



MATERNAL AND CHILD HEALTH LEADERSHIP SKILLS DEVELOPMENT SERIES

User Guide

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This work was funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, through an MCH Public Health Leadership Training Grant (#T76MC00003) to the Department of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health.

Cite as: Grason H, Ruderman M. 2007. Maternal and Child Health Leadership Skills Development Series: User Guide. Baltimore, MD. Women's and Children's Health Policy Center. Johns Hopkins Bloomberg School of Public Health.

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“You never hear about public health unless there’s something wrong.”

“We are often constrained by the political atmosphere.”

“I am dealing with intractable systems. I have to do end runs to get anything accomplished.”

“Everyone is doing ten (important) jobs.”

“I spend all my time with my fingers in the dike.”

“We often ‘neglect the humanity’ in our workplace.”

“Despite the challenges, people in this work are committed and passionate!”

Sound familiar?

It seems universally true that in our daily work routines we are challenged to do more with less, from within increasingly complex organizational settings. Regardless of one’s professional title and job description, and whether working within a community, state, or regional context, we face rapidly changing and diverse expectations. There are “impossible” demands on government, but little support for the work of public agencies, including those dedicated to improving the health and well being of women, children, youth and families.

In responding to these challenges, we have a number of options as organizations, professional working groups, or individuals. We can protectively draw within our shells, in the hope that the air will clear and the organizational and political environment will somehow on its own become more hospitable. Alternatively, we can—as individuals and as organizations—reach within to discover new strength and capabilities. We can call on our reserves, venture beyond our shells, and connect with others in ways that create new environments for accomplishing our goals.

The MCH Leadership Skills Development Series is based on the premise that we each, individually and collectively as organizational units or working teams, can make change happen.

Even small changes in the working environment can spark renewed productivity and clarity of purpose—and therefore more effective MCH professional practice. The MCH Leadership Skills Development Series was created to help you and your colleagues arrive at a shared understanding of leadership and forge new ways of working together toward common goals.

What makes this leadership skills training resource different?

Much ado is being made about leadership, and the quest to develop into a leader can seem a formidable challenge. With this new set of MCH-focused resources, we hope to demystify the development of leadership skills. By providing access to fundamental concepts of leadership, with examples and exercises specific to the MCH context, we hope to empower MCH professionals and students—emerging leaders at all levels of career and organizational development—to respond in new ways to the daily challenges of work and commit new energy to the achievement of MCH goals.

Leadership development programs and resources have proliferated across many fields. But the work environment for MCH professionals—particularly within public agencies—may make it difficult for staff to avail themselves of the many excellent resources and opportunities for leadership skills training. In an attempt to contribute to a solution, the Women’s and Children’s Health Policy Center at the Johns Hopkins Bloomberg School of Public Health has pulled together and synthesized materials relevant to leadership development and devised modular formats for use in local presentation.

We have attempted to bring leadership concepts to life in an MCH context, to make them more relevant to what a participant does in the next day and following weeks. Equally as important, we are making this series available on the web, so that “local talent” can facilitate leadership skills training in their own work settings.

Who should use the MCH Leadership Skills Development Series?

The MCH Leadership Skills Development Series was designed with state and local public MCH programs in mind but is equally applicable to nonprofits and federal agencies. Ideally, a mix of organizations and programs would be represented in a group training; the perspectives and experiences of various partners in the MCH system will enrich discussions and make group exercises more “true to life.”

Program staff at any level of the organizational hierarchy will benefit from participation. This Series is based on the premise that everyone is capable of exerting leadership and creating positive change, no matter where they sit in an organization. Additionally, we believe that leadership development is an ongoing process; leaders are continually learning and “becoming” and have never truly “arrived.”

The capacity to recognize and nurture personal leadership strengths, and the skills to create synergy in collaborative work, are as important for public health graduate students as for practicing MCH professionals. The MCH Leadership Skills Development modules can be incorporated into public health training curricula to equip students to exert leadership in any professional setting. We encourage MCH professionals in practice to consider holding joint training workshops with their MCH academic partners (graduate students, fellows, and junior faculty in particular). School of Public Health faculty also might be called upon to facilitate training activities.

Overview of the MCH Leadership Skills Development Series

The MCH Leadership Skills Development Series is a compendium of both original content and resources adapted from a variety of sources. We relied heavily on the strategic leadership workshops led by Henry Mosley and Ben Lozare at the Johns Hopkins Center for Communication Programs and the Collaborative Leadership Learning Modules developed by the Turning Point Program. Drawing from these and other sources for key concepts and skill sets, the MCH Leadership Skills Development Series asks what it means to lead specifically in the context of maternal and child health programs. While the principles of leadership may be universal, they are made more concrete through application to participants’ real work experiences.

Module Content and Components

Module 1, *Tapping Into Your Leadership Potential*, lays the groundwork for subsequent modules, exploring what it means to be a leader and how leadership comes into play in each participant's personal and professional lives. Each subsequent module delves further into a specific skill or set of skills introduced in Module 1. Module 2, *Creating Shared Vision*, and Module 3, *Building and Supporting Teams*, have been completed and are available online. Module 4, *Negotiating Conflict*, is under development, with an expected release date in January 2008. Over coming years of this project, we intend to develop additional modules on systems thinking, communication, mentoring, and other topics consistent with the Maternal and Child Health Bureau's [MCH Leadership Competencies](#) (see below).

Maternal and Child Health Leadership Competencies

I. Self

1. MCH Knowledge Base/Context
2. Self-reflection
3. Ethics & Professionalism
4. Critical Thinking

II. Others

5. Communication
6. Negotiation & Conflict Resolution
7. Cultural Competency
8. Family-Centered Care
9. Developing Others
10. Interdisciplinary Team Building

III. Wider Community

11. Working with Communities and Systems
12. Policy and Advocacy

Source: MCH Leadership Competencies Workgroup (editors), *Maternal and Child Health Leadership Competencies, Version 2.0* (February 2007).
<http://leadership.mchtraining.net/>

Each module offers a mix of presentation and exploration in different learning modalities:

- a video “mini-lecture” presenting key content and themes,
- interactive group discussion questions and exercises,
- a case study with discussion prompts and hands-on exercises,
- video clips from interviews with MCH leaders,
- individual self-reflection exercises,
- and an individual leadership development planning worksheet.

The modules are designed to accommodate great flexibility in use. The starting point for each module is an outline that lays out each component, with estimated time frames, in a suggested sequence. Depending on the time available and purposes of the training, a group might choose to go through a module (or modules) in its entirety, or use only certain components.

How to use the MCH Leadership Skills Development Series

The MCH Leadership Skills Development Series allows users to conduct their own training sessions, within their own time frame and in their own settings. These resources require no travel, can be used without an external facilitator, and are provided free of charge on the web. Unlike many distance learning courses, however, these training modules are intended at least partially for use in face-to-face groups. While most of the components can be used in some fashion by individuals alone, they will have maximum impact when undertaken with a group of colleagues. Discussion and group interaction are critical to the process.¹

When planning your leadership skills training, consider opportunities to include external partners and colleagues. Consumer/family representatives, academicians, colleagues from community-based organizations—and others—may appreciate an invitation to participate, not only building their own leadership capacity but expanding the capacity of the MCH system through enhanced communication and relationship building. Many of the exercises in the MCH Leadership Skills Development Series will be more effective if a variety of vantage points are represented. For example, exercises that accompany the case study require viewing a problem from different professional and organizational perspectives. For tips on including external partners in group processes, see the Module 3 video lecture on “Building and Supporting Teams.”

The modules can be used in tandem or alone, with a mix of on-site and distance learning components. The outline for each module presents a menu of options—all interrelated, but each useable on its own or as part of other professional development activities. The estimated time frames provided on the module outlines are intended to assist users in identifying “chunks” that will work within time and resource constraints.

While most of the components can be used in some fashion by individuals alone, they will have maximum impact when undertaken with a group of colleagues.

Using the modules on your own

Though the MCH Leadership Skills Development Series was designed for use by groups, it does lend itself to individual study as well. Group discussion questions can be used as journaling activities, and case study exercises can be completed on one’s own. You may wish to invite colleagues to think about the questions (or, for example, watch video clips, or read the case study) on their own and hold a brown bag lunch discussion. Alternatively, you might set up an online forum for discussion (e.g., listserv, bulletin board, blog). You may want to structure your use of the training materials around personal “assignments.” For instance, you could watch one video clip every day, or once a week, and think about the concepts or issues as you go about your day-to-day work. A mentor and mentee could select module components to discuss over lunch.

Using the modules as part of other leadership and professional development activities

Perhaps currently you are not interested in setting up a stand-alone leadership skills training, or you already have a training program in place. Components of the MCH Leadership Skills Development Series (e.g., video clips, discussion questions, group exercises, case study) can be incorporated into other forums, such as new staff orientation, other leadership skills training activities/workshops, or continuing education courses. School of Public Health faculty can incorporate the case study or video clips of interviews with MCH leaders into their courses.

¹ Opportunities for online dialogue with MCH professionals around the country may be incorporated into the MCH Leadership Skills Development Series website in the future. Users wishing to conduct entirely web-based group trainings will need to create that forum through their own agencies/institutions or other technical assistance resources.

You may wish to use selected module components at the outset of a team-dependent task. For example, a working group that meets to undertake an activity (e.g., Title V Needs Assessment, drafting a grant proposal, strategic planning) might view selected video clips about what makes a team effective and discuss what it means for their work together. A person tasked with convening a group or team might watch the Module 3 video lecture on Building and Supporting Teams as s/he begins planning.

Using the modules, in part or in full, on their own

The modules provide a stand-alone training package that can be used in sessions of varying lengths and depth, and with groups of various sizes. The venue and format for use can be tailored to fit your particular needs—for example:

- staff meetings or retreat;
- annual state MCH conference;
- workshops offered by the state/central office for local health agency staff and partners.

Examples of module components used within various time frames follow. *These examples are not intended to be exhaustive. Please use the feedback feature on our website to let us know how you are using the MCH Leadership Skills Development Series. We will update these examples with your ideas and suggestions.*

Format/Venue	Time Frame	Examples of Module Components Used
Ongoing staff meetings	Once a month, 45 to 60 minutes out of the usual 90-minute meeting are allocated to leadership skills training.	<p>A) View one video lecture (approx. 20 minutes) and use remainder of the time for group discussion.</p> <p>B) Participants read the case study in advance and then, as a group, go through selected discussion questions and exercises.</p> <p>C) View and discuss selected video clips.</p> <p>D) Participants view a video lecture in advance. As a group, hold a discussion of the key concepts presented, using discussion prompts from module outlines as necessary/appropriate. Participants complete the brief self-assessment tool and discuss as a group. Participants fill out the Individual Leadership Development Plan and receive feedback from the group.</p>
Retreat or workshop	Half- or full-day meeting.	<p>A) Complete a full module in 2.5 to 4 hours (depending on how many video clips viewed, how much time is devoted to discussion, etc.).</p> <p>B) Complete two modules in a full-day meeting.</p> <p>C) Hold a series of half- or full-day retreats over a period of several months. Participants keep journals between meetings and bring real-life problems, experiences, and case examples to serve as the basis for group discussion, problem solving, and role playing.</p>

Baseline expectations and “prerequisites”

These modules provide MCH-specific leadership skills training and, as such, participants and users of these modules should be well versed in the mission and structure of public MCH programs. The “MCH Public Health 101” topic in the Maternal and Child Health Bureau’s online MCH Timeline (<http://mchb.hrsa.gov/timeline/>) is a great starting point for basic MCH history and information about the Title V program.

Beyond some basic MCH knowledge, the only requirements for the training are those that should be part of any group interaction—respect, honesty, engagement and inclusion. Providing appropriate materials in advance of group meetings, doing one’s “homework” before meetings, and being respectful of and soliciting all participants’ viewpoints are important factors in creating a comfortable and positive learning environment.

The role of the facilitator

The MCH Leadership Skills Development Series is not a “scripted” training package, but the facilitator does not need to be an expert. Each module includes discussion prompts and group exercises, and videos (with PowerPoint handouts) present core concepts and anecdotes that can be used as the basis for discussion. The facilitator does play a crucial role setting the tone for the meeting, in planning for the training session, and moving participants through the agenda.

Setting the tone. The ideal facilitator has experience leading group processes, is skilled at engaging people in dialogue, and is trusted by the participants. The facilitator should be comfortable with an open process of reflection and discovery. While the facilitator may not be able to actively participate in discussions and group exercises, s/he does set the tone for these activities by modeling respect and honesty and creating a safe environment for self-reflection.

Planning for the training session. Key points of concern for the leader or facilitator include:

- Who to include in the planning,
- Who to invite to participate,
- Which modules or module components to use,
- How to structure the meeting,
- What materials and instructions participants need in advance,
- What materials and other assistance are needed during the meeting, and
- How to follow up for continued learning beyond the initial meeting.

The materials and equipment needed for each component are listed on the module outlines.

Moving through the agenda. The group discussions and exercises lend themselves to variety of group facilitation techniques. For example, the introductory mini-lecture video for Module 1 might lead into a discussion of how participants define or recognize leadership. This discussion could be structured in many different ways:

- a) Participants suggest leadership qualities or skills, and the facilitator writes them on a flip chart (or dry erase board, or computer monitor). These qualities/skills could then be summarized into a group definition of leadership, or simply left up as a backdrop for subsequent work.
- b) Participants could be asked to write three (or more, or fewer) critical qualities or skills of leaders on index cards or Post-It notes, which are tacked to a wall. After everyone has a chance to read all of them, the cards are grouped into common themes and used to draft a group definition of leadership.

- c) A more open-ended discussion format could be used, without recording. Then, after going through further video clips, the case study, and other group exercises, the facilitator might come back in a more structured way to the question of what makes a good leader, recording participants' ideas and highlighting common themes.

Suggestions for facilitating each component are included in each module, but the facilitator will need to carefully consider the audience, group dynamics, and time frame in planning for the training session. Some general facilitation tips follow.

The following facilitation techniques and tips appeared in the CAST-5 Planning Guide, prepared by Karen VanLandeghem for the Women's and Children's Health Policy Center in October 2005, and were adapted from Varela F and Chene R, Introduction to Group Facilitation Skills Course Outline, University of New Mexico, 1999.*

Seven Deadly Sins of Facilitation:

The facilitator:

1. Chooses which comments are worthy to be recorded on flip charts.
2. Interprets the words that are spoken and records the interpretation, instead of recording what is said.
3. Permits the group to wander away from the stated objective for an extended period of time and/or ignores agenda time lines.
4. Permits the ground rules to be broken without taking visible, corrective action.
5. Is perceived as losing neutrality and favoring one position over another.
6. Speaks emotionally charged words at a session attendee or permits a session attendee to speak emotionally charged words to another and does not take visible corrective action.
7. Allows an atmosphere of distrust or disrespect to build between him/her and the session attendees.

Brainstorming

Brainstorming is an idea-generating technique in which a group of people throw out their ideas as they think of them, so that each has the opportunity to build on the ideas of others.

The discipline of brainstorming is maintained by four basic rules. However, the informality of the process generates an atmosphere of freedom. The rules are:

1. No evaluation of ideas
2. Encourage wild ideas and "out of box" thinking
3. Hitchhike—build on the ideas of others
4. Strive for quantity

There are three methods of brainstorming:

1. *Free wheeling:* Group members call out their ideas spontaneously. The scribe records the ideas as they are suggested.
2. *Round-robin:* The facilitator asks each member, in turn, for an idea. Members may pass on any round. Ideas are recorded as in free wheeling.
3. *Slip method, or all-on-the-wall:* The facilitator asks group members to write down their ideas on half sheets of paper, large post-it notes, or index cards. Facilitator asks members to write down one idea per sheet or card as legibly as possible. The ideas are collected and put up on a wall for all to see. The ideas are organized into categories by the group or the facilitator with the help of the group.

*VanLandeghem K, Ruderman M, Grason H, Varela F, and Silver G, 2005. *CAST-5 Planning Guide*. Washington, DC: Association of Maternal and Child Health Programs; and Baltimore, MD: Women's and Children's Health Policy Center, Johns Hopkins School of Public Health.

Where to get more information

For more information about the MCH Leadership Skills Development Series, contact Holly Grason or Marjory Ruderman at the Women's and Children's Health Policy Center.

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Additional resources for leadership skills training can be found in the Resources section of the MCH Leadership Skills Development Series website.

Please visit the Feedback section of the MCH Leadership Skills Development Series website to let us know how you are using these materials. As we receive feedback and tips, we will update our guidance with your ideas.