

# MCH Navigator

## Video Transcripts: Updated MCH Leadership Competencies

### Competency #1: MCH Knowledge Base/Context

MCH Leadership Competency #1: MCH Knowledge Base/Context

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 1: Knowledge Base and Context

Slide 3: [Definition]

Slide 4: Maternal and child health, or MCH for short, is a specialty area within the larger field of public health.

Slide 5: MCH differs from public health in several key ways.

Slide 6: MCH promotes the health and well-being of all women, children, adolescents and young adults, and families -- especially in geographically isolated and economically or medically vulnerable populations.

Slide 7: MCH pays special attention to certain population domains: maternal and women's health; adolescent and young adult health; perinatal and infant health; children with special health care needs; child health; and crosscutting and life course.

Slide 8: MCH focuses on individuals, as well as the families, communities, populations, and systems of care in communities that support them.

Slide 9: MCH uses a life-course perspective as an organizing framework that acknowledges distinct periods in human development and presents both risks and opportunities for interventions to make lasting improvements.

Slide 10: [Knowledge Areas]

Slide 11: MCH leaders should know the following information

Slide 12: MCH populations and the history and current structure of the key MCH programs serving these populations, including state Title V programs.

Slide 13: MCH core values and strategic objectives with a special focus on:

Prevention

Individuals and populations

Life course, including key transitions and intergenerational influences on health

Cultural competence

Family-professional partnerships

Organizational/interagency partnerships

Community-based systems of services

Health equity and elimination of health disparities

and evidence-based practice

Slide 14: The services available through major MCH programs, and their limitations and gaps.

Slide 15: Key policies that affect MCH populations.

Slide 16: The underlying principles of public health and population data collection and analysis, including the strengths, limitations, and utility of such data.

Slide 17: The roles of federal, state, and local government in ensuring equitable healthcare for MCH populations.

Slide 18: The synergistic relationship between programs focusing on particular populations or communities and those focusing on individual health service delivery.

Slide 19-20: Let's take a moment to review what we just learned.

Slide 21: MCH staffers looking to build or expand their understanding of the MCH Knowledge Base and Context should add these skills to their professional toolbox.

Slide 22: At a minimum, they should be able to:

Slide 23: Describe MCH populations and provide examples of MCH programs, including Title V programs.

Slide 24: Explain the usefulness of a systems approach in understanding the interaction of individuals, groups, organizations, and communities in health outcomes.

Slide 25: Use data to identify issues related to the health status of a particular MCH population group, and use these to develop or evaluate policy.

Slide 26: Describe health disparities within MCH populations and offer strategies to address them.

Slide 27: Evaluate evidence-based programs and policies for translation of research to practice.

Slide 28: Understand the value of partnering with family- and community-led organizations to identify ways to engage families and community members in efforts to improve programs, policies, and practices.

Slide 29: As MCH professionals advance in their careers, they should be able to do the following:

Slide 30: Demonstrate the use of a systems approach to examine the interactions among individuals, groups, organizations, and communities.

Slide 31: Assess the effectiveness of an existing program for specific MCH population groups.

Slide 32-34: Let's take a moment to review what we just learned.

Slide 35: Thanks for joining us today. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress, and more in our Knowledge to Practice modules.

## **Competency #2: Self-Reflection**

### MCH Leadership Competency #2: Self-Reflection

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 2: Self-Reflection

Slide 3: [Definition]

Slide 4: What is it that makes you \*you\*?

Slide 5: Identifying all the factors that make you who you are -- and figuring out how they affect your personal and professional leadership style -- make up the process of self-reflection.

Slide 6: Self-reflection can help MCH leaders develop a deeper understanding of their personal and cultural biases, experiences, values, and beliefs, and how these may influence their future action and learning.

Slide 7: Self-reflection can also help MCH leaders identify personal strengths in both informal and organizational contexts.

Slide 8: It allows them to explore personal leadership styles and attributes in relation to the settings in which they work.

Slide 9: Self-reflection can also encourage MCH leaders to seek balance between their private and professional lives to optimize well-being.

Slide 10: [Knowledge Areas]

Slide 11: MCH leaders should know the following information

Slide 12: The impact of self-assessment and self-reflection on leadership style and interpersonal interactions.

Slide 13: The characteristics and utility of different leadership styles.

Slide 14: Sources of personal reward, resilience, and rejuvenation – as well as signs of stress and fatigue.

Slide 15-16: Let's take a moment to review what we just learned.

Slide 17: MCH staffers looking to build or expand their understanding of self-reflection should add these skills to their professional toolbox.

Slide 18: At a minimum, they should be able to:

Slide 19: Recognize the way personal attitudes, beliefs, and experiences influence leadership style.

Slide 20: As MCH professionals advance in their careers, they should be able to do the following:

Slide 21: Use self-reflection techniques to enhance program development, service delivery, patient care, community collaboration, teaching and research, scholarship, and interpersonal communication.

Slide 22: Identify a framework to obtain productive feedback from peers and mentors.

Slide 23: Apply an understanding of their own leadership style to assemble and promote cohesive, well-functioning teams with diverse and complementary styles.

Slide 24-26: Let's take a moment to review what we just learned.

Slide 27: Thanks for joining us today. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress, and more in our Knowledge to Practice Modules.

### **Competency #3: Ethics**

MCH Leadership Competency #3: Ethics

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 3: Ethics

Slide 3: [Definition]

Slide 4: Ethical behavior in professional roles includes conduct that aligns with generally accepted principles and values.

Slide 5: This includes general leadership ethics, such as honesty, responsibility, and cultural competency, as well as ethics specific to the MCH population.

Slide 6: [Knowledge Areas]

Slide 7: MCH leaders should know the following information

Slide 8: The ethical and legal principles, values, and behaviors (such as beneficence, non-maleficence, truthfulness, justice, and respect for autonomy) that underlie professional conduct within community, health care, and public health settings.

Slide 9: Their professional association's code of ethics.

Slide 10: Institutional review board processes and the criteria for ensuring ethical study design and informed consent as they relate to human subjects research and the translation of research to practice.

Slide 11-13: Let's take a moment to review what we just learned.

Slide 14: MCH staffers looking to build or expand their understanding of ethics should add these skills to their professional toolbox.

Slide 15: At a minimum, they should be able to:

Slide 16: Identify and address ethical issues in patient care, community-based settings, human subjects research, and public health theory and practice.

Slide 17: Describe the ethical implications of health disparities within MCH populations.

Slide 18: Interact with others to solve problems in an ethical manner.

Slide 19: As MCH professionals advance in their careers, they should be able to do the following:

Slide 20: Act as catalysts for discussion of ethical dilemmas and issues that affect MCH population groups.

Slide 21: Seek to understand the community's cultural values in order to ensure the delivery of culturally competent and ethical policies, programs, and practices.

Slide 22-24: Let's take a moment to review what we just learned.

Slide 25: Thanks for joining us today. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress, and more in our Knowledge to Practice Modules.

## **Competency #4: Critical Thinking**

MCH Leadership Competency #4: Critical Thinking

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 4: Critical Thinking

Slide 3: [Definition]

Slide 4: MCH populations and the systems that serve them face complex challenges that must be addressed with critical thinking.

Slide 5: Critical thinking is the ability to identify an issue or problem, frame it as a specific question, and consider it from multiple perspectives.

Slide 6 - cont. 7: Critical thinking also involves evaluating relevant information about an issue or problem and then developing a reasoned resolution.

Slide 8: An advanced critical thinking skill is evidence-based decision-making, which is the careful use of the current, best evidence to guide practice, policy and research

Slide 9: Another vital component of critical thinking is implementation science, which promotes the adoption and integration of evidence-based practices, interventions and policies.

Slide 10: [Knowledge Areas]

Slide 11: MCH leaders should know the following information

Slide 12: The cognitive hierarchy of critical thinking: knowledge, comprehension, application, analysis, synthesis, and evaluation.

Slide 13: Basic statistics, epidemiology, qualitative and quantitative research, systematic review, and meta-analyses.

Slide 14: The levels of evidence used in the guidelines and recommendations of their professional organizations.

Slide 15-16: Let's take a moment to review what we just learned.

Slide 17: MCH staffers looking to build or expand their understanding of Critical Thinking should add these skills to their professional toolbox.

Slide 18: At a minimum, they should be able to:

Slide 19: Evaluate various perspectives, information sources, approaches, and possible unintended consequences in addressing different types of challenges.

Slide 20: Use population data to help determine a population's needs when designing programs, formulating policy, and conducting research or training.

Slide 21: Develop a focused and important practice, research, or policy question.

Slide 22: Demonstrate the ability to critically analyze research.

Slide 23: As MCH professionals advance in their careers, they should be able to do the following:

Slide 24: Identify promising and evidence-informed practices and policies that can be used in situations where action is needed, but no evidence base yet exists.

Slide 25: Present and discuss a rationale for policies and programs that is grounded in research and addresses the information needs of different audiences.

Slide 26: Use implementation science to analyze and translate research findings into policies and programs.

Slide 27: Develop and apply evidence-based practice guidelines and policies in their field.

Slide 28-29: Let's take a moment to review what we just learned.

Slide 30: Thanks for joining us today. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress, and more in our Knowledge to Practice Modules.

## **Competency #5: Communication**

MCH Leadership Competency #5: Communication

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 5: Communication

Slide 3: [Definition]

Slide 4: Communication involves sharing information verbally, nonverbally, and in writing.

Slide 5: Communication is a two-way process that involves a sender, who develops and presents a message, and a receiver, who works to understand the sender's message.

Slide 6: The process of communication involves both the message (what is being said) and the delivery method (how the message is presented).

Slide 7: A particular form of communication called "health communication" is vital for influencing behavior that can lead to improved health.

Slide 8: A skillful communicator can effectively convey information to others, and receive information back.

Slide 9: They can use the essential components of attentive listening and write and speak clearly in ways that can be understood by a variety of audiences.

Slide 10: Body language and tone of voice are equally important forms of communication.

Slide 11: It's also essential to understand how culture, language, literacy level, and disability can affect communication between MCH professionals and the individuals, families, and populations they serve.

Slide 12: [Knowledge Areas]

Slide 13: MCH leaders should know the following information

Slide 14: The principles of communication in all its forms -- including verbal, written and nonverbal communication -- in various practice, policy and research settings.

Slide 15: Ways to overcome communication challenges, such as literacy levels, disability, cultural meanings, language differences, professional jargon, and acronyms.

Slide 16: Let's take a moment to review what we just learned.

Slide 17: MCH staffers looking to build or expand their Communication abilities should add these skills to their professional toolbox.

Slide 18: At a minimum, they should be able to:

Slide 19: Share thoughts, ideas, and feelings effectively and with cultural and linguistic proficiency in discussions, meetings, and presentations with individuals and diverse groups.

Slide 20: Write clearly, effectively, and with cultural and linguistic proficiency to express information about issues and services that affect MCH population groups.



Slide 21: Understand other people's nonverbal communication cues, as well as your own.

Slide 22: Listen attentively and actively.

Slide 23: Tailor information for the intended audience, purpose, and context by using appropriate communication messaging. Audiences can include consumers, policymakers, clinicians, and the public.

Slide 24: As MCH professionals advance in their careers, they should be able to do the following:

Slide 25: Demonstrate the ability to communicate clearly through effective presentations and written scholarship about MCH populations, issues, and/or services.

Slide 26: Develop and use a variety of communication skills that include crisis communication, delivering difficult news, and explaining opportunities and risks for health promotion and disease prevention.

Slide 27: Summarize complex information appropriately for a variety of audiences and contexts.

Slide 28-29: Let's take a moment to review what we just learned.

Slide 30: Thanks for joining us today. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress, and more in our Knowledge to Practice Modules.

## **Competency #6: Negotiation and Conflict Resolution**

MCH Leadership Competency #6: Negotiation and Conflict Resolution

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 6: Negotiation and Conflict Resolution

Slide 3: [Definition]

Slide 4: Negotiation is a cooperative process where participants try to find a solution that meets the interests of the parties involved. It's a discussion intended to produce an agreement.

Slide 5: Conflict resolution is the process of resolving or managing a dispute by sharing each party's points of view and then addressing their interests, so that everyone involved is satisfied with the outcome.

Slide 6: Leadership in a health environment requires an understanding of, and skills in, negotiation and conflict resolution.

Slide 7: Leaders apply these abilities to address differences among a range of parties, such as stakeholders over community health issues; families about access and services; and systems over policy, funding, and quality of care.

Slide 8: MCH professionals approach negotiations and conflict with objectivity. They're open to new information, but aware of the long-term outcomes they want, which include relationship-building and developing trust.

Slide 9: They recognize when it's appropriate to compromise in order to overcome an impasse, and when it's better to persist toward a different solution.

Slide 10: [Knowledge Areas]

Slide 11: MCH leaders should know the following information

Slide 12: The characteristics of conflict and how it shows up in organizational contexts.

Slide 13: The sources of potential conflict in an interdisciplinary setting. These could include differences in terminology and norms among disciplines, and the relationships between mentors and students.

Slide 14: The theories related to conflict management and negotiation among groups with differing interests, and the strategies and techniques that are useful for successful negotiation with various groups.

Slide 15: How conflict can potentially play a positive role or be a catalyst in the change process.

Slide 16-17: Let's take a moment to review what we just learned.

Slide 18: MCH staffers looking to build their negotiation and conflict resolution abilities should add these skills to their professional toolbox.

Slide 19: At a minimum, they should be able to:

Slide 21: Understand their own point of view, their negotiation style and how they handle conflict. They also should possess emotional self-awareness and self-regulation.

Slide 22: Understand other people's points of view, how various styles can influence negotiation and conflict resolution, and how to adapt to others' styles to resolve differences.

Slide 23: Apply the strategies and techniques of effective negotiation and determine how personal communication and negotiation styles affect outcomes.

Slide 24: As MCH professionals advance in their careers, they should be able to do the following:

Slide 25: Demonstrate the ability to manage conflict constructively.

Slide 26: Navigate and address the ways culture, power, socioeconomic status, and inequities shape conflict and the ability to come to resolution.

Slide 27: Use consensus building to achieve common understanding, goals, and activities to solve problems.

Slide 28-29: Let's take a moment to review what we just learned.

Slide 30: Thanks for joining us today. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress, and more in our Knowledge to Practice modules.

### **Competency #7: Diversity, Equity, Inclusion, and Accessibility**

MCH Leadership Competency #7: Diversity, Equity, Inclusion, and Accessibility

Slide 1: [No text]

Slide 2: [No text]

Slide 3: Hello! And welcome to the introduction of MCH leadership competency number 7: diversity, equity, inclusion, and accessibility - or DEIA for short!

Slide 4: [Definition]

Slide 5: Diversity, Equity, Inclusion, and Accessibility are linked approaches to create communities and spaces that respect all people and work toward achieving optimal outcomes. These concepts broadly encompass the knowledge and skills necessary to interact effectively and increase belonging in all aspects of society.

Slide 6: By leading with Diversity, Equity, Inclusion, and Accessibility principles, we can ensure that the needs of all people and communities are met in a respectful and responsive way. This approach: eliminates barriers to equity and full participation in society, decreases disparities, and improves health outcomes.

Slide 7: In the context of health, equity means that all people, including mothers, fathers, birthing people, children, and families, achieve their full health potential. Achieving health equity is an active and ongoing process. It requires commitment at individual and organizational levels, and within

communities and systems. This journey involves eliminating inequities, including poverty, racism, ableism, gender discrimination, and other historical injustices.

Slide 8: Now, let's take a moment break down each component of DEIA: Diversity is the practice of including the many communities, identities, races, ethnicities, backgrounds, abilities, cultures, and beliefs of all people. This especially includes historically marginalized and underserved communities.

Slide 9: Equity is the consistent and systemic fair, just, and impartial treatment of all individuals, including individuals who belong to historically marginalized and underserved communities that have been denied such treatment.

Slide 10: Inclusion means the acceptance and encouragement of the presence and participation of a diversity of people in social, educational, work, and community settings.

Slide 11: Accessibility involves the design, construction, development, and maintenance of facilities, information, communication technology, programs, and services. The goal is to ensure that all people, including those with disabilities, can fully and independently use them.

Slide 12: Cultural responsiveness is one practice to advance Diversity, Equity, Inclusion, and Accessibility by understanding and respecting culture - including actions, beliefs, customs, institutions, health literacy, language, thoughts, and values held by different groups. It also recognizes that individuals are often part of more than one cultural group.

Slide 13: Cultural responsiveness includes: being aware of one's own and other's group memberships and histories; considering how past and current circumstances contribute to presenting behaviors; examining one's own attitudes and biases and seeing how they impact relationships; articulating positive and constructive views of difference; and making tangible efforts to reach out and understand differences.

Slide 14: MCH professionals integrate diversity, equity, inclusion and accessibility principles through interpersonal interactions and through the design of interventions, programs, and research studies that recognize, respect, and support differences. MCH leaders should be able to apply strategies from evidence-informed training on reducing implicit bias and enhancing cultural responsiveness.

Slide 15: [Knowledge Areas]

Slide 16: MCH leaders should know the following information.

Slide 17: How conscious and unconscious biases and assumptions influence individuals and organizations.

Slide 18: How policies, structural legacies, and the experiences of historical trauma and of systemic discrimination intersect and impact health outcomes for MCH populations.

Slide 19: How multiple Social Determinants of Health create disparities that influence health, health equity, and access to healthcare services

Slide 20: And lastly, how using Diversity, Equity, Inclusion, and Accessibility principles can increase access, engagement, and belonging in research, programs, the workplace, and other systems.

Slide 21: Let's take a moment to review what we've just learned

Slide 22: [Skills]

Slide 23: [Foundational Skills]

Slide 24: MCH leaders who are looking to implement these diversity, equity, inclusion and accessibility principles should add the following skills to their professional toolbox

Slide 25: At a foundational level, MCH leaders should be able to:

Slide 26: Conduct personal and organizational self-assessments regarding diversity, equity, inclusion and accessibility.

Slide 27: Identify, elevate, and respond appropriately to the strengths of individuals and communities based on sensitivity and respect for their diverse backgrounds and lived experiences.

Slide 28: Incorporate an understanding and appreciation of differences in experiences and perspectives into professional behaviors and attitudes while maintaining an awareness of the potential for implicit bias.

Slide 29: At an advanced level, MCH leaders will:

Slide 30: Modify clinical and public health systems to meet the specific needs of a group, family, community, or population.

Slide 31: Employ strategies to ensure equitable public health and health service delivery systems.

Slide 32: Integrate diversity, equity, inclusion, and accessibility principles into programs, research, communications, and policies.

Slide 33: Use data-driven tools and break down data to guide efforts toward health equity. And present data using clear, simple language.

Slide 34: Let's take a moment to review what we've just learned.

Slide 35: [Review of Advanced Skills]

Slide 36: [Conclusion]

Slide 37: Thanks for joining us!! You can continue your learning journey with us at your own pace. Explore more about: this competency and others, test your learning progress, and more in our knowledge to practice modules

## **Competency #8: Honoring Lived Experience**

MCH Leadership Competency #8: Honoring Lived Experience

Slide 1: [No text]

Slide 2: [No text]

Slide 3: Hello! and welcome to the introduction to MCH leadership competency number 8: Honoring Lived Experiences

Slide 4: [Definition]

Slide 5: Honoring lived experience ensures the health and wellbeing of MCH populations through respectful collaboration and shared decision making. It involves partnering with organizations led by people with lived experience to recognize the strengths, culture, traditions, and expertise that everyone brings to the table.

Slide 6: These partnerships are crucial in program planning, implementation, evaluation, and policy activities. They help MCH leaders connect with people from diverse backgrounds, ensuring that the perspectives of the communities receiving services are well-represented.

Slide 7: Honoring lived experience in Maternal and Child Health has evolved over time. It began with family-centered care, developed by parents, advocates, and health professionals working with Children and Youth with Special Health Care Needs. And today, this approach has expanded to include self-advocates.

Slide 8: Self-advocates are individuals being served by MCH programs who have personal experience in a system of care and have the self-determination to communicate their own interests, desires, needs and rights.

Slide 9: Both family perspectives and self-advocates' expertise provide critical insights and perspectives that shape policies, practices, and care delivery, enhancing the overall quality of services.

Slide 10: By utilizing the following key elements, MCH professionals can promote effective partnerships with people who have lived experience by utilizing the following key elements...

Slide 11: Shared decision making, involving self-advocates and/or the family, in planning and implementing activities. Addressing the priorities of people with lived experience using a strengths-based approach. Recognizing the agency of self-advocates in decision-making as they approach

transition age, and across the lifespan. Connecting people with lived experience to needed services. And acknowledging that the effects of the SDOH, and broader systems of care, greatly impact individuals with special health care needs and developmental disabilities.

Slide 12: [Knowledge Areas]

Slide 13: MCH leaders should demonstrate a working knowledge of the following information to honor lived experiences effectively...

Slide 14: The expertise of people with lived experience in developing programs and services.

Slide 15: The person-centered care perspective at the individual, organizational, and systems level in MCH policies, programs, or practice.

Slide 16: And lastly, the family-centered care perspective across all levels of MCH work.

Slide 17: Let's take a moment to review what we've just learned

Slide 18: MCH leaders who are looking to effectively honor lived experience should add the following skills to their professional toolbox

Slide 19: At a foundational level, MCH leaders should be able to...

Slide 20: Ask for and implement input from people with lived experience in the design and delivery of clinical or public health services, program planning, materials development, program activities, and evaluation. They should also the importance of giving appropriate compensation for these services.

Slide 21: Provide training, mentoring, and other opportunities to people with lived experience and community members to lead advisory committees or task forces. Additionally, they should seek training and guidance from these groups to inform program and care development.

Slide 22: MCH leaders should practice shared decision-making among individuals, families, and professionals using a strengths-based approach to strengthen practices, programs, or policies affecting MCH populations.

Slide 23: Assess social, educational, and cultural issues that affect people with lived experience. And tailor your recommendations accordingly.

Slide 24: Celebrate individual and family diversity and provide an open and accepting environment.

Slide 25: Recognize that organizational and system-level policies and practices may impact people with lived experience. They should also acknowledge the role that people with lived experience can play in influencing policy and practice.

Slide 26: At an advanced level, MCH leaders should be able to...

Slide 27: Collaborate with organizations led by people with lived experience to build and deepen involvement across all MCH programs.

Slide 28: Use feedback from people with lived experience and community members, obtained through various mechanisms, as part of the project's continuous quality improvement efforts. They should also monitor and assess the program overall for the effectiveness of partnerships between professionals and people with lived experience.

Slide 29: Ensure that perspectives from people with lived experience are actively informing the development, implementation, and critical evaluation of MCH research, clinical practice, programs, and policies.

Slide 30: Assist health care professionals, organizations, and health plans in developing, implementing, and evaluating models of family-professional partnerships and direct partnerships with self-advocates.

Slide 31: Incorporate content about partnerships between people with lived experience and professionals into health professions and continuing education curricula. They also assess the impact of this training on professional skills, programs, and policies.

Slide 32: Let's take a moment to review what we've just learned.

Slide 33: Thanks for joining us!! You can continue your learning journey with us at your own pace. Explore more about: this competency and others, test your learning progress, and more in our knowledge to practice modules

## **Competency #9: Teaching, Coaching, and Mentoring**

MCH Leadership Competency #9: Teaching, Coaching, and Mentoring

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 9: Developing Others through Teaching, Coaching, and Mentoring

Slide 3: [Definition]

Slide 4: Teaching, coaching, and mentoring are three primary strategies used to develop others.

Slide 5: Teaching involves: 1. designing the learning environment, which includes developing learning objectives and curricula 2. providing resources and training opportunities 3. modeling the process of effective learning 4. and evaluating whether learning occurred.

Slide 6: Coaching provides the guidance and structure needed for people to capably examine their assumptions, set realistic goals, take appropriate actions, and reflect on those actions (and the results or implications).



Slide 7: Mentoring is influencing the career development and professional growth of another by acting as an advocate, teacher, guide, and resource, among other roles.

Slide 8: [Knowledge Areas]

Slide 9: MCH leaders should know the following information

Slide 10: A variety of teaching strategies and tools appropriate to the goals, context, and needs of the learner.

Slide 11: Coaching as a professional relationship that offers tools for dealing with and leading change, working with others, and managing conflict.

Slide 12: Mentoring as a personal, career-facilitating relationship involving private and confidential interactions to promote the mentees' professional growth, enhance their skill sets, and increase their knowledge of relevant resources.

Slide 13-15: Let's take a moment to review what we just learned.

Slide 16: MCH staffers looking to help Develop Others through Teaching, Coaching, and Mentoring should add these skills to their professional toolbox.

Slide 17: At a minimum, they should be able to:

Slide 18: Use instructional technology tools that facilitate broad participation.

Slide 19: Give and receive constructive feedback about behaviors and performance.

Slide 20: Cultivate active listening skills (for example, attending, clarifying, and confirming).

Slide 21: Identify appropriate mentor-mentee relationships, taking into consideration both individuals' backgrounds, disciplines and other relevant factors.

Slide 22: Clearly set boundaries and define expectations focused on specific tasks and projects in a mentoring or coaching relationship.

Slide 23: Develop a rapport so that the mentoring or coaching relationship facilitates the exploration of new and innovative ideas, as well as an exchange of honest, constructive feedback and encouragement.

Slide 24: As MCH professionals advance in their careers, they should be able to do the following:

Slide 25: Incorporate evidence-based pedagogy (for example, universal design learning).

Slide 26: Consistently draw learners into active learning roles.

Slide 27: Effectively facilitate learning in groups with individuals of varying baseline knowledge, skills, and experiences.

Slide 28: Expand beyond task- or project-focused coaching to career- and professional-advancement-focused coaching and mentoring.

Slide 29: Facilitate opportunities for learners to serve as teachers, coaches, or mentors.

Slide 30-33: Let's take a moment to review what we just learned.

Slide 34: Thanks for joining us today. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress, and more in our Knowledge to Practice modules.

### **Competency #10: Interdisciplinary/Interprofessional Team Building**

MCH Leadership Competency #10: Interdisciplinary/Interprofessional Team Building

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 10: Interdisciplinary and Interprofessional Team Building

Slide 3: [Definition]

Slide 4: By nature, MCH systems involve different disciplines and bring together a variety of professionals, MCH populations, and community partners. We call this approach \*interdisciplinary and interprofessional\*, or ID-IP.

Slide 5: The team is the core of ID-IP practice. It may include professionals, MCH populations, family and self-advocate leaders, and community partners.

Slide 6: Team members show mutual respect for each other and share leadership. They have an equal or complementary investment in their work, and they accept responsibility for outcomes similarly.

Slide 7: ID-IP teams provide a supportive environment for their members. They acknowledge and value their members' skills, expertise and contributions, and recognize that members can achieve more by working together.

Slide 8: When an individual, community-level, or systems-level problem arises, an ID-IP team elicits each team member's input to make collaborative, outcome-driven decisions to address it.

Slide 9: [Knowledge Areas]

Slide 10: MCH leaders should know the following information

Slide 11: Be able to identify MCH stakeholders, their roles, and how they can contribute to a successful team.

Slide 12: Team building concepts, including: 1. The stages of team development; 2. Practices that enhance teamwork; 3. And management of team dynamics.

Slide 13-15: Let's take a moment to review what we just learned.

Slide 16: MCH staffers looking to build or expand their Interdisciplinary and Interprofessional Team Building expertise should add these skills to their professional toolbox.

Slide 17: At a minimum, they should be able to:

Slide 18: Accurately describe the roles, responsibilities, and scope of practice of other professions, MCH members, and families.

Slide 19: Make decisions by actively seeking out and using input from people with diverse perspectives.

Slide 20: Identify and assemble team members with the knowledge and skills appropriate to a given task.

Slide 21: Facilitate group processes for team-based decisions, including articulating a shared vision, building trust and respect, and fostering collaboration and cooperation.

Slide 22: As MCH professionals advance in their careers, they should be able to do the following:

Slide 23: Model curiosity about differences and an appreciation for individual contributions.

Slide 24: Identify and redirect forces that negatively influence team dynamics.

Slide 25: Use shared outcomes to promote team synergy.

Slide 26: Share leadership by using team-member strengths appropriately to carry out activities and manage challenges.

Slide 27: Adopt tools, techniques, and methods from a range of MCH disciplines that represent diverse perspectives to address challenges and meet needs.

Slide 28: Use their knowledge of other disciplines, including their competencies and their work, to improve teaching, research, advocacy, and systems of care.

Slide 29-31: Let's take a moment to review what we just learned.

Slide 33: Thanks for joining us today. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress, and more in our Knowledge to Practice modules.

## **Competency #11: Systems Approach**

MCH Leadership Competency #11: Systems Approach

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 11: Working with Communities and Systems

Slide 3: [Definition]

Slide 4: Many different factors intersect to shape the health and well-being of children, youth, families, and communities. This can make working on behalf of these populations a complex process. "Systems thinking" gives us a way to deal with this complexity.

Slide 5: Systems thinking examines how the components that influence outcomes are linked, and how they interact.

Slide 6: It looks at these interactions at multiple levels, from individual organizations, to the collective stakeholders, to the communities where children, youth and families live.

Slide 7: Leadership within the community and among organizations is essential to advance the collective impact of a system's stakeholders and achieve MCH goals.

Slide 8: [Knowledge Areas]

Slide 9: MCH leaders should know the following information:

Slide 10: Understand how organizations or practice settings function as systems. This includes being familiar with business and administrative principles related to planning, funding, budgeting, staffing, and evaluating health care systems and organizations.

Slide 11: Understand how organizations or practice settings function in relation to broader systems.

Slide 12: This includes knowing: The principles of systems thinking Features and issues of systems The essentials of building constituencies and pursuing collaborations And implementation science concepts and factors that affect using research findings in practice

Slide 13-15: Let's take a moment to review what we just learned.

Slide 16: MCH staffers looking to build or expand their ability to Work with Communities and Systems should add these skills to their professional toolbox.

Slide 17: At a minimum, they should be able to:

Slide 18: Relate the mission, vision, and goals of an organization to the broader system it belongs to, to facilitate shared understanding, responsibility, and action.

Slide 19: Use a budget, manage resources effectively, control standards, and coordinate tasks.

Slide 20: Solve problems, develop agendas, and lead meetings and teams effectively.

Slide 21: Identify stakeholders and assess how engaged they are in the collaborative process.

Slide 22: Interpret situations from a systemic perspective, by identifying the whole system and the dynamic interplay among its parts.

Slide 23: Assess the environment to determine goals and objectives for a new or continuing program; list the factors that help or stand in the way of implementing evidence-based and -informed strategies; develop priorities; and establish an implementation timeline.

Slide 24: Implement accommodations to increase inclusion and accessibility for everyone.

Slide 25: As MCH professionals advance in their careers, they should be able to do the following:

Slide 26: Manage a project effectively and efficiently, including planning, implementing, delegating, sharing responsibility, staffing, and evaluating.

Slide 27: Use implementation science to promote the use of evidence-based and evidence-informed practices.

Slide 28: Develop proficiency in the business and administrative aspects of health care finance and policy.

Slide 29: Maintain a strong stakeholder group with broad-based involvement in an environment of openness, inclusion, and trust.

Slide 30: Build effective and sustainable coalitions to address specific outcomes.

Slide 31: Use community collaboration models and leverage existing community improvement efforts to define a meaningful role for MCH.

Slide 32-35: Let's take a moment to review what we just learned.

Slide 36: Thanks for joining us today. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress, and more in our Knowledge to Practice modules.

## **Competency #12: Policy**

MCH Leadership Competency #12: Policy

Slide 1: [No text]

Slide 2: Hello, and welcome to the introduction to MCH Leadership Competency Number 12: Policy

Slide 3: [Definition]

Slide 4: A public policy is a law, regulation, procedure, administrative action, or voluntary practice of government that affects groups or populations and influences how resources are divided up and who gets them.

Slide 5: MCH leaders understand what it takes to improve the health and well-being of children, youth, families, and communities. They also understand that it's important to be able to clearly articulate those needs when it comes to developing and implementing policy

Slide 6: In today's changing and competitive economic and political environments, policy skills are crucial.

Slide 7: [Knowledge Areas]

Slide 8: MCH leaders should know the following information

Slide 9: The public policy making process at the local, state, and national levels.

Slide 10: Current public policies and private-sector initiatives that are especially relevant to MCH populations

Slide 11: The right methods to inform and educate policymakers about the needs of MCH populations and the impact of current policies on those populations.

Slide 12: Strategies for public communication on key MCH priorities.

Slide 13-14: Let's take a moment to review what we just learned.

Slide 15: MCH staffers looking to build or expand their policy skills should add these abilities to their professional toolbox.

Slide 16: At a minimum, they should be able to:

Slide 17: Frame problems based on key data that affect MCH populations, including epidemiological, economic, political, and social trends.

Slide 18: Use data and evaluative criteria in proposing policy change.

Slide 19: Distinguish the roles and relationships of groups involved in the public policy development and implementation process.

Slide 20: As MCH professionals advance in their careers, they should be able to do the following:

Slide 21: Apply appropriate evaluation standards and criteria to the analysis of alternative policies.

Slide 22: Analyze the potential impact of policies on diverse MCH population groups.

Slide 23: Formulate strategies to balance the interests of diverse stakeholders in ways that are consistent with MCH priorities.

Slide 24: Effectively present evidence and information to a legislative body, key decision makers, foundations, or the general public.

Slide 25: And finally, craft a convincing MCH story designed to motivate constituents and policymakers to take action.

Slide 26-27: Let's take a moment to review what we just learned.

Slide 28: Thanks for joining us. You can continue your learning journey with us at your own pace. Explore more about this competency and the others, test your learning progress and more, in our Knowledge to Practice modules.

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