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Overview

Producing leaders is seen as one of the hallmarks of successful MCH interdisciplinary programs. For these programs to achieve such success, it will be crucial that they have a shared understanding of leadership in this context: what contributes to leadership and how it develops, how leadership and its development can be measured, and how to provide effective, evaluative feedback that tracks the development of leadership.

In the Phase I report, an analysis called Focus Groups was prepared on the basis of focus groups held with MCH interdisciplinary program personnel: program directors, training directors, and in some cases, trainees. The goal of this focus group analysis was to contribute to the process of developing the requisite shared understanding of leadership by approaching the task from the points of view of all levels of participants and understanding their sense of what contributes to leadership and how it develops.

Since the time that report was prepared, a number of other approaches to understanding and assessing leadership in MCH interdisciplinary programs have emerged. As Phase II of the project calls for continuing work on developing the process and measurement domains, including a draft listing of domains, it was agreed that an important step in this process was an analysis of the overlapping and unique characteristics of the leadership domains described in the following documents:

- the draft domains presented in the Phase I project report,
- the competencies suggested by the MCH Working Conference: The Future of Maternal and Child Health Leadership Training (meeting held in April, 2004; draft report issued in October, 2004), and
- the VT-ILEHP's Assessment of Professional Leadership Abilities (mailed to LEND programs in September, 2004).

Additionally, at the October 2004 annual meeting of the Pediatric Pulmonary Centers, there was discussion of their Post-training Leadership Competencies and Outcome Measures. These leadership domains were included in the analysis that follows.

Documents analyzed

Phase I Leadership Narratives

As described in the Phase I report, issued in April 2004, a total of five focus groups were held in conjunction with three MCH interdisciplinary meetings: the Pediatric Pulmonary Center Annual Meeting in September, 2003, the AUCD Annual Meeting and Conference in November, 2003, and the Association of Maternal & Child Health Programs Annual Conference in March, 2004.

In each session, participants were asked a series of questions aimed at helping them to articulate behavioral indicators of leadership in trainees. The first question asked was the most general: "When you believe your program is successful in producing leaders, how do you know it?"

Participants were reminded that the Performance Measures provide categories of behaviors and activities that the MCHB considers to be indicators of leadership. In the Annual Progress Report, Program Directors are asked to indicate the "percent of graduates (five years post graduation) who demonstrate MCH leadership in at least one of the areas" listed. Focus group participants were asked to 'think backward' from the ways in which they discern evidence of leadership in graduates to early indicators of leadership behavior they might observe during training.

Methods of analysis

Listening to participants at all levels – program directors, training directors, and trainees – and doing so before reviewing the literature on leadership were important, intentional decisions. Discerning the leadership domains of importance to all levels of participants in MCH interdisciplinary programs was important because it is likely that each group views determinants of developing leadership differently. Eliciting participants' perceptions prior to reviewing the literature on leadership was important given the enormous amount of literature available on the subject. The goal of the analysis was not to be exhaustive but to provide a brief summary of overarching themes from the literature that are relevant to MCH interdisciplinary training. Listening to participants first helped narrow the field of literature to those themes participants felt to be most relevant.

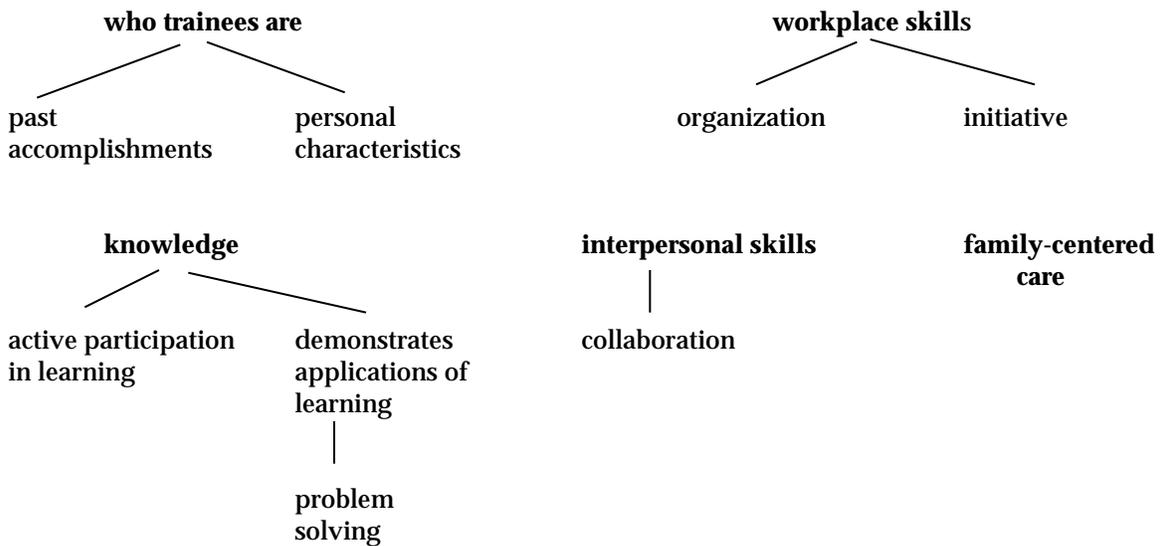
Narrative coding is an inherently subjective task. There are multiple ways of thinking about how bits of information may be grouped together. Pattern recognition occurs as a result of grouping and re-grouping the individual data points in multiple ways.

The initial approach to sorting the individual statements was to cluster them on the basis of inferred headings or categories suggested from reading the summary statements. In some cases, statements could fit into more than one category. In these instances, the statements were placed in all applicable categories; there was no attempt made to make the categories mutually exclusive.

Findings: Conceptual clusters

The results of the focus group analyses provided a snapshot of the ways in which those involved in MCH interdisciplinary training viewed the notion of leadership. Five focus groups articulated over 175 unique statements of characteristics, behaviors, and activities that they felt could be indicators of potential leadership. These statements were initially sorted, as described in the Phase I report, into 10 categories: previous accomplishments, personal characteristics, organization, initiative, active participation in learning, demonstrations of applied learning, problem-solving, interaction/communication, collaboration, and other. As shown in the figure that follows, a second round of sorting identified some categories as subsets of others and resulted in the identification of 5 meta-categories: information about who trainees are, workplace skills, knowledge, interpersonal skills, and a fifth cluster of behaviors and activities related to the provision of family-centered care.

Conceptual Clusters



DRAFT Report from the MCH Working Conference: The Future of Maternal and Child Health Leadership Training

A two-day working conference focusing on the future of MCH leadership training was held in April 2004. Participants were assigned to one of 12 work groups, “each addressing a different cross-cutting leadership competency. These leadership competencies were identified through discussion with planning committee members and review of other national work on leadership competencies” (DRAFT Report, pg. 5). Work group members were asked to “enumerate cross-cutting skills for any MCH leader practicing this competency, propose training experiences and suggest outcomes measures appropriate to evaluate this aspect of leadership training...and to define or further refine each competency, and to describe how a mature MCH leader might demonstrate this competency” (DRAFT Report, pg. 5). The conference report was issued in October 2004.

Methods of analysis

Colleen Huebner and Wendy Mouradian prepared the DRAFT Report. Descriptions of how the report was prepared and materials analyzed are taken directly from the Report as follows:

This Report was prepared utilizing a variety of sources, including transcripts from Conference plenary sessions, verbal summaries from the different work groups, speakers’ power-point presentations, written summaries and notes from work groups. Leadership competencies, as summarized in this report, were formulated after multiple passes through these materials to identify common themes and recommendations, as well as areas of overlap and redundancy. (pg. 6)

Proposed MCH leadership competencies: Twelve leadership competencies were defined, discussed and debated. Over the course of the conference, none of the proposed competences were dropped, nor were new competencies identified, although two were combined (Management Skills and Working with Organizations). In synthesizing the Conference output...we refined and grouped these competencies into primary (or core) competencies and applied (or secondary) competencies. Primary or core competencies reflect, to a significant degree, intrinsic capacities and traits – perhaps influenced by early experiences, and reinforced by later experiences and opportunities. Although they pre-date the MCH training experience, these intra-individual strengths can be encouraged and nurtured as part of the MCH training experience....Secondary competencies involve the application of core competencies to more complex situations and tasked faced by MCH leaders. They typically require additional training (pg. 7-8).

Findings: Core and applied competencies

The background, core, and applied competencies presented in the DRAFT Report are as follows:

Competency Name	Type: Core or Application
MCH background/Public Health	Background
Communication skills	Core
Critical thinking	Core
Internal process/self-reflection	Core
Ethics/professionalism	Core
a. moral purpose (MCH mission/vision)	Core
b. moral compass (professionalism)	Core
c. ethical knowledge/skills	Applied
Mentoring	Applied
Cultural competency	Applied
Evidence base/science translation	Applied
Negotiation/conflict resolution	Applied
Management skills, working with organizations	Applied
Constituency building	Applied
Policy and advocacy	applied

In preparing the report, Huebner and Mouradian organized the information for each competency into intrinsic capacities, attitudes, knowledge, and skills.

VT-ILEHP's Assessment of Professional Leadership Abilities

As described in a letter circulated to LEND programs by the Vermont MCHB LEND Program, the VT-Interdisciplinary Leadership Education of Health Professionals (VT-ILEHP) program invited other LEND programs to participate in a process designed to validate a self-assessment tool constructed to "measure the development of leadership skills for participants within the LEND Programs."

Interested respondents are invited to participate in the project by using the Delphi Technique to:

Review the attached criteria for each of the ten abilities. Add, delete, and/or reword as you feel is necessary. The goal is to come up with criteria for each of the 10 leadership abilities that, if demonstrated, would indicate competency in the area of leadership. All responses will be collated and the results will be sent back to you as many times as it takes to reach consensus (approximately 4 times, we hope).

Method of analysis

The tool, developed by the VT-ILEHP, is based on two existing tools:

One tool was created to measure the development of professional behaviors for Physical Therapy (PT) students as they progress through their professional programs. The PT students use the Professional Abilities Assessment to determine what level of professional behavior they may have at the current time and to measure progress toward the next level of skill. The second tool was the LEND Leadership Competencies Self-Assessment that was presented at a MCH Leadership Conference.

Findings: Abilities

Each ability is divided into basic, intermediate, and advanced professional behavioral criteria; these sub-categories each contain 2-9 criteria, for a total of 173 statements. The list of abilities is as follows:

- self-management, self-insight, self-development
- relationships: selecting, developing accepting people
- communicating information & ideas, managing conflict & negotiation
- time management
- openness to influence, flexibility & use of constructive feedback
- problem identification, getting information & making sense of it
- influencing, leadership & power
- following through, taking action & organizational ability
- making decisions and critical thinking
- coping with pressure & adversity: integrity

Pediatric Pulmonary Center Post-Training Leadership Competencies and Outcome Measures

As described on the Pediatric Pulmonary Center website, the competencies and outcome measures “were collaboratively developed and are used primarily to evaluate the leadership attributes of PPC training program graduates, although they are used for programmatic and faculty leadership evaluation as well” (<http://mchneighborhood.ichp.edu/ppc/attributes.htm>). These measures were developed in 1997.

Method of analysis

No additional information about the process used to develop the competencies and outcome measures was available for review.

Findings: Competencies and outcome measures

Each competency is divided into outcome measures classified as essential, important, or desirable; these competencies each contain 3-8 outcome measures, for a total of 65 statements.

The list of competencies is as follows:

- demonstrates clinical excellence
- demonstrates ethics in practice
- demonstrates effective communication (written, verbal, and listening) and education skills (patient/family and professional)
- applies interdisciplinary team skills
- applies principles of family-centered care
- establishes linkages with and uses community-based resources
- demonstrates professional development
- incorporates the principles of health promotion/disease prevention into professional activities
- utilizes systems of care in serving families and children
- applies principles of culturally-competent care
- demonstrates administrative, management, and strategic planning skills
- applies research principles to professional practice
- participates in advocacy and legislative processes
- utilizes information resources and communication technology

Method of analysis

The goal of the analysis was to explore areas of overlap and uniqueness among the leadership domains described in the included documents. The first decision made in this analysis was to approach the grouping process using the highest-level domains present in each document rather than reclustering the individual statements or descriptors of competencies, attitudes, or abilities. The major reason for this decision was that, as noted in the Phase I Report, narrative coding is an inherently subjective task. There are multiple ways of thinking about how bits of information may be grouped together. Pattern recognition occurs as a result of grouping and re-grouping the individual data points in multiple ways. To compile the domains, competencies, or abilities described in each of the documents included, the authors of each document had already completed such a coding task. Given that the intent here was not to second-guess their coding but to look for areas of commonality and distinctiveness, we approached the task using their coding findings as a given.

The approach to sorting the high-level domains was to attempt to cluster them on the basis of the conceptual clusters described in the Phase I report. This decision was made because those clusters represent the smallest number of unique categories – five meta-categories – which are each broad enough to contain subsets of categories.

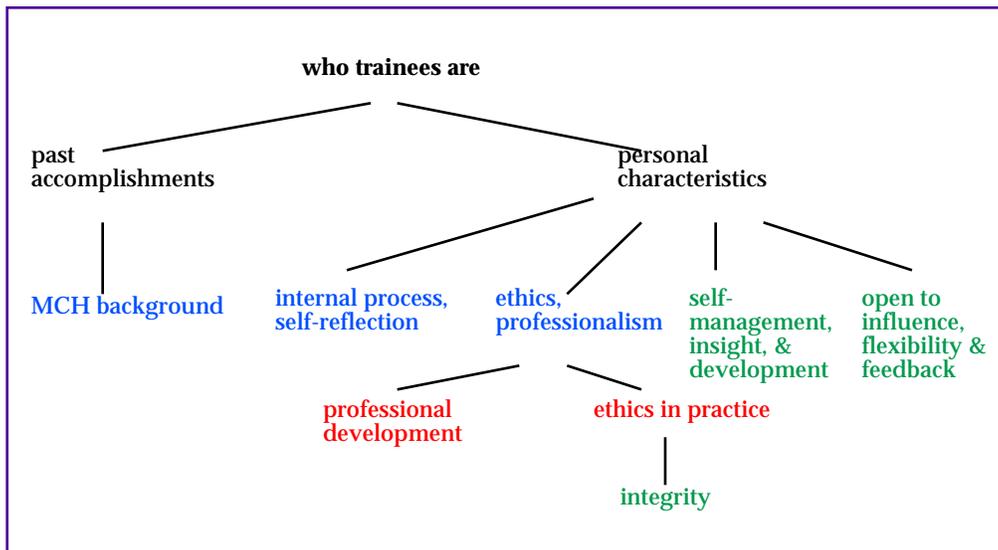
Findings

The four documents contained categories broken down as follows:

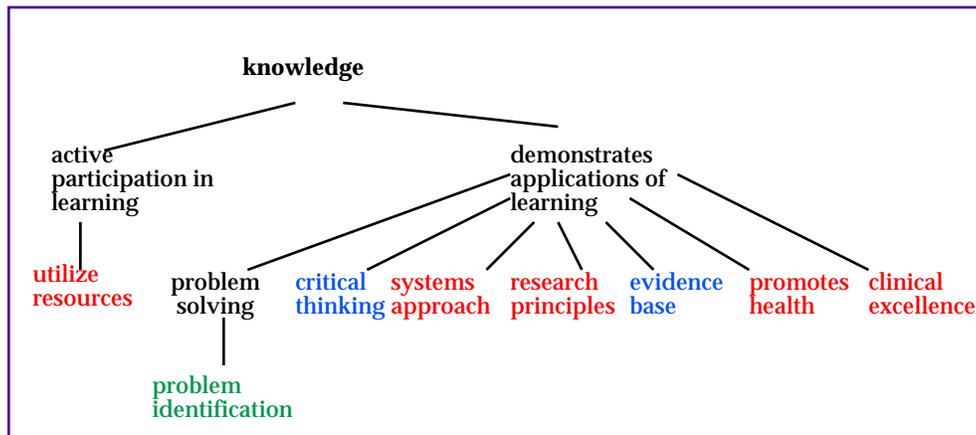
- Phase I report: 175+ unique statements of characteristics, behaviors, and activities felt to be indicators of potential leadership. These statements were ultimately sorted into 5 meta-categories containing 8 subcategories.
- DRAFT Report from the MCH Working Conference: The Future of Maternal and Child Health Leadership Training: Descriptors of intrinsic capacities, attitudes, knowledge, and skills for 12 core and applied competencies.
- VT-ILEHP's Assessment of Professional Leadership Abilities: 173 behavioral criteria sorted into basic, intermediate, and advanced criteria for 10 abilities.
- Pediatric Pulmonary Center Post-Training Leadership Competencies and Outcome Measures: 65 outcome measures sorted into 14 competencies.

Results are color-coded. Categories printed in black are from the Phase I report. Categories printed in blue are from the DRAFT Report from the MCH Working Conference: The Future of Maternal and Child Health Leadership Training. Categories printed in green are from the VT-ILEHP's Assessment of Professional Leadership Abilities. Categories printed in red are from the Pediatric Pulmonary Center Post-Training Leadership Competencies and Outcome Measures.

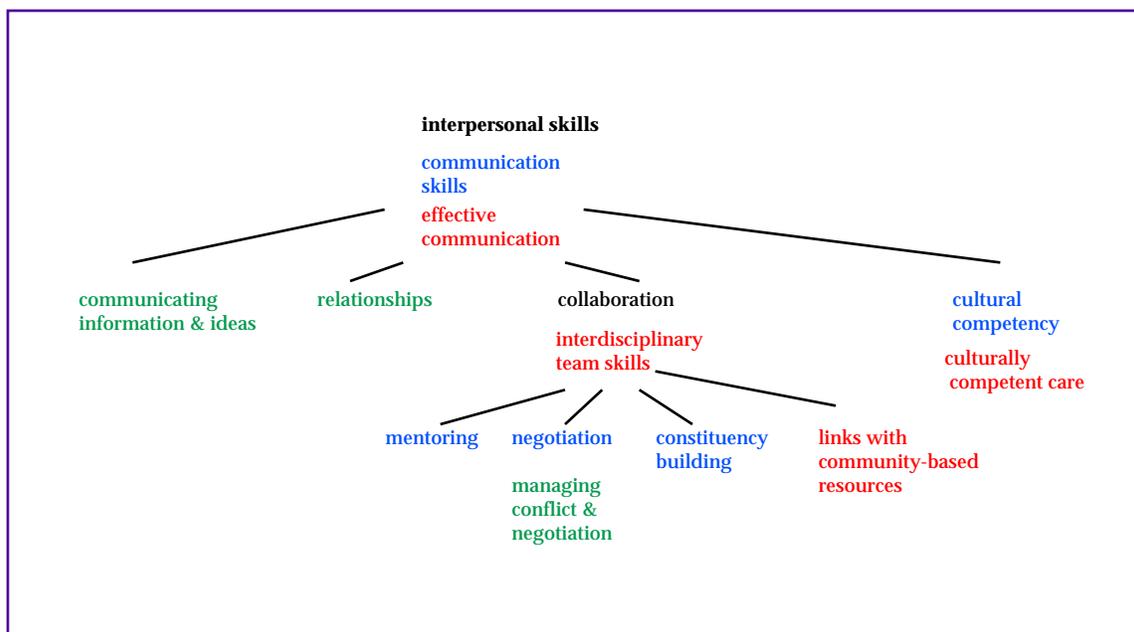
Mapping the high-level domains to the meta-categories identified in the Phase I report produced the following clusters.



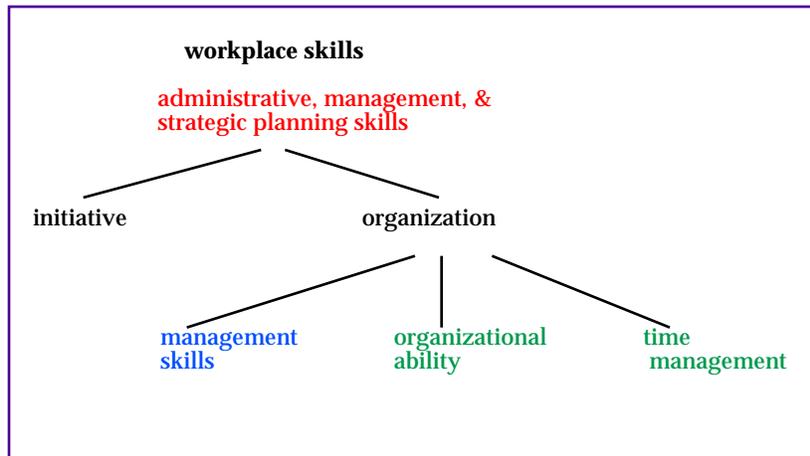
The Phase I report meta-category labeled 'who trainees are' is adequate to contain a number of high-level domains described in the other three documents. These domains can be grouped under the Phase I report subcategories 'past accomplishments' and 'personal characteristics.'



The Phase I report meta-category labeled 'knowledge' is adequate to contain a number of high-level domains described in the other three documents. These domains can be grouped under the Phase I report subcategories 'active participation in learning' and 'demonstrates applications of learning.'



The Phase I report meta-category labeled 'interpersonal skills' is adequate to contain a number of high-level domains described in the other three documents. As noted in the figure above, some high-level domains described in the other three documents overlap completely with each other.



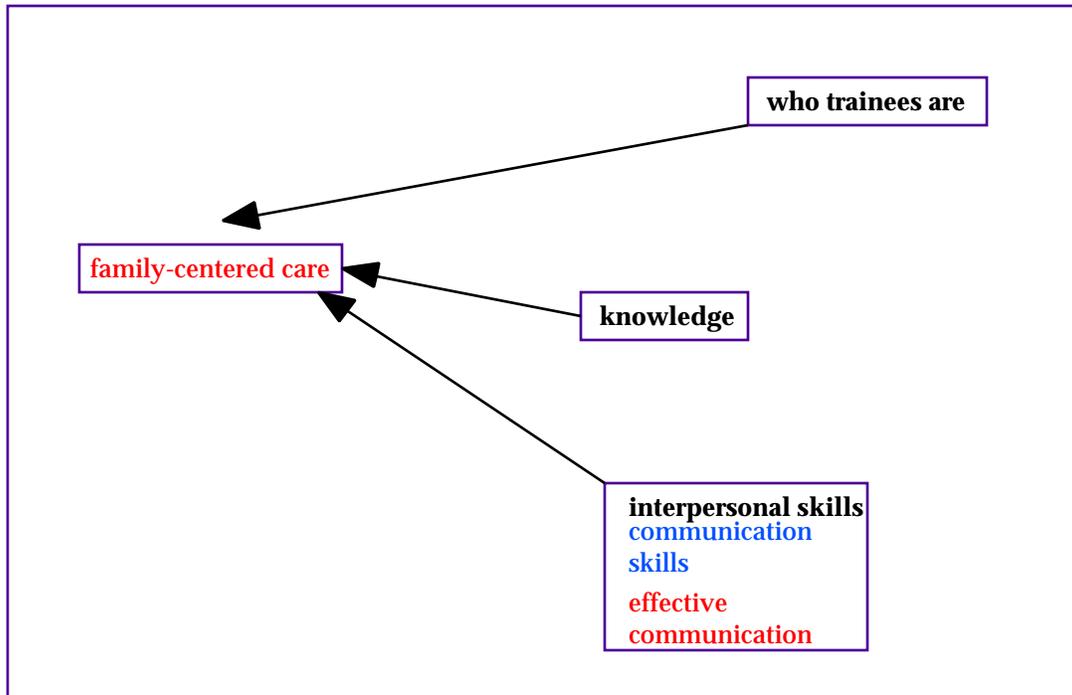
The Phase I report meta-category labeled ‘workplace skills’ is adequate to contain a number of high-level domains described in the other three documents. These domains can be grouped under the Phase I report subcategories ‘initiative’ and ‘organization.’ As noted in the figure above, one high-level domain, ‘administrative, management, & strategic planning skills,’ described in the Pediatric Pulmonary Center Post-Training Leadership Competencies and Outcome Measures, overlaps completely with the meta-category.

family-centered care
family-centered care

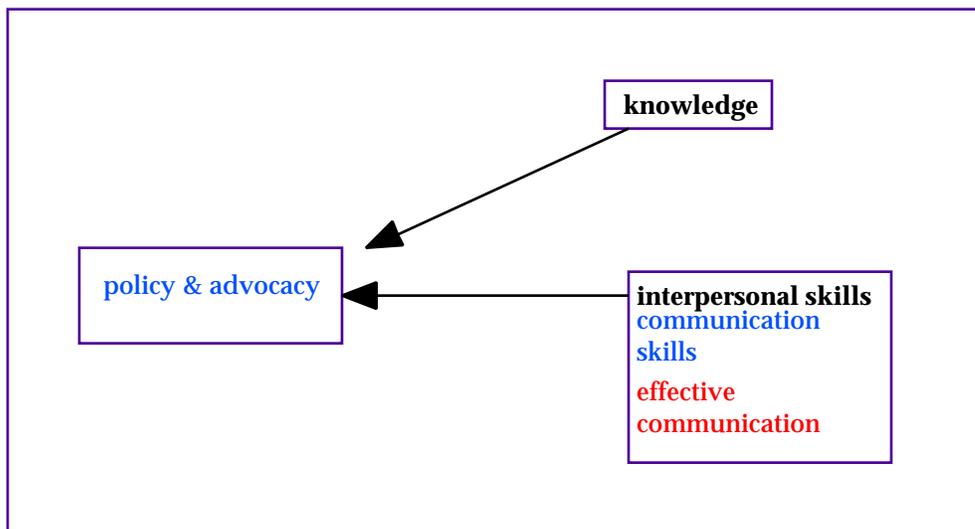
policy & advocacy
advocacy

influence, leadership
& power

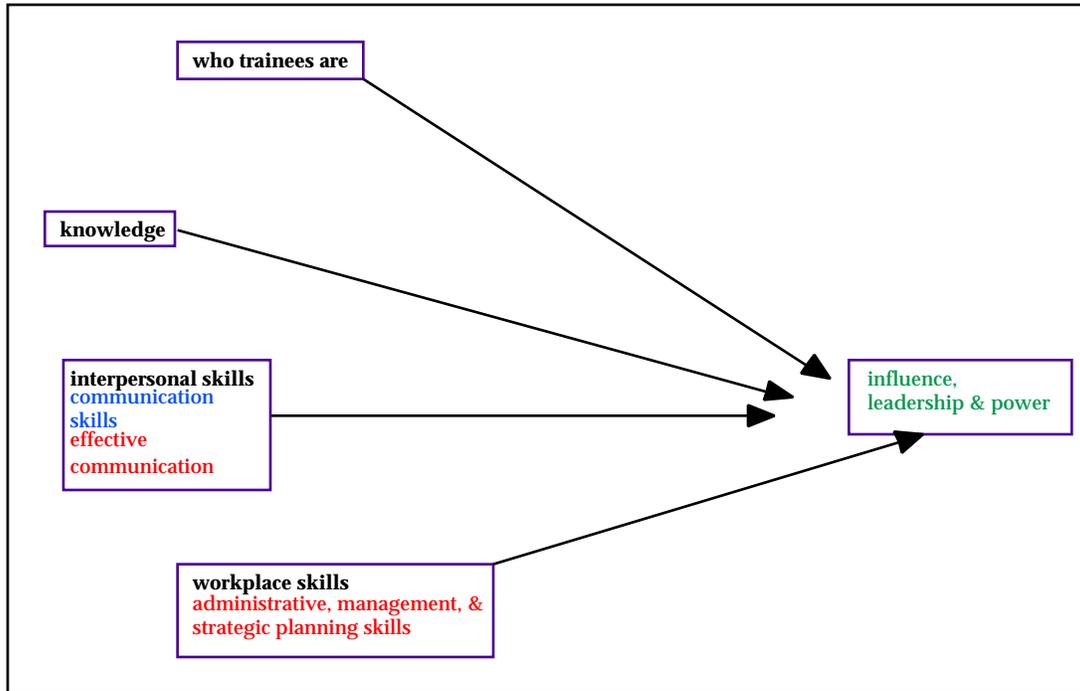
The three categories above, labeled ‘family-centered care,’ ‘policy and advocacy,’ and ‘influence, leadership, and power,’ contained no sub-categories. On further examination, it was clear that these categories or conceptual clusters could be thought of as composites of the four meta-categories previously described.



The conceptual cluster 'Family-centered care may be thought of as a complex interaction of attitudes, knowledge, and interpersonal skills. Examples include attitudes such as seeing the family at the center of care, and being flexible, knowledge, such as being able to provide families with accurate information upon which to base decisions, and interpersonal skills, such as listening and asking, not telling.



While 'policy and advocacy' was identified as a unique cluster, the knowledge and skills required to effect such activities exist as separate categories. As with family-centered care, those categories may interact to produce activity in the realm of policy and advocacy. Examples include knowledge, such as knowledge of systems and the implications of these systems on care and interpersonal skills such as the ability to work with others.



'Influence, leadership, and power' was identified as a unique cluster. Operationalizing the concept of 'leadership' by using 'leadership' as a descriptive category uses the term to define itself. Not only is this circular reasoning but, as may be seen below, the category 'influence, leadership, and power' itself may be thought of as the desired outcome of the interaction of the four meta-categories of who trainees are, knowledge, interpersonal skills, and workplace skills. For example, past accomplishments, such as MCH background, and personal characteristics, such as ethics and integrity are integral to leadership. Knowledge sub-categories such as critical thinking and problem solving are generally required of leaders. Interpersonal skills, such as the ability to communicate information and ideas and to collaborate, as among those needed by MCH leaders. And effective leaders need workplace skills, such as time management and organizational ability.

Summary

The goal of this analysis was to explore areas of overlap and uniqueness among the leadership domains described in four documents. Four meta-categories, who trainees are, knowledge, interpersonal skills, and workplace skills, described in the Phase I report, were found to be adequate to contain nearly all of the descriptors contributed by the three additional documents. Originally a meta-category, family-centered care was re-categorized as a composite category, being made up of the interaction of the categories of who trainees are, knowledge, and interpersonal skills. Policy and advocacy, identified as a unique cluster, was identified as a composite category, consisting of the interaction of the categories of knowledge and interpersonal skills. Influence, leadership, and power, identified initially as a unique cluster, was found to be completely confounded with the four remaining meta-categories.

Next steps

This project rests on the notion that for MCH interdisciplinary programs to be successful in producing leaders, it is crucial that they have a shared understanding of leadership in this context. Inherent in this understanding are four questions:

- What contributes to leadership?
- How does leadership develop?
- How can the development of leadership be measured?
- What are the best ways to provide effective, evaluative feedback that tracks the development of leadership?

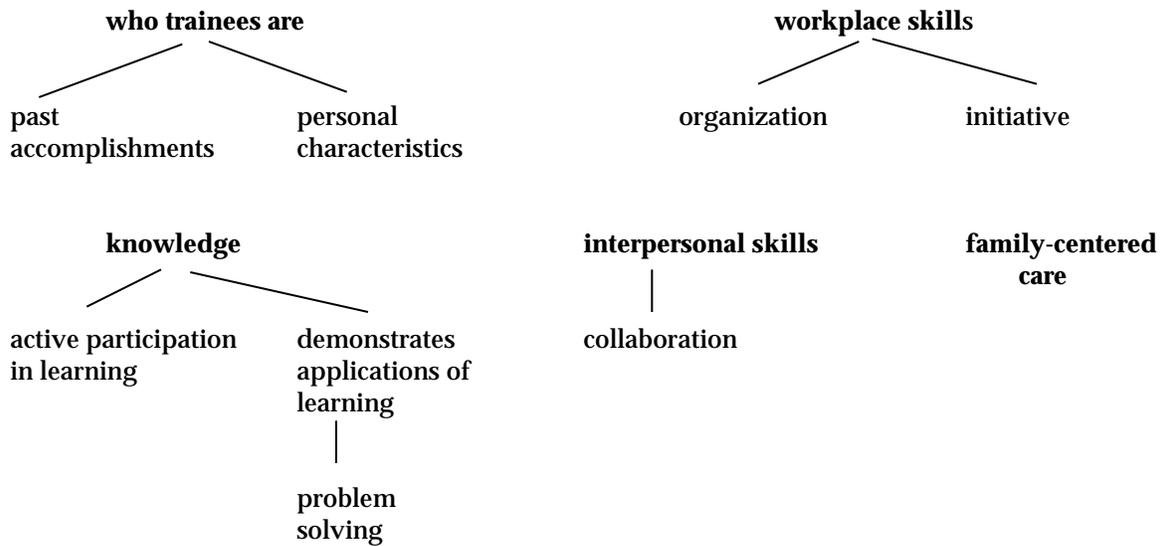
The analysis contained herein was designed to further explore the first question and to begin to explore the third question, using information obtained from the Phase I report and three additional sources of descriptors of leadership competencies.

The next proposed phase of the project is to build on these observations by identifying and developing ways to measure leadership that can be used to provide programs with effective, evaluative feedback that can track and, hence, improve the development of leadership.

Appendix A

Assessment in MCH Training Programs: Working Towards Data-driven Standards of Excellence in Leadership Education

Conceptual Clusters



Appendix B

DRAFT Report from the MCH Working Conference: The Future of Maternal and Child Health Leadership Training

Competency Name	Type: Core or Application
MCH background/Public Health	Background
Communication skills	Core
Critical thinking	Core
Internal process/self-reflection	Core
Ethics/professionalism	Core
a. moral purpose (MCH mission/vision)	Core
b. moral compass (professionalism)	Core
c. ethical knowledge/skills	Applied
Mentoring	Applied
Cultural competency	Applied
Evidence base/science translation	Applied
Negotiation/conflict resolution	Applied
Management skills, working with organizations	Applied
Constituency building	Applied
Policy and advocacy	applied

Complete report available at:

http://www.mchb.hrsa.gov/training/documents/events/2004-10_AllGranteeMtg/MCH-Leadership-Conference-Full%20Report.pdf

Executive summary available at:

<http://www.mchb.hrsa.gov/training/events-2004-AllGranteeMTG.htm>

Appendix C

VT-ILEHP's Assessment of Professional Leadership Abilities (Adapted from MCHB Leadership Competencies & Dept. of Kinesiology, PT Program, University of Wisconsin)

P. Prelock & J. Beatson (2-13-03)

Abilities

1. Self management, Self-insight, Self-development

Basic Professional Behavioral Criteria

- Learns from own experience
- Not set in ways
- Aware of own feelings
- Makes adjustments to own behavior
- Monitors own progress
- Accepts learning as a lifelong process
- Prioritizes use of professional literature

Intermediate Professional Behavioral Criteria

- Capitalizes on own strengths
- Compensates for own weaknesses
- Seeks out new experiences
- Demonstrates evidence-based practice

Advanced Professional Behavioral Criteria

- Applies new information and re-evaluates performance
- Questions conventional wisdom
- Demonstrates confidence in sharing new knowledge with others
- Manages own anger appropriately

2. Relationships: Selecting, Developing, Accepting People

Basic Professional Behavioral Criteria

- Respectful
- Establishes trust
- Isn't abrasive
- Rarely antagonizes others
- Assumes responsibility for mistakes-apologizes

Intermediate Professional Behavioral Criteria

- Builds effective & cooperative relationships
- Maintains appropriate professional relationships (i.e., with colleagues, superiors, subordinates & outsiders)
- Makes good use of people & doesn't exploit them
- Readily available to others
- Competent at dealing with people's feelings
- Tolerant of others' shortcomings or mistakes
- Effective collaborative teaming
- Motivates others to achieve
- Patient with people as they learn

Advanced Professional Behavioral Criteria

- Skilled at relating to many different kinds of people
- Allows expression of feelings but returns to original focus
- Diverts or manages anger appropriately
- Approaches others with appropriate affect
- Responds appropriately to unexpected and/or entirely new experiences
- Builds partnerships with other professionals
- Establishes mentor relationships
- Seeks out & attracts talented people
- Gives subordinates appropriately challenging assignments & helps them grow

3. Communicating Information & Ideas, Managing Conflict & Negotiation

Basic Professional Behavioral Criteria

- Recognizes impact of non-verbal communication
- Listens actively
- Articulates (verbal or written) ideas clearly, concisely & accurately
- Demonstrates basic computer skills
- Collects all necessary information during an interview process
- De-personalizes disagreements
- Creates good give & take with others in conversation

Intermediate Professional Behavioral Criteria

- Adept at disseminating information to others
- Communicates professional needs and concerns
- Gives feedback constructively Receives feedback without defensiveness
- Awareness of differences in learning styles & accommodates those differences
- Speaks at receiver's communication level
- Modifies communication to meet needs of different audiences

Advanced Professional Behavioral Criteria

- Crisp, clear & articulate
- Good public speaker
- Makes points clearly & persuasively
- Strong writing skills
- Demonstrates ability to write professional papers/grants/documents
- Listens to others but reflects back on original concerns
- Effective at managing conflict
- Confronts others skillfully
- Negotiates adeptly with individuals & groups over resources & roles

4. Time Management

Basic Professional Behavioral Criteria

- Makes the most of time available
- Deals with interruptions appropriately
- Meets deadlines

Intermediate Professional Behavioral Criteria

- Sets priorities well
- Distinguishes between important & unimportant tasks
- Reorders when necessary
- Sets realistic goals
- Manages meeting times effectively
- Takes initiative in covering for absent team members
- Follows up on projects in a timely manner

Advanced Professional Behavioral Criteria

- Avoids spreading self too thin
- Able to manage multiple projects efficiently
- Delegates when appropriate
- Uses limited resources creatively

5. Openness to Influence, Flexibility & Use of Constructive Feedback

Basic Professional Behavioral Criteria

- Takes others' ideas seriously & able to change mind
- Accepts criticism well
- Receptive without becoming defensive
- Actively seeks feedback & help
- Demonstrates a positive attitude toward feedback while respecting own limits
- Utilizes feedback when establishing goals

Intermediate Professional Behavioral Criteria

- Able to vary approach to a situation
- Doesn't assume a single best way
- Assesses own performance accurately
- Develops plan of action in response to feedback
- Seeks feedback from others
- Reconciles differences with sensitivity

Advanced Professional Behavioral Criteria

- Modifies feedback given to others according to their learning styles
- Considers multiple approaches when responding to feedback
- Acts as conduit for feedback between multiple sources

6. Problem Identification, Getting Information & Making Sense of It**Basic Professional Behavioral Criteria**

- Seeks information
- Defines problems effectively-gets to the heart of the problem
- Reports or describes known solutions to problems
- Seeks solutions through brainstorming & peer interaction
- Exhibits a positive approach to problem solving

Intermediate Professional Behavioral Criteria

- Probes & digs beneath the surface
- Keen observer of events, people & things
- Spots problems, opportunities, threats, trends early
- Identifies resources needed to develop solutions
- Feels challenged to understand & solve problems

Advanced Professional Behavioral Criteria

- Questions validity of the information collected
- Logical, data based & rational
- Considers consequences of possible solutions
- Evaluates outcomes
- Seeks solutions to community health-related problems
- Recognizes unsolvable problems

7. Influencing, Leadership & Power**Basic Professional Behavioral Criteria**

- Discusses role of discipline-specific profession in health care and society
- Identifies positive professional role models
- Acts on moral & ethical commitments
- Actively involved in own professional development

Intermediate Professional Behavioral Criteria

- Acts in leadership role when needed
- Helps people to see the importance of what they are doing
- Participates actively in professional organizations
- Knows when to lead and when to follow

Advanced Professional Behavioral Criteria

- Takes on leadership responsibilities in professional organizations
- Persuasive
- Promotes an idea or vision effectively
- Astute sense of 'politics'
- Possesses extensive network of contacts necessary to do the job
- Influential
- Comfortable in a managerial role
- Able to inspire, motivate others to take action

8. Responsibility: Following Through, Taking Action & Organizational Ability

Basic Professional Behavioral Criteria

- Demonstrates dependability; Fulfills commitments
- Accepts responsibility for actions and outcomes
- Helps to create safe & secure environment for families & others
- Collaborates with others who have complementary skills

Intermediate Professional Behavioral Criteria

- Implements decisions
- Action oriented
- Establishes & conveys a sense of purpose
- Structures team members work appropriately
- Resourceful in organizing & gathering people & space
- Recognizes & rewards people for their work
- Accepts role as team leader

Advanced Professional Behavioral Criteria

- Expediter
- Knows when to be decisive & press for results
- Carefully weighs consequences of contemplated action
- Brings people together successfully around tasks (team builder)
- Resourceful in organizing & gathering funds
- Organizes & manages big, long-term projects
- Facilitates responsibility for program development and modification

9. Making Decisions & Critical Thinking

Basic Professional Behavioral Criteria

- Translates strategy into action
- Raises relevant questions
- Considers all available information
- Utilizes scientific, professional literature
- Recognizes “holes” in knowledge base
- Recognizes own biases & suspends judgmental thinking

Intermediate Professional Behavioral Criteria

- Troubleshooter
- Critiques hypotheses & ideas
- Exhibits openness to contradictory ideas
- Assesses issues raised by contradictory ideas
- Distinguishes relevant from irrelevant data
- Displays scientific skepticism in current professional practice

Advanced Professional Behavioral Criteria

- Enjoys solving problems
- Knows who to involve on what issue
- Manages the process of decision making
- Identifies complex patterns of associations
- Demonstrates intuitive thinking; Distinguishes when to think intuitively vs. analytically
- Challenges others to think critically

10. Coping with Pressure & Adversity; Integrity

Basic Professional Behavioral Criteria

- Willing to admit lack of knowledge
- Doesn't hide mistakes
- Trustworthy
- Recognizes own stressors or problems
- Recognizes distress or problems in others
- Seeks assistance when appropriate
- Maintains professional behavior regardless of problem situation

Intermediate Professional Behavioral Criteria

- Capable, cool & positive in high pressure situations
- Deals well with setbacks-resilient
- Doesn't place own ambitions ahead of the organization
- Keeps balance between professional & personal life
- Demonstrates preventative approach to stress management
- Establishes support network for self

Advanced Professional Behavioral Criteria

- Assists others in recognizing stressors
- Offers solutions leading to the reduction of stress within the work environment
- Establishes support network for others

Appendix D

Pediatric Pulmonary Center Post-training Leadership Competencies and Outcome Measures

(ranked on a scale of 1- 5, with 1 = little/no importance and 5 = extremely important)

E = Essential

I = Important

D = Desirable

1. **Demonstrates clinical excellence (4.9)**

- E 1.1 participates in clinical training activities
- E 1.2 attains and maintains appropriate credentials/licensure for profession
- I 1.3 receives exemplary evaluations of clinical performance
- I 1.4 is an invited guest lecturer in clinical area of expertise
- I 1.5 participates in the development of clinical practice guidelines
- I 1.6 participates in the development/modification of policies and procedures
- I 1.7 is consulted by peers on clinical issues
- D 1.8 has received recognition or awards for clinical excellence

2. **Demonstrates ethics in practice (4.8)**

- E 2.1 incorporates ethical considerations into professional practice and/or teaching
- I 2.2 participates in discussions about ethical issues regarding patients and patient services
- D 2.3 participates on or refers to an ethics committee

3. **Demonstrates effective communication (written, verbal, and listening) and education skills (patient/family and professional) (4.7)**

- E 3.1 provides professional and/or non-professional education to others (patient/family education, community education, classroom lectures, continuing education, staff inservices, etc.)
- I 3.2 precepts/mentors students and/or staff members
- I 3.3 possesses good interpersonal skills
- I 3.4 participates in the development of educational materials
- D 3.5 authors or edits articles, book chapters, etc.
- D 3.6 receives positive evaluations of educational services
- D 3.7 has been recognized or awarded for excellence in teaching
- D 3.8 participates in grant or technical writing

4. Applies interdisciplinary team skills (4.6)

- E 4.1 demonstrates team building skills
- E 4.2 collaborates with various professionals from other programs
- E 4.3 participates in interdisciplinary team activities
- I 4.4 educates professionals from other disciplines

5. Applies principles of family centered care (4.5)

- E 5.1 includes families/caregivers in planning and decision making
- E 5.2 elicits and incorporates family feedback into policy and practice
- I 5.3 participates in family support activities

6. Establishes linkages with and uses community based resources (4.4)

- E 6.1 collaborates with community based providers
- E 6.2 provides consultation or technical assistance to others
- I 6.3 provides periodic updates on maternal and child health issues to community based providers
- D 6.4 participates in establishing services

7. Demonstrates professional development (4.4)

- E 7.1 attends professional educational offerings
- E 7.2 demonstrates self-directed learning
- I 7.3 has been promoted to or is in an advanced position
- I 7.4 actively participates in local, state, and/or national professional activities and/or organizations
- D 7.5 has attained additional formal education or credentials/certifications since traineeship

8. Incorporates the principles of health promotion/disease prevention into professional activities (4.3)

- E 8.1 applies health promotion/disease prevention guidelines, policies, and/or resources to professional practice
- I 8.2 facilitates patients in obtaining primary care services
- I 8.3 is involved in activities which promote health promotion/disease prevention
- I 8.4 works with at-risk communities/populations

9. Utilizes systems of care in serving families and children (4.3)

- E 9.1 is professionally involved in improving a maternal child health setting
- E 9.2 collaborates with community based providers
- I 9.3 participates in the creation and/or modification of systems of care

10. Applies principles of culturally competent care (4.3)

- E 10.1 demonstrates the ability to describe the cultural diversity within the population served
- E 10.2 participates in the development of and/or uses culturally appropriate materials, techniques, and tools
- E 10.3 provides culturally appropriate services
- I 10.4 identifies his/her own cultural background and how their perceptions affect working with others (professionals and families)

11. Demonstrates administrative, management, and strategic planning skills (4.2)

- I 11.1 participates in strategic planning
- I 11.2 functions in a managerial, administrative, or supervisory role
- I 11.3 participates in the development of guidelines, policies, or procedures
- D 11.4 is involved in negotiation and conflict resolution
- D 11.5 participates in budgetary management

12. Applies research principles to professional practice (4.0)

- E 12.1 critically evaluates research
- I 12.2 participates in the research process (i.e.: needs assessment, research design, data collection, manuscript preparation, demonstration projects, etc.)
- D 12.3 has authored published research articles
- D 12.4 has been awarded a grant or has received funding for research
- D 12.5 sits on a grant review panel
- D 12.6 serves as an editor for a research journal
- D 12.7 has received recognition or awards for research skills

13. Participates in advocacy and legislative processes (3.8)

- E 13.1 serves as an advocate for the maternal and child health population
- I 13.2 promotes maternal and child health issues as a priority in local, state, and/or national elections
- I 13.3 participates in policy related activities that affect maternal and child health at the local, state, and/or national level
- I 13.4 assists families and practitioners with the resources needed to participate in advocacy and legislative processes

14. Utilizes information resources and communication technology (3.7)

- E 14.1 uses computer based information systems and/or communication technology (search programs, Internet, e-mail, word processing, etc.)
- I 14.2 produces and/or uses appropriate educational audio and/or visual tools
- D 14.3 uses distance learning technology