|  |  |
| --- | --- |
| MCH Knowledge Base/Context: Class discussion covers: | * What is MCH? What is MCHB? Provide a review of MCHB website, MCHB organization, historical timeline * What is the relationship between Leadership, MCH Competencies and Systems of Care * List the six core outcomes for CYSHCN * What is the Lifecourse Perspective and how does it relate to clinical care? To developing systems and programs that will help children and families? * What is a Medical Home? How does it relate to clinical care? To developing systems and programs that will help children and families? How does a medical home relate to the interdisciplinary team? * What is a Public Health approach? How does this relate to the MCHB mission * Why is knowledge of MCH important to leadership? * What is the role of MCHB in implementing the Affordable Care Act? In filling systems’ gaps? * What is our overarching goal (improved care, equity, access, satisfaction) and how does an MCHB-inspired approach help us get there? * Use of online databases (National Survey of Children with Special Healthcare Needs, Census, Florida CHARTS) |
| Self Reflection | * Discuss the purpose/importance of self reflection * What is the relation of self reflection to leadership? * Discriminate betwee types of leadership – “what kind of leader am I, or do I want to be?” * Identify your leadership strengths and areas for growth * What is the role of self reflection in working in a family centered manner with diverse populations? * Compare and contrast levels and types of leadership (e.g.,clinical, community, state, national, political, organizational, committee, Board) |
| Ethics and Professionalism | * Ethical and professional behavior (“What is ethical or professional behavior?”) * What is the role of ethics/professionalism related to family centered care and cultural competence * Define the four traditional pillars of medical ethics. * Summarize a specific ethical dilemmas, identify the competing principles, and defend a decision(e.g., surgery from Trisomy 18 baby who will likely not live to age 1; parent who does not want lung transplant for child; self determination of families vs society and hospital’s obligation to protect child) * What is the role ethics/professionalism in relationships between interdisciplinary team members * Discuss ethical issues in research and training * Discuss larger public health ethics issues (e.g., political roots of priority areas/funds flow) * Why do we discuss ethics and professionalism as part of leadership? |
| Critical Thinking | * What is the role of critical thinking in clinical care? * Discuss the role of critical thinking in a family centered, culturally competent approach to care? * How might critical thinking help identify healthcare/community/societal issues? How might an absence of such thinking impede such identification? * Assess the root causes of a community or societal problem. Create a model to show this. * How does critical thinking help in conducting needs assessments and program development? In developing research studies? * Describe how a clinician or public health professional might translate evidence to practice (E.g.,The American Dietetic Association Evidence Analysis Program) * Why should leaders think critically? Why does research matter? * What challenges might arise on the interdisciplinary team, related to critical thinking |
| Communication | * Why does communication matter in leadership? What is effective communication? * What communication styles have you observed? What is your style? Are communication styles affected by one’s discipline on the team? * What are different levels of communication? (e.g., conversation, team discussion, leading team meeting, community meeting, national conference call) How do these differ? * How does communication style relate to culturally competent family centered clinical care and service delivery * Provide examples of effective and not effective written and verbal communication * How does communication relate to professionalism? Negotiation and Conflict resolution? Self Reflection? |
| Negotiation and Conflict Resolution | * How are negotiation and conflict resolution related to leadership, both in direct service and population based approaches? * What are some options for effective negotiation and conflict resolution? How do these relate to leadership and communication style? * Provide some examples of less effective negotiation and conflict resolution approaches? Are there ever times that a less appealing approach may be necessary? * Why are negotiation and conflict resolution important on an interdisciplinary team? * Why are negotiation and conflict resolution important in delivering family centered, culturally competent care and developing family centered, culturally competent systems? * What kinds of negation and conflict resolution styles have you see in the PPC? What kinds of negotiation and conflict resolution styles have you seen in the community? Compare and contrast these. |
| Cultural Competence | * Define culturally competent behavior. Is such behavior the same in all situations? * What are the barriers to a culturally competent approach, for you individually? What are the barriers to implementing a culturally competent approach in a specific health system? throughout the entire US healthcare system? The nation? * How can we improve the culturally competent individual care of children and families? How can we develop culturally competent systems? What are culturally competent systems? * How can interactions that are not culturally competent impede team functioning? * Identify three disparities in health outcomes * What is the relationship between cultural competence and health equity? What is the role of creating a diverse workforce, cultural competence and health equity? * How does the ACA aim to increase culturally competent care and culturally competent healthcare systems? |
| Family Centered Care | * Compare and contrast the four core principles of Family Centered Care. What areas of overlap or difference are there between these principles? * Describe situations in which you have seen this approach applied or ignored * How might one design a Family Centered hospital? What would be needed to develop a fully Family-Centered healthcare system? Are all Accountable Care Organizations Family Centered? * How might interdisciplinary team members have differing views of Family Centered Care? * How does Family Centered Care relate to leadership? Why couldn’t one be a leader and not be Family Centered? * What is the relationship between Family Centered Care and Cultural Competence? Are they synonymous? * How does the ACA support/require a Family Centered Approach? * How does a Family Centered Approach help MCHB meet its mission? |
| Developing Others Through Teaching and Mentoring | * Define effective teaching. * Explain what health literacy is. How does this differ from simple literacy? What are the areas of overlap? * Compare and contrast different teaching styles and different learning styles * Compare and contrast the ways you might present a program development request to a Board and how you might propose a program to your community group. * What are the differences between how you would provide professional education, individual patient education and community education? * Explain the different types of mentoring? Why does mentoring matter? * Have you had or observed a mentoring relationship? What were the parts you liked? What would you have improved? * What are the applications of mentoring to leadership, in the community and at a national level. What is the relationship of mentoring to culturally competent and family centered care and systems? * Can mentoring occur across disciplines? What are the advantages and disadvantages? |
| Interdisciplinary Team Building | * What are the benefits of an interdisciplinary team, on an individual level and a national level? * Why does MCHB focus on interdisciplinary care? * What are some of the barriers to effective interdisciplinary care? What is the difference between multidisciplinary care and interdisciplinary care? * What conditions should be present for effective interdisciplinary care? * How can interdisciplinary teams be strengthened? * What is the relationship of interdisciplinary care to leadership? Do different types of leaders function better with different types of teams? * What are the various roles on a team? (both professional roles and functional roles) * Should team roles be discrete or overlap? Under which conditions might each be preferable? * Provide examples of good team functioning you have observed, and less than ideal team functioning you have observed. How would you attempt to improve these? |
| Working with Communities and Sytemss | * What is the role of MCHB in working with communities and systems? What is this agency trying to accomplish? How do family centered and culturally competent care fit into this mission? * How do MCHB’s efforts interface with those of the ACA? Where are the gaps? * How do MCHB’s efforts interface with those of other Health and Human Services programs? * What other agencies/systems at a local, state or national level are working on the same goals? * List the systems or programs in our county that are working to reduce health disparities. List the systems or programs working to increase access to care. List the systems or programs attempting to improve child health. Do these groups work together? Separately? * Provide examples of how one might improve the coordination/collaboration of these groups/systems. * Based on a clinical experience or example (e.g., from the National Center for Cultural Competence Data Vignettes), describe the various systems impacting a family. How might you help coordinate or otherwise improve the functioning of these? * Is developing new systems preferable, or is it better to work with existing systems, in providing quality care to children or in increasing access to care? * What kind of leaders are needed in working with communities and systems to improve care? Describe different leadership approaches and the settings in which a given approach might work best. * What is the relationship between clinical interdisciplinary teams and community interdisciplinary team? |
| Policy and Advocacy | * Define policy and advocacy * How does policy affect maternal and child health? Give some examples. How have historical changes affected child health policy? How have the personal concerns of politicians affected policy? * At which levels does policy occur? What is the lowest level? What is the highest level? * What are the differences between informal and legal policy? How do the three branches of the federal government affect policy * What is the relationship between policy and advocacy? * What are the different levels of advocacy? Provide examples of how a person (you!) or group might advocate for a given position or program? * What is the relationship between community efforts and policy/advocacy? * Match leadership styles with the types of advocacy or policy development they are best suited to implement. * Does an interdisciplinary team play a role in policy and advocacy? Which disciplines or personalities might be best suited to different policy-related or advocacy activities? * Do all policy and advocacy activities require leadership? |