts.

Advanced. With more experience and building on the basic skills, MCH leaders will:

5. Assess the environment to determine goals and objectives for a new or continuing program, list factors that facilitate or impede implementation, develop priorities, and establish a timeline for implementation.
6. Manage a project effectively and efficiently including planning, implementing, delegating and sharing responsibility, staffing, and evaluation.
7. Translate mission and vision statements for different audiences, understanding their different cultures, perspectives, and use of language.
8. Use negotiation and conflict resolution strategies with stakeholders when appropriate.
9. Maintain a strong stakeholder group with broad based involvement in an environment of trust and use an open process.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

What, if anything, would you change/delete/add to this competency?

12/12: Policy and Advocacy

Knowledge Areas

Through participation in this program, a participant will know:

- Public policy process at local, State, and national levels.
- Current public-sector policies and private-sector initiatives that affect MCH population groups.
- Appropriate methods for informing and educating policymakers about the needs of and impacts of current policies on MCH population groups.

Skills

Basic. Through participation in this program, a participant will:

1. Frame problems based on key data, including economic, political, and social trends that affect the MCH population.
2. Use data, levels of evidence, and evaluative criteria in proposing policy change.
3. Identify a wide range of stakeholders who influence changes in MCH policy.

Advanced. With more experience and building on the basic skills, MCH leaders will:

4. Apply appropriate evaluative criteria to the analysis of alternative policies.
5. Analyze the potential impact of policies on diverse population groups.
6. Understand the roles and relationships of groups involved in the public policy development and implementation process, including the executive, legislative, and judicial branches of government at all levels and interest groups.
7. Formulate strategies to balance the interests of diverse stakeholders, consistent with desired policy change.
8. Present evidence and information to a legislative body, key decisionmakers, foundations, or the general public.

How important are these skills for MCH leaders?

- Not at all
- Slightly
- Moderately
- Very

Extremely

What, if anything, would you change/delete/add to this competency?

Are there additional competency areas that MCH professionals should have?

How do you currently use the competencies? What would help you more actively use them?

Other comments/suggestions?

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