Interprofessional Leadership Training in MCH Social Work
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The need to train health social workers to practice interprofessionally is an essential goal of social work education. Although most health social workers have exposure to multidisciplinary practice within their field work, few social work education programs incorporate interprofessional learning as an integrated component of both course work and field experiences (McPherson, Headrick, & Moss, 2001; Reeves, Lewin, Espin, & Zwaranstein, 2010; Weinstein, Whittington, & Leiba, 2003). In addition, little is written about the kinds of curricula that would effectively promote interdisciplinary training for social work students. These findings are particularly puzzling since there is increasing and compelling evidence that interdisciplinary training improves health outcomes (IOM, 2001). This article describes a social work education program that incorporates an Interprofessional education and leadership curriculum.
for Maternal and Child Health Social Work (MCHSW) at the University of Maryland’s School of Social Work. The University of Maryland’s Interprofessional Training Model is described along with the components needed to formulate an interdisciplinary learning experience. Various outcomes and lessons learned are discussed.

KEYWORDS maternal, child, health, social work, interprofessional, leadership training, curriculum

The need to train health social workers to practice interprofessionally is an essential goal of social work education. Similarly, most health professions recognize the need for interdisciplinary training and service provision (Barr, Hammick, Koppel, & Reeves, 1999; Ruebling et al., 2000; Reeves et al., 2010). In fact, the World Health Organization crafted interprofessional education (IPE) standards as early as 1970 that supported the establishment of a number of associations dedicated to interprofessional education, such as the Interdisciplinary Professional Education Collaborative (IPEC) (United States), the Centre for Advancement of Professional Education (CAIPE) (United Kingdom), and the Centre for Professional Education Advancement (CPEAP) (Australia) (Barr et al., 1999). Within the United States, health professionals, legislators, and policymakers, continue to recognize the need for collaboration between universities and health care providers (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011; Corrigan, 2000). Research suggests that promoting social work services within the health care setting supports effective health care prevention and treatment (Freshman, Rubino, & Chassiakos, 2010; Kenny, Sparks, & Jackson, 2007). National organization such as the Council on Social Work Education (CSWE, 2010) also promotes collaboration between the professions.

Although most health social workers have exposure to multidisciplinary practice within their field work, few social work education programs incorporate interprofessional learning as an integrated component of both course work and field experiences (McPherson et al., 2001; Reeves et al., 2010; Weinstein et al., 2003). In addition, little is written about the kinds of curricula that would effectively promote interdisciplinary training for social work students. These findings are particularly puzzling since there is increasing and compelling evidence that interdisciplinary training improves health outcomes (McPherson et al., as cited in IOM, 2001).

In addition, with the passage of the Patient Protection and Affordable Care Act along with the evolving health models of medical home and transitional care, there is additional need to develop team-based care models incorporating collaboration, streamlined communication, and cross-profession training. Interprofessional training will become a necessary
component to health education as we prepare our workforce to provide effective, safe, and quality health care.

This article describes a social work education program that incorporates an Interprofessional education and leadership curriculum for Maternal and Child Health Social Work (MCHSW) at the University of Maryland’s School of Social Work. The University of Maryland’s Interprofessional Training Model is described along with the components needed to formulate an interdisciplinary learning experience. The University of Maryland’s IPE training program provides a hands on, problem focused, transformative longitudinal experience promoting both leadership enhancement and interprofessional cultural competence. It differs from other IPE programs that promote simple classroom affiliation, or workshop education–based interventions focusing on team work or collaboration. Various outcomes and lessons learned are discussed.

PROMOTING THE INTERPROFESSIONAL EDUCATION ENVIRONMENT

The literature describing Interprofessional Education (IPE) is confusing, as various terms are used to describe this process, such as multi, inter, cross, and joint professional education. Words such as cross discipline, interdisciplinary, interprofessional, and so on are often used interchangeably. However, the term *Interprofessional education* appears most relevant to our present discussion because it avoids the confusion the term “interdisciplinary practice” often evokes, as when used to describe cooperative interaction between two or more health disciplines that may be in the same profession, (i.e., when the pediatrician works cooperatively with the neurologist or cardiologist). In order to avoid this confusion, most prefer the term Interprofessional and, define IPE “... as when healthcare professionals learn together, learn from each other, and/or learn about each other's roles in order to facilitate collaboration in patient care” (CAIPE, 1997, as cited in McPherson et al., 2001, p. ii47). Bruder (2000) suggests that if we want students to develop cooperative working relationships across disciplines, we must educate and socialize them within interprofessional environments. In fact, it is our view that interprofessional training should occur throughout the entire course of professional health education. Learning to work interprofessionally reshapes prejudicial attitudes perpetuated by many health disciplines (McPherson et al., 2001). Within IPE education, creating understanding across professions is as important as any skill.

Perhaps the best way to learn about other professions is to actually spend time training and working with them (Horder, 1995, p. 158, as cited in Connor, 2003). Collectively, these objectives lay the groundwork for a model that allows students to develop interprofessional competencies.
At the University of Maryland’s program, these principals are operationalized by having trainees develop an interprofessional course focused on a health care topic in combination with a student-run, semester-long community service project. In this sense leadership development is not simply an academic exercise but instead, a transformative hands-on experience while promoting leadership development.

UNIVERSITY OF MARYLAND INTERPROFESSIONAL TRAINING MODEL: OPERATIONALIZING IPE

The University of Maryland Center for Maternal and Child Health Social Work Education is one of three national programs, supported by HRSA (Maternal and Child Health Bureau), to promote public health social work education and prepare the next generation of MCH leaders. A major focus of training is to develop innovative inter disciplinary practice and a service delivery curriculum. During the past 10 years, this project has successfully developed interprofessional, MCH curriculum for the schools of Medicine, Nursing, Law, Social Work, Pharmacy, Public Health, and Dentistry. This array of professional schools on the UMB campus provides a unique opportunity to craft innovative inter disciplinary training curriculum. In each situation, social work serves as the profession organizing the learning activities.

THEORETICAL UNDERPINNINGS OF IPE

Four basic assumptions about interprofessional education guide and direct the curriculum:

1. Trainees learn best through hands-on experiential activities and working directly with other disciplines over time.
2. IPE is best taught with adult learning strategies implemented in both the clinical/community and classroom settings.
3. Trainees should be involved in all aspects of IPE curriculum planning.
4. Decision making and power is shared equally between trainees.

Each of these assumptions are employed to promote longitudinal interprofessional learning, with a focus on both clinical and classroom learning opportunities, and teaching students to recognize and challenge prevailing hierarchical structures preventing collaboration. We emphasize the relational or interactive components across professions as the primary focus of our curriculum. This relational focus addresses issues of power (who makes decisions), hierarchy (how is labor divided in the health care
setting), professional culture (how are we socialized within our professional groups), professional roles (what are a profession’s tasks, clinical responsibilities, and scope of practice), and team interaction (communication, problem solving, conflict management). These relational aspects of “team” informing our curricula are drawn primarily from the theory of micro-sociologists Tajfel and Turner’s (1986) Social Identity Theory. The theory suggests that our self-concept and identity emanate from our unique group affiliations. Through a process of group association we construct our identity and learn how to act and behave appropriately within our social world. Tajfel (1982) suggests that social identity is constructed from experiences with members of various groups that are salient to the individual including their professional affiliations. As Miller and Prentice (1994) suggest, Social Identity Theory is interested in how the group is expressed within the individual rather than how a person acts within the group. Thus, a person’s self-concept is intimately tied to group interaction. These interactions create a socialization context or process and ultimately become the culture of the group. According to Abrams and Hogg (1990) members will attempt to maintain their self-esteem by defending and preserving the ascribed values. The quest for positive social identity (Sedikides & Strube, 1997) creates perceptions and attributions that promote their group affiliations in a positive light. This interactive framework is used to preserve the group by providing members with ways to interpret and evaluate information and construct impressions and activities that preserve the status quo. This interaction manages group culture by constructing reality consistent with perceptions of their self-concept. Although efficient, these stereotypes become overly simplistic and bias judgment and action and must be managed for effective interprofessional team work. Paradoxically, they can never be fully eliminated as they are required to maintain some boundaries between professions.

PREPARING TRAINEES TO CRAFT AN INNOVATIVE IPE COURSE

Each year six MSW students are competitively selected to participate in a year-long leadership training experience in Maternal and Child Health Social Work. For their participation, each scholar is given a $7,000 stipend to assist with their tuition and educational expenses. As a component of this leadership training curriculum, students develop an interdisciplinary training course that combines classroom and field practicum for participants drawn from the six health care disciplines (identified above) on campus. These responsibilities are above and beyond their course work and field experiences required for the MSW.

The social work leadership trainees (known as MCH Scholars) are responsible for developing and implementing all aspects of the course
structure, which include selection of the mini-semester topic, creating an interprofession planning group, identifying speakers, crafting the course structure, writing a proposal outlining the project, marketing the course, fund raising to support their community service, enrolling students, administering the course, developing the community partnership, designing and implementing relevant service projects, evaluating all outcomes, assigning grades, compiling a final report, presenting their proposal and final report to a panel of MCH experts, and passing on their experiences to a new generation of leadership students.

Interprofessional training is woven into the fabric of scholar’s year-long experience. The training activities facilitate interaction with diverse students, professionals, and educators that represent a wide variety of health professions. Student scholars meet weekly to plan their project and develop their proposal. Trainees also receive instruction and supervision by the MCH Doctoral Fellows and Project Director about interprofessional education and its application to social work areas of grant writing, preparing and delivering professional presentations, and constructing a leadership portfolio. Also discussed and promoted are relevant social work concepts, such as tolerance for conflict, negotiation of boundaries, willingness to confront competitiveness, and so on (Dewees, 2004). Finally, real life examples of interdisciplinary issues are drawn from Scholars’ experiences with planning and implementation of their community service project.

Related to each of these leadership curriculum objectives are Interprofessional education outcome competencies that include:

1. An ability to work effectively with other health care professionals within a community and classroom setting.
2. An ability to describe and respect their professional role, its scope of practice, and history of their profession and licensure.
3. An ability to describe, respect, and understand other health care professionals’ roles and responsibilities and scope of practice.
4. Understand the concepts of professional culture and an increased willingness to work across professions within a clinical setting.
5. Effectively address conflicts with other professions while promoting teamwork and collaboration.

MCH DOCTORAL FELLOWS

The MCH doctoral fellows are a vital component to the trainee’s success in the IPE program. Fellows are second year or higher social work doctoral students competitively chosen for their career interest in MCH. Two fellows participate within the project each year and are committed to the doctoral fellowship for 2 years. They are chosen on alternate years and designated
as a junior fellow (first year) and senior fellow (second year) to promote continuity of the program goals and curricula. The senior fellow acts as the “team leader” on the project and helps to train the junior or incoming fellow to assume this leadership role in the subsequent year. Fellows offer training, guidance, and support to the trainees. The Fellows help the trainees brainstorm and implement programmatic strategies and to manage problems that arise. Initially, the fellows provide a great deal of structure for the trainees. Over time scholars (MSW student trainees) are encouraged to take on more and more of the planning and problem-solving activities. The ultimate goal for the fellows, however, is to assist the social work trainees to take full ownership of the project.

INTERDISCIPLINARY MINI-SEMESTER COURSE

Each year the six social work leadership trainees/scholars develop and implement an interdisciplinary mini-semester course on a health topic relevant to students enrolled in the seven professional schools on the UMB campus. Participant schools include Medicine, Nursing, Social Work, Pharmacy, Dentistry, Law, and Public Health. Typically this weekend course is held during the winter break and between semesters to accommodate significant differences around academic/school-based schedules. The structure of the course involves 2 days of intensive class room experience and full participation in a community service project during the spring semester. The course is formally offered for 1 elective credit to any interested student from the professional schools. Course topics are selected to engender interprofessional interest. For example, this past year’s interdisciplinary course focused on substance abuse and pregnancy. The previous year’s topic dealt with infant mortality. Other minimester topic have included the development of sustainable nutrition and gardens for urban families, women and HIV/AIDS, childhood asthma, childhood obesity, domestic violence, homelessness, breast feeding, and oral/dental health. Selected topics have medical, psychological, social, and legal aspects that easily translate into interprofessional interest at the student, faculty, and community level, even though topics may change from year to year based on student interest and salience of the health care concern.

Selecting a Topic

Several informal summer planning meetings are held for the six incoming MCH scholars with the goal of brainstorming potential topics for the upcoming year’s mini-semester and community service projects. Trainees are given general guidelines for choosing a relevant topic that meet the following criteria:
1. The topic impacts most children and families
2. Focuses on health promotion/disease prevention
3. Able to be placed in an interdisciplinary context
4. Generates significant interest from interdisciplinary students
5. Evidence-based literature is available on the topic
6. Must be able to secure local experts to lecture during the minimester
7. Associated community service projects are feasible

Each year, scholars are expected to develop and facilitate collaboration with community partners. Incoming MSW scholars have the choice of working with the same community partner as previous cohorts or facilitating new community collaborations. The choice in how to proceed is always given to the students, as this promotes their ownership of the project.

Initially, Scholars conduct a literature search on 2–3 potential topics of interest. The final choice for the topic is made a week prior to the beginning of the school year during their leadership retreat in August. A blackboard online site is created as a vehicle for student communication about their literature search. This is significant because the use of the Internet poses potential solutions to some structural barriers related to communication in IPE (Connor, 2003).

The final choice for the topic is made in August, a week prior to the beginning of the school year during the leadership retreat. During the retreat, students are allotted time to present their topics of interest and participate in an in-depth discussion about the feasibility of each researched topic. Students are asked to consider potential community partners for the community service project. The topics are presented, discussed, the pros and cons debated, and a single focus selected. Again, students are responsible for making the selection.

Writing the Proposal

Following the selection of a topic, scholars write a detailed simulated Request for Proposal (RFP) focused on the mini-semester and community service project. The RFP is designed to document the rationale and implementation process of their interprofessional project and develop trainees’ skills in grant writing. It is written as though they are requesting grant money to facilitate their project. Components of the grant simulation proposal include goals, objectives, curriculum, budget, budget justification, rationale for project, and special concerns and program priorities (Health People 2020, underserved populations, and cultural competence). Once the document is complete, it is reviewed by several individuals including the Fellows, the Director, and a panel of MCH experts. This document becomes the road map to assist Scholars to implement their project.
The document: (1) produces a framework students work from to create their project, (2) Assists Scholars in working through domains of the project (e.g., budget, donations), (3) compels Scholars to provide arguments as to why the project should be funded, (4) provides grant writing experience to the trainees, and (5) stimulates negotiation, conflict resolution, and leadership among the group.

Creating an Interprofessional Planning Group

The trainees are responsible for creating all aspects of the interdisciplinary mini-semester course, which incorporates and reflects the needs and interests of the students from the disciplines across the campus. As such, the trainees create interprofessional planning sessions that are comprised of interested students and faculty from the various schools on campus. Interest and attendance in these interprofessional planning sessions are generated through multiple mass e-mails, fliers, and contact with on-campus student interest groups, and promotion via word of mouth. Attendees at the interprofessional planning sessions are asked to provide input related to: (1) the choice of professors from their respective schools or within the community to teach the content at the mini-semester, (2) recruitment strategies to maximize student involvement, and (3) approval of the course through their own individual school’s administrative structures (approval by their schools curriculum committees or Associate Deans).

Structure and Coordination of Interprofessional Minimester Course

The interdisciplinary input received from the students in the interprofessional planning sessions is essential to enroll students from various disciplines. Enrollment is challenging because each profession has their own unique academic infrastructure including diverse dates for the academic calendar year and structure for the approval of new courses, registration for the course, and assignment of grades. For example, the school of social work has the longest winter break of all schools on campus; therefore, scheduling the course too late in January may deter students in other schools who may have already started their spring courses. Additionally, input received in the interprofessional planning meetings helps the trainees identify the appropriate persons within each school to approve and advertise the course for their students. In some schools this may mean that the course needs to be approved by a committee, whereas in others it may be approved by one person such as an Associate Dean.

Finally, each health discipline possesses its own professional culture and traditions that shapes the educational experience, determines the salience of various symbols, core values, customs, dress, the meaning, attribution,
and etiology of symptoms, as well as definitions of health, wellness, and treatment success. Professional culture defines the ways and means for distributing power within the work environment, resolution of conflicts and managing relationships between team members and constituents. This notion of Profession Centrism (Pecukonis, Doyle, & Bliss, 2008) presents significant obstacles that must be addressed.

Identifying Expert Speakers and Trainers

Students from the various disciplines are asked to identify or nominate professors they feel could contribute to the selected minimester topic. Considerations for faculty participants include presentation style and their ability to engage students and expertise in the topic area. This is important because students are the best resource for identifying excellent teachers. Trainees or students may also seek the participation of community or governmental organizations that have a particular interest in their chosen topic. Trainees formally invite and coordinate all speakers.

Crafting and Implementing the Course Structure

Based on the literature review, needs of the community partner, and feedback from the interprofessional planning group, Scholars develop a course outline for the 2-day workshop. They incorporate at least one lecture on interdisciplinary practice and may opt to dedicate more time during the minimester to this issue. The trainees craft the course in such a way that each discipline’s perspective on the topic is presented. In addition, they ensure that there is minimal overlap in the presentations. Ideally, a parent or other community partner will be included as a presenter. The trainees are also responsible for creating a short paper or assignment for participants, which they also grade under the guidance of the MCH Fellows.

MCH INTERPROFESSIONAL COMMUNITY SERVICE PROJECT

In conjunction with the interdisciplinary minimester course, interprofessional trainees are responsible for participating in an interprofessional community service project implemented within the Baltimore City community. The service project is a unique intervention strategy aimed at addressing the MCH issue addressed within the classroom seminar. The service project is an extension of classroom learning, focuses on interdisciplinary cooperation,
and forges academic/community partnerships. This interdisciplinary experience promotes cross-discipline understanding and breaks down professional-centric cultural barriers that often prevent health disciplines from working collegially.

Developing the Community Partnership

The choice to work with a community partner from previous years is largely based on the goodness of fit between the existing community partner and the chosen topic for the year. If the Scholars decide to work with the existing partner, a new agreement is made for the current school year. To help with this decision, the scholars conduct a needs assessment of the chosen community partnership in order to identify as the goodness of fit and possible community service needs. The MCH trainees meet regularly with their community partner during the year in order to promote buy-in to the project via solicitation of ideas, needs, and concerns. The community partners also help address issues related to community participation.

Designing and Implementing Service Projects

The structure for the community service projects is developed by the trainees with an attempt to leave some decisions up to the students who participate in the minimester. The type of community service project itself varies based on the topic and the needs and interests of the community partner. However, the mini-semester class is broken down into smaller groups, which are interdisciplinary by design. That is, the trainees structure the sign-in sheets for the community service groups to have a cutoff number of students from a particular discipline based on the enrollment in the mini-semester class. While the Scholars are not actual participants of the community service groups, they oversee the groups’ progress and monitor participation of the individual members of each group. In this sense they provide supervision to the interprofessional teams. Each community service group is provided with a modest budget from which to conduct their project. Additionally, each group is encouraged to secure additional funds via fund raising in order to complete their projects.

Passing on Experiences to New Generations of Leadership

The passing on of experiences to a new generation of trainees is important for continuity of the grant project. The main vehicle for this communication is the final report. The final report provides information not only about the
trainees’ accomplishments, but also on lessons they have learned. For example, a recent MCH Leadership group discussed their challenges managing a tight implementation time frame for their projects. As a means of passing on their experiences and assisting the incoming group of MCH students, they submitted a suggested timeline of activities based on their experiences. The doctoral fellow provides continuity from one year to the next. In this way, the fellow provides the institutional memory for the group. This is possible because the fellow actually serves a 2-year term on the project, while the trainees are committed to the program for one academic year.

EVALUATING OUTCOMES

Evaluation of the Community Service and Minimester Projects

The interprofessional trainees are required, via their simulated grant proposal, to ensure that evaluation tools are established related to the project as a whole. Although trainees are allowed to develop their own tools for evaluation each year, they typically include those evaluation tools that are established as a part of the project, namely: the course evaluations and the final report. The course evaluations are a standardized form, consistent with the school’s course evaluations. These evaluations are completed during the last day of the class. The final report is a required aspect of the simulated grant proposal. Via the final report, the leadership trainees conduct a self-evaluation of their learning as a direct response of each of their activities and passing on knowledge to future generations of MSW Scholars.

Evaluation of the MCH Leadership Development Program

Over the past 9 years, 58 MSW Scholars and 8 Doctoral Fellows have participated in the MCH Leadership Development Program. Approximately 25% or (16) Scholars graduated with joint MSW/MPH degrees coordinated with the Johns Hopkins Bloomberg School of Public Health and/or the University of Maryland’s MPH program.

Yearly interprofessional mini-semester courses along with eight concurrent community service projects were held involving professional students from the schools of Medicine, Nursing, Pharmacy, Dentistry, Law, Social Work, and Public Health.

Table 1 lists the various training outcomes for MSW Scholars and Doctoral Fellows between the years 2004–2012. Each year, six MSW Scholars and one Doctoral Fellow were enrolled in the program. The number of interprofessional school students participating in mini-semester course work and community service ranged from 20 to 86 (mean = 51 students per year). Student topic selections varied from year to year but were timely
and engendered significant interest across campus. It remains our belief that students need to select the topic for the year-long project. This approach promotes ownership of the process and reflects student interest. Community partnerships also varied from topic to topic and year to year of the project. Ongoing and sustained partnerships with community groups have been an elusive goal given student’s diverse interest in course content. Typically, new community partners are identified each year.

Since 2004 the school’s Center for Maternal and Child Health Social Work Education has recruited and graduated 58 long-term MSW trainees (six long-term trainees per year). Mini-Semester Course Evaluations Course evaluations for each of these offerings suggest that class room learning was highly valued by participants. Over 96% of all trainees reported that the quality of the training was excellent/good. Approximately 86% felt the course taught the concepts and skills of working as an interprofessional team. Approximately 80% felt that the course information was practical and applicable to an MCH population. Finally, almost 95% of all participants noted improvement in their understanding of the MCH topic and would refer their peers to take the course. For 98% of students, this was the first time in their professional school career that they sat in a classroom with members of other health disciplines addressing a health topic.

Follow-Up Phone Surveys

To assess the impact of the program in promoting MSW Scholars’ commitment to work within an MCH environment following graduation, efforts were made to contact each graduate by phone to identify their present work environment and the impact training had on their career choices and preparation

### TABLE 1 Outcomes of Leadership Training From 2004–2012

<table>
<thead>
<tr>
<th>Year</th>
<th># of MSW scholars (1 yr)</th>
<th># of newly enrolled MCH Doctoral Fellows</th>
<th>MSW/MPH degree enrolled</th>
<th>IPE course developed (topic)</th>
<th># of IP participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003–2004</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>Breast Feeding</td>
<td>20</td>
</tr>
<tr>
<td>2004–2005</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>Childhood Obesity</td>
<td>30</td>
</tr>
<tr>
<td>2005–2006</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>Childhood Asthma</td>
<td>36</td>
</tr>
<tr>
<td>2006–2007</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>Childhood Obesity</td>
<td>40</td>
</tr>
<tr>
<td>2007–2008</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>Oral Health Care</td>
<td>56</td>
</tr>
<tr>
<td>2008–2009</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>Women the changing face of AIDS</td>
<td>86</td>
</tr>
<tr>
<td>2009–2010</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>Nutrition for Urban Families</td>
<td>70</td>
</tr>
<tr>
<td>2010–2011</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>Infant Mortality</td>
<td>60</td>
</tr>
<tr>
<td>2011–2012</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>Substance Abuse and Pregnancy</td>
<td>68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>58</strong></td>
<td><strong>8</strong></td>
<td><strong>13</strong></td>
<td></td>
<td><strong>466</strong></td>
</tr>
</tbody>
</table>
for their first job. Fifty-eight graduates were eligible for this follow-up survey. Approximately 50 of these students were interviewed by phone, resulting in a response rate of approximately 85%. During this phone conversation, each graduate was asked about employment history, and impact and importance of their social work training as an MCH Scholar. Forty-eight or 96% of students interviewed noted their appreciation for the training received and how this training had prepared them to work across professions more effectively. Based on this follow-up survey 49 or 84% of graduates interviewed are now employed full time as MCH social workers and practicing within the mid-Atlantic region. An additional three trainees or 5.1% of this group are employed part time in MCH social work settings. The remaining 7 or 12% of these trainees are either unemployed, back in school pursuing a doctorate degree, working in a field other than social work, or engaged in social work in a non-MCH area. MCH practice settings include hospital, academic, and community health settings with clients ages birth through adolescence. Work environments include both clinical and policy appointments. Approximately 52 or 90% felt that their social work education had prepared them to work effectively at their first MCH job.

Impact on Social Work Health Curriculum
As a result of grant-related activity, the Maternal and Child Health curriculum subspecialty is now fully integrated within the University of Maryland School of Social Work curriculum. Since 2003 there has been a significant increase of Master of Social Work students expressing an interest in careers in maternal and child health. For example, during the past 5 years enrollment within the MCH sub-specialty has averaged approximately 22 students per year. This represents a 68% increase in MCH enrollment since 2003. Approximately 40 students per year select the health concentration as their specialty focus. Over half of that number now enrolls in the MCH subspecialty.

Lessons Learned and Future Directions
Lessons learned have been used to enhance the MCH Leadership Development project. Some lessons are derived from the actual process of working with the trainees, while others emerged as a result of the trainees’ formal evaluation of the MCH Leadership Development Program. For example, in the earlier phases of the program the director became aware that students often experienced confusion regarding the exact role of the fellow, due in part by their perception that they had two leaders: the fellow and the director of the program. As a result, a decision was made to support the Fellow’s role as supervisor and mentor with the Scholars. This allowed the project director to provide support to the Fellow in their role as a teacher and supervisor while maintaining a clear hierarchy.
Given the demands of this program for trainees, it became important to identify student tasks and expectations during the early stages of training. We found that developing a 2-day retreat to select a topic of focus for the year was a useful time to establish expectations for the year. Issues such as dealing with ambiguity, creating programs when there is no “roadmap,” and reporting to supervisors and administrators are invaluable professional experiences that arise as part of this program. We found that addressing these issues early and tracking them throughout the process allowed trainees a valuable learning experience. We have found managing these issues is much easier if the trainees expect them up front, in addition to processing them as they occur. We have also learned that making time during the second semester to “unpack” their perceptions about the group (as conflicts between group members are predictable) and the experience is critical to help consolidate learning and create a process for ending in the spring semester. Students are placed under significant stress and demand throughout the program. Not only do they have leadership training responsibilities but they are also enrolled in full-time study with classes and field work.

As you might expect, conflicts arise and, at times, emotions run high between Scholars. However, these experiences simulate real life, work-related demands that we assist students in working through. Through this working through it is our perception that students develop skills and competencies in dealing with work-related stress and demand. We stress the importance of self-reflection, awareness, and mindfulness throughout this work. The Doctoral Fellows provide the majority of this support and instruction and thus develop a close working relationship with the Scholars. The provision of the $7,000 stipend is useful in both promoting recruitment and retention of Scholars in the program.

In addition, we have learned which types of students benefit from the MCH Leadership Development Program. First, group composition is important, given that the students will likely experience the many stages of group development (norming, storming, and performing). Diversity is beneficial for the group in terms of demographics, as well as in terms of experience, age, gender, and race. For example, a group that is composed of students who have collectively had many of the experiences that the program provides will less likely feel fulfilled by the program requirements than those Scholars that are eager to learn and perceive the experiences as new and helpful to their professional development. This feeling may be diminished by encouraging the trainees to “empty their cup” or stretch themselves emotionally and intellectually while remaining open to new learning experiences. In addition, this feeling can be minimized by including trainees who may have experienced some aspects of the leadership development program (e.g., grant writing) but not others (e.g., creating a mini-semester course). The key is to select students who will benefit from the activities offered and be stretched emotionally, interpersonally, and professionally.
Our experiences suggest that training social work students within an interprofessional leadership development curriculum supports their decision to work in the MCH field following graduation. However, additional data needs to be collected on their evolving leadership roles within these employment positions. Most students noted their increased level of comfort in working across disciplines because of this training, which supports the notion that early exposure to IPE during a student’s education promotes a more open ability to work across disciplines following graduation (Bruder, 2000).

REFERENCES


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