



DISCOVER. LEARN. GROW.

Maternal-Child Health (MCH) Nurse Leadership Academy: *Developing Leaders*

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Sigma Theta Tau International
Honor Society of Nursing®

Johnson & Johnson





LEARNING OBJECTIVES

1. Describe the MCHNLA, including purpose and outcomes.
2. Describe how the MCHNLA helps to address the UN MDGs and relates to the USAID Survive & Thrive Global Development Alliance.
3. Discuss the Kouzes-Posner Leadership Challenge framework.
4. Discuss the mentored leadership model, including the role of faculty, mentor and scholar.
5. Describe the schedule and process to apply for the next cohort.

MCHNLA 2014-15 Cohort



International Leadership Institute (ILI)



In 1993, STTI created the International Leadership Institute (ILI) to focus on developing nurse leaders through mentoring relationships, self-assessment, continuing nursing education, experiential learning, and professional development resources.

INTERNATIONAL LEADERSHIP INSTITUTE (ILI) ACADEMIES

- Maternal-Child Health Nurse Leadership Academy
- Geriatric Nursing Leadership Academy
- Nurse Faculty Leadership Academy
- Maternal-Child Health Nurse Leadership Academy-
Africa

Growing

Growing

Growing

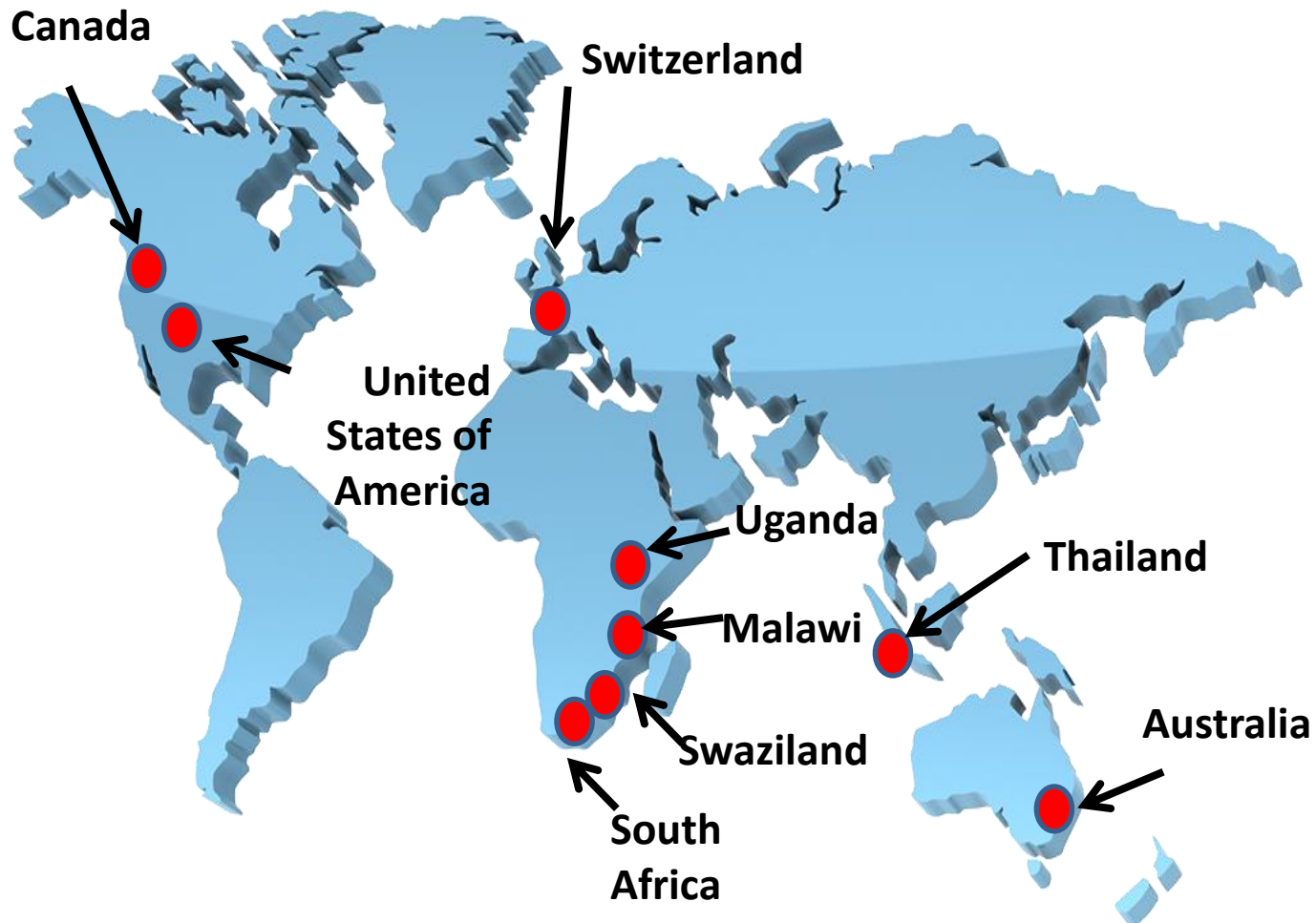


MCHNLA Since 2004
Currently in 6th Cohort

GNLA Since 2008
Currently in 4th Cohort

NFLA since in 2010
Currently in 2nd cohort

MCHNLA Africa since 2012
**Currently in 1st cohort as a full
academy**



ILI Academy Participants Since 2004

172 Dyads from 9 Countries; 37 US States; 2 Canadian Provinces

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ILI ACADEMY GOALS

- Individual leadership development
- Advancement of nursing education and nursing in the clinical setting – through a team-based leadership development project
- Organizational change

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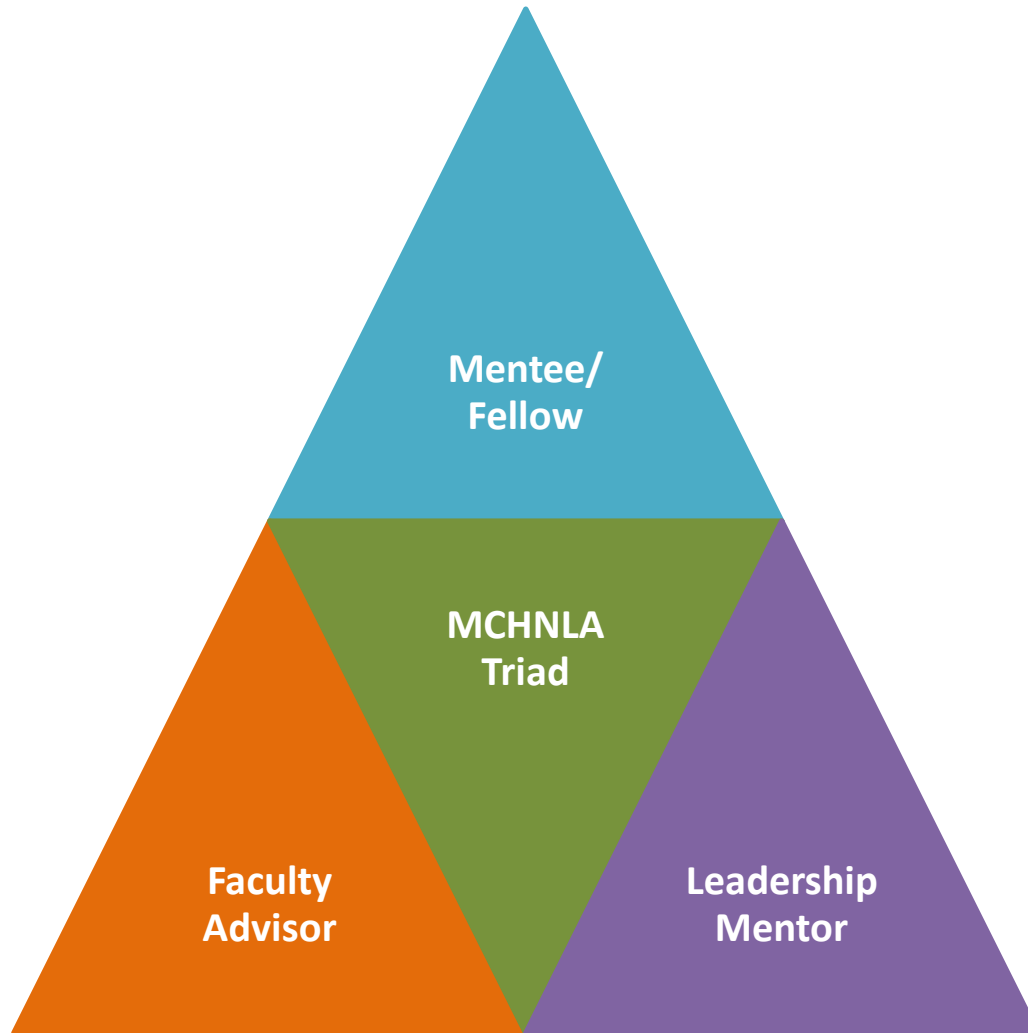
MCH NURSE LEADERSHIP ACADEMY OVERVIEW

The academy is designed to develop the leadership skills of maternal-child health nurses and nurse midwives to effectively lead inter-professional teams to improve the quality of healthcare for childbearing women and children up to 5 years old.

MATERNAL-CHILD HEALTH NURSE LEADERSHIP ACADEMY

The Maternal-Child Health Nurse Leadership Academy (MCHNLA) **developed** and **facilitated** by **experts** in maternal-child health and organizational development, is an 18-month, mentored leadership development experience.

ACADEMY TRIAD RELATIONSHIP



A decorative header image featuring several glowing light bulbs of various shapes and sizes, set against a dark, textured background. The bulbs are arranged in a cluster, with some in the foreground and others slightly blurred in the background, creating a sense of depth and illumination.

THE IDEAL CANDIDATE

The ideal candidate for MCH Academy – individuals who want to develop their leadership capacity to influence practice and policies that have a positive impact on patient outcomes.



MCH TESTIMONIAL

“The confidence I have gained through my participation in the academy has been invaluable. I have grown as a leader and have reignited my passion for nursing. I have been encouraged to take on increasing responsibilities within my job role – most notably precepting, which allows me to help shape the future of nursing.”

2012-2013 Fellow

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MCH TESTIMONIAL

“It gave me the leadership ‘key’ to pursue a new position, to know how to network and research.”

2012-2013 Fellow

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ILI ACADEMY STRUCTURE

Each Participant:

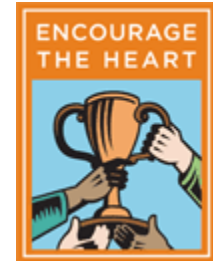
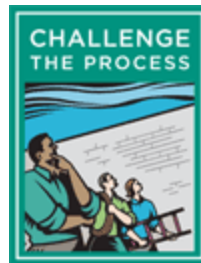
- Makes an 18 month commitment
- Is part of a triad relationship
- Completes evaluations that measures their leadership practices, skills and knowledge
- Works with a Leadership Mentor to develop a leadership plan
- Develops and manages an inter-professional team project
- Attends workshops (2) and site visits (2)
- Disseminates project outcomes at STTI Convention

ILI ACADEMEY LEADERSHIP DEVELOPMENT

- The Leadership Challenge® - Jim Kouzes and Barry Posner

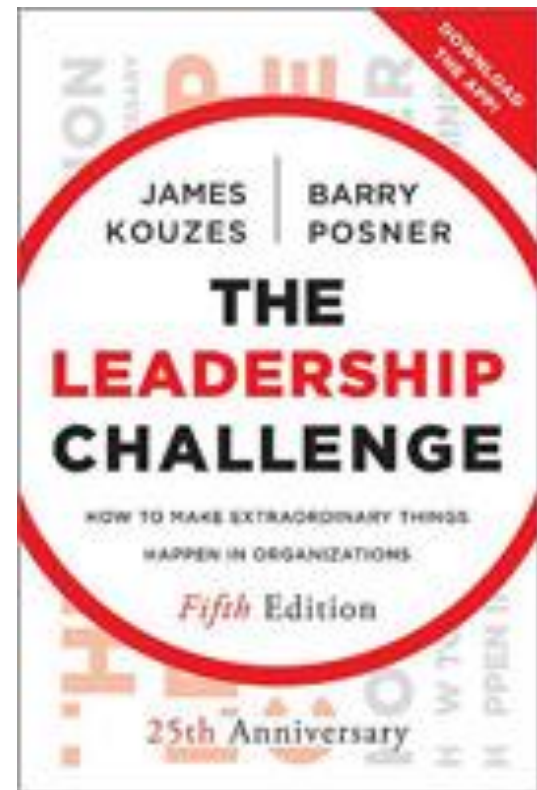


- The Five Practices of Exemplary Leadership®



THE FOUNDATIONAL LEADERSHIP MODEL

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart



LEADERSHIP DEVELOPMENT AS AN ANSWER

Studies show investment in leadership development (www.ccl.org):

- Improve bottom-line financial performance
- Attract and retain talent
- Drive a performance culture
- Increase organizational agility



LEADERSHIP DEVELOPMENT: EVIDENCE

Bersin & Associates found that companies with strategic approaches to leadership development are:

- 84% more effective at increasing the quality of their leadership pipeline
- 73% more effective at improving overall employee retention
- 67% more effective at increasing the engagement, retention and teamwork of leaders

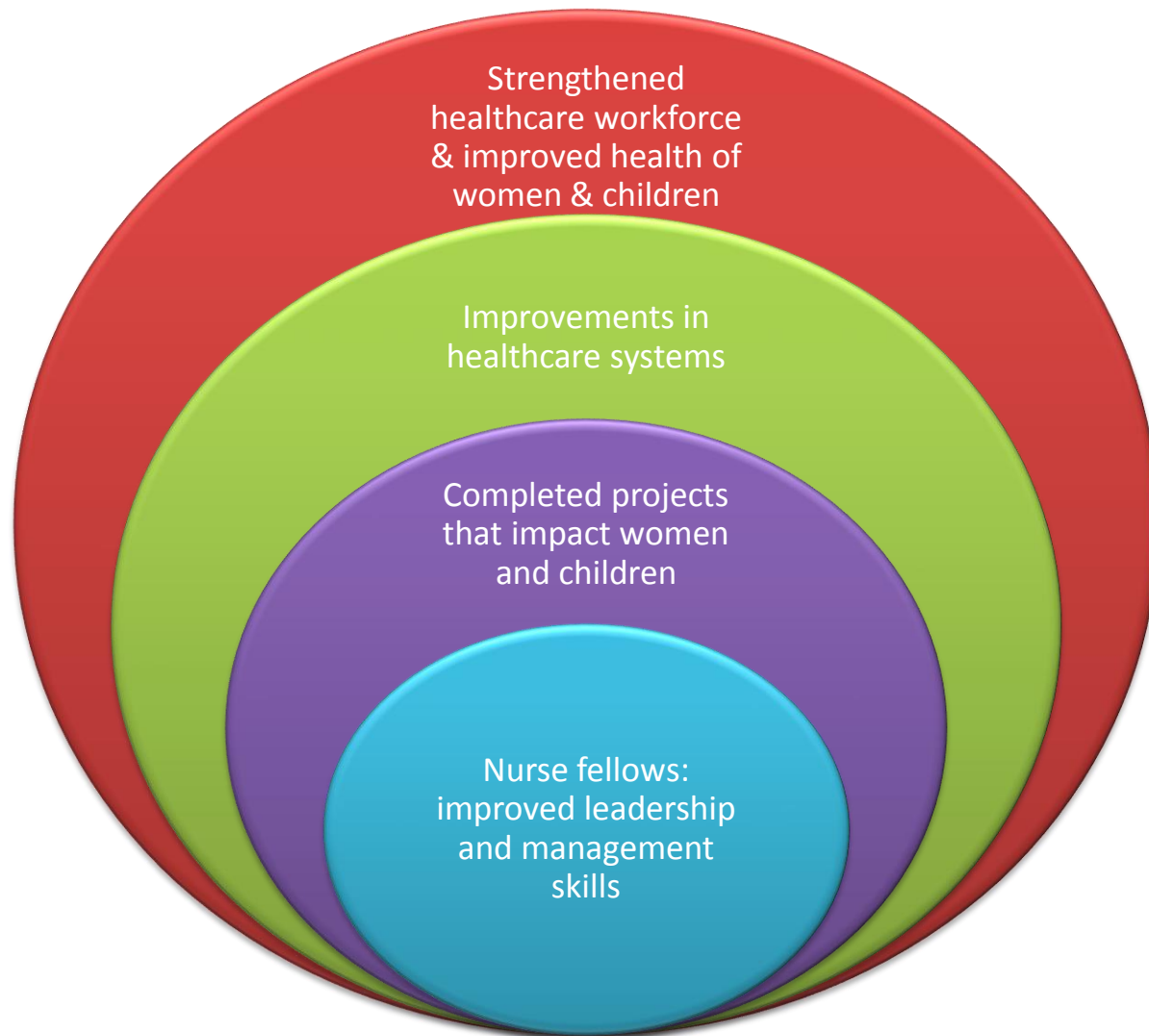


STTI LEADERSHIP



The philosophy and focus of this Academy is learning about, and practicing, leadership – with a clinical focus

Shared theory of change



MCH AFRICA



THE CURRENT COHORT

THE NEED FOR MATERNAL-CHILD HEALTH NURSE LEADERS IN AFRICA

***“Women are not dying because of diseases
we cannot treat ...
they are dying because societies have yet to
make the decision that their lives are worth
saving”***

Fathalla, M.F., *Global trends in women's health. International Journal of Gynecology & Obstetrics*, 1997 58(1): p. 5 - 11.

<http://www.unicef.org/mdg/maternal.html>



UNITED NATIONS MILLENNIUM DEVELOPMENT GOALS (MDGS)

MDG 4:

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

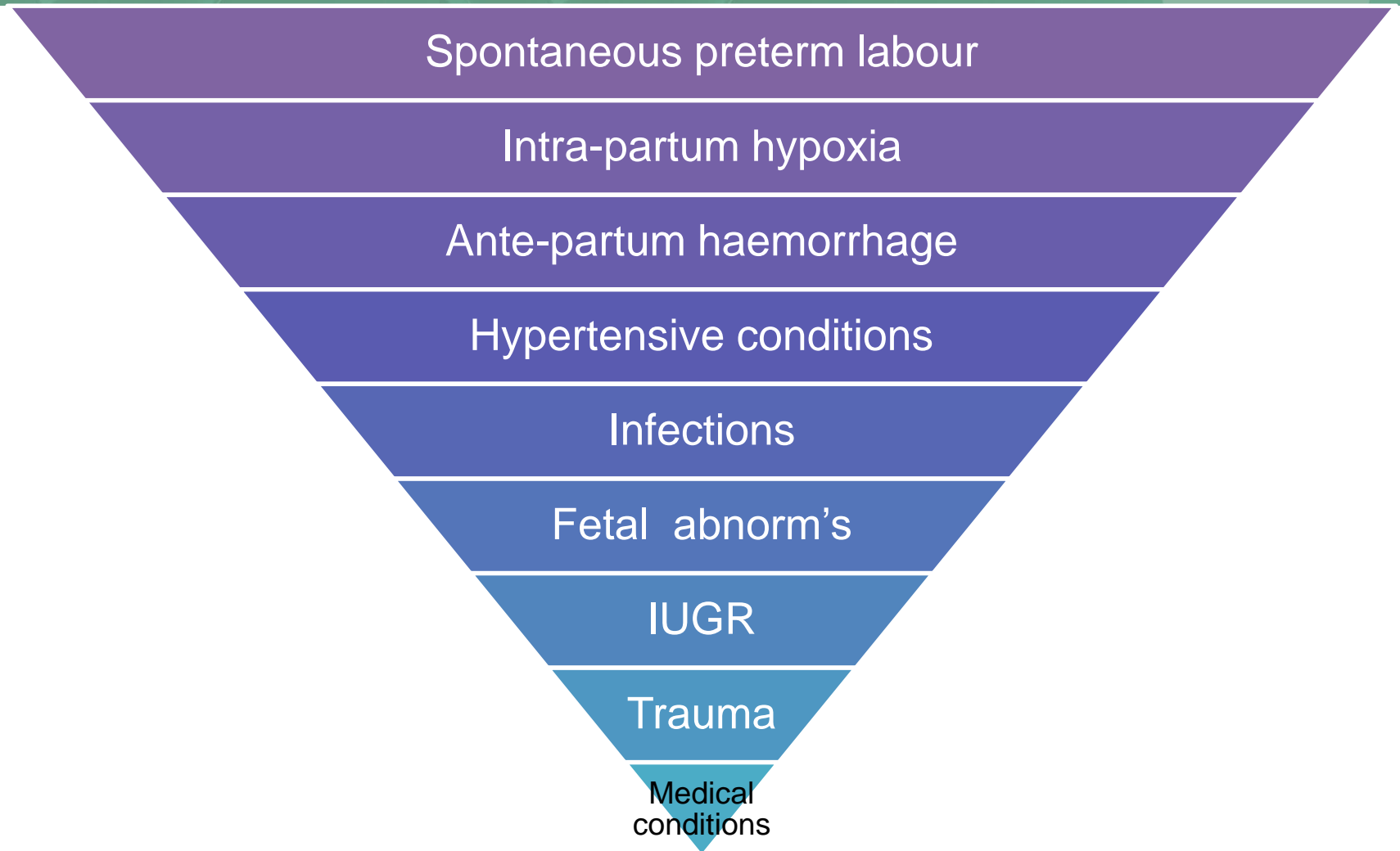
MDG 5:

Improve maternal health

MDG 6:

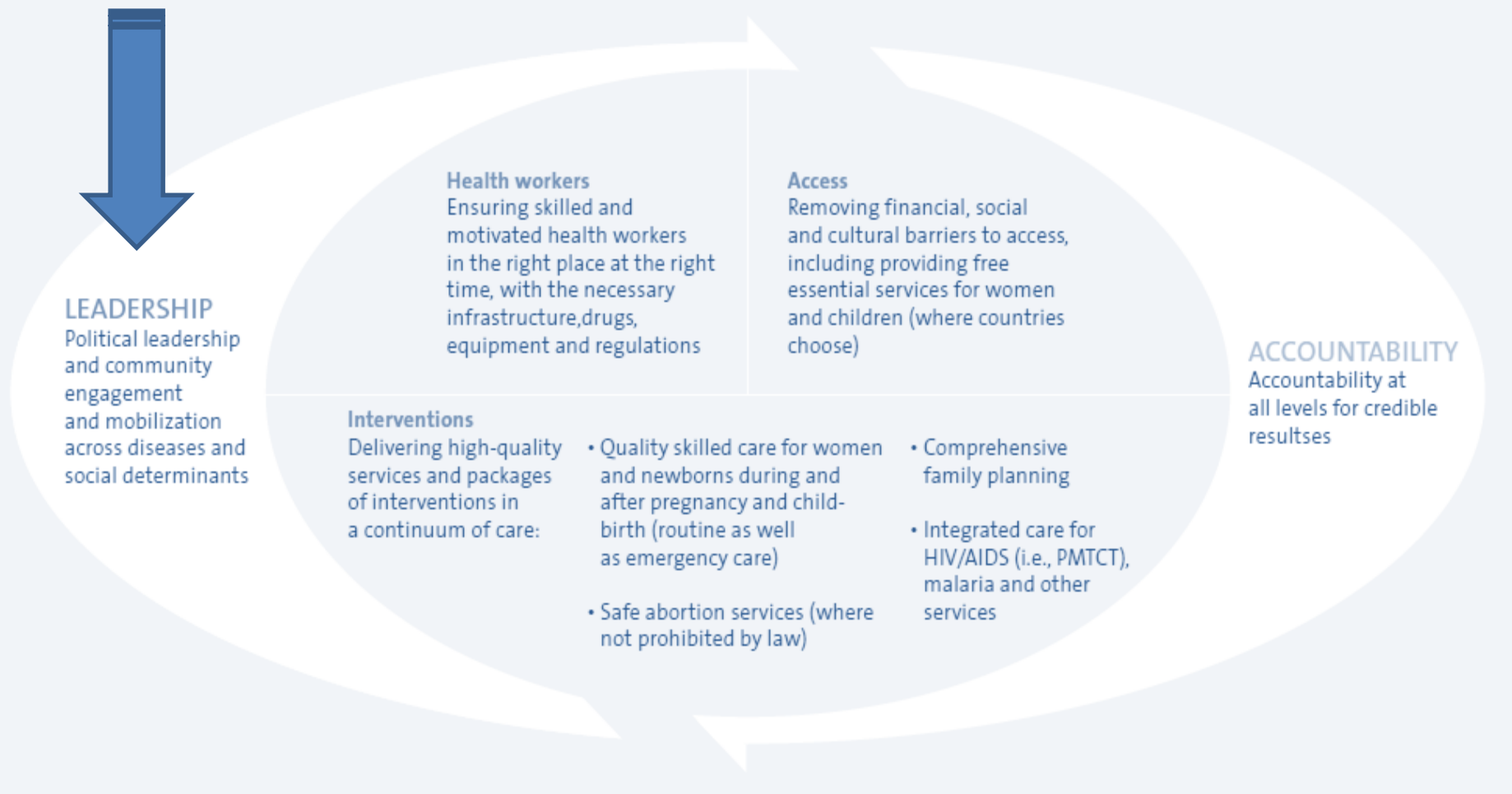
Combat HIV/AIDS, malaria and other diseases

PRIMARY CAUSES OF PERI-NATAL DEATHS



Towards the MDGs 4, 5 & 6

FIGURE 4: Priorities of the Global Strategy for Women's and Children's Health



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SURVIVE AND THRIVE

- Every year 290,000 mothers and 7.6 million children under five die. 3.1 million of these are newborns.
- Survive and Thrive is a public-private partnership that engages U.S. pediatric, Ob/Gyn, and midwifery membership organizations with the private sector and the U.S. Government to collaborate with international and national professional associations and global health scholars to strengthen maternal, newborn, and child health programs.
- The goal of Survive & Thrive is to increase utilization and impact of high-quality, high-impact maternal, newborn, and child health interventions in health facilities.

SURVIVE AND THRIVE

Priority Interventions

Maternal Health

- ➔ Basic and comprehensive emergency obstetric care
- ➔ Prevention and management of postpartum hemorrhage and eclampsia
- ➔ Long acting reversible and permanent contraception
- ➔ Prevention and management of maternal and health care acquired infections

Newborn Health

- ➔ Newborn resuscitation
- ➔ Immediate essential newborn care
- ➔ Prevention and management of newborn and health care acquired infections
- ➔ Prevention and management of preterm/low-birth weight newborns
- ➔ Newborn screening and management

Child Health

- ➔ Prevention and case management of pneumonia and diarrhea
- ➔ Positive child development outcomes
- ➔ Prevention and management of non-communicable diseases
- ➔ Prevention of health care acquired infections

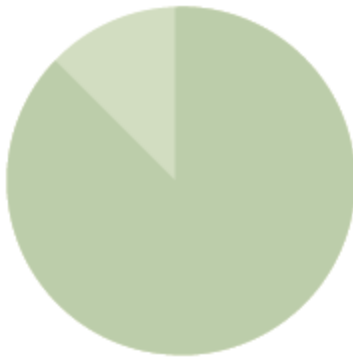
survive & thrive



ACADEMY OUTCOMES

MCH IMPACT DATA

MCH PROJECTS



90%

of projects are sustained due to policy changes and improved patient care.



50%

of projects served as a catalyst for other projects aimed at improving the health and well-being of mothers and babies.

MCH IMPACT DATA

MCH PARTICIPANTS



67%

of participants report receiving rewards and recognition since joining the academy.

34%

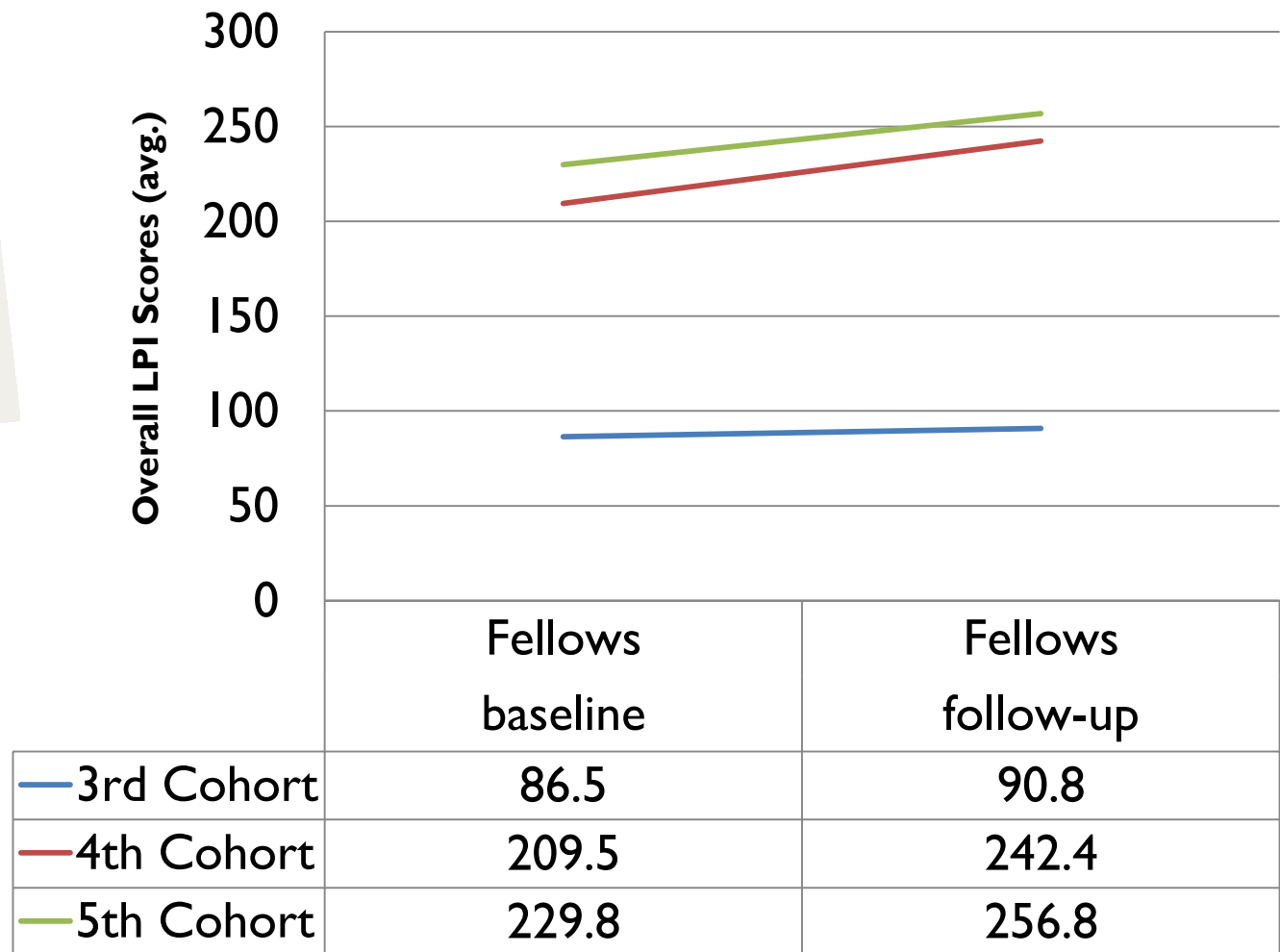
of participants report receiving promotions after joining MCH.

MCH IMPACT DATA

Fellow's Leadership Behaviors

11%

Leadership Practices Inventory (LPI) scores for academy Fellows have increased, on average, by 11%.

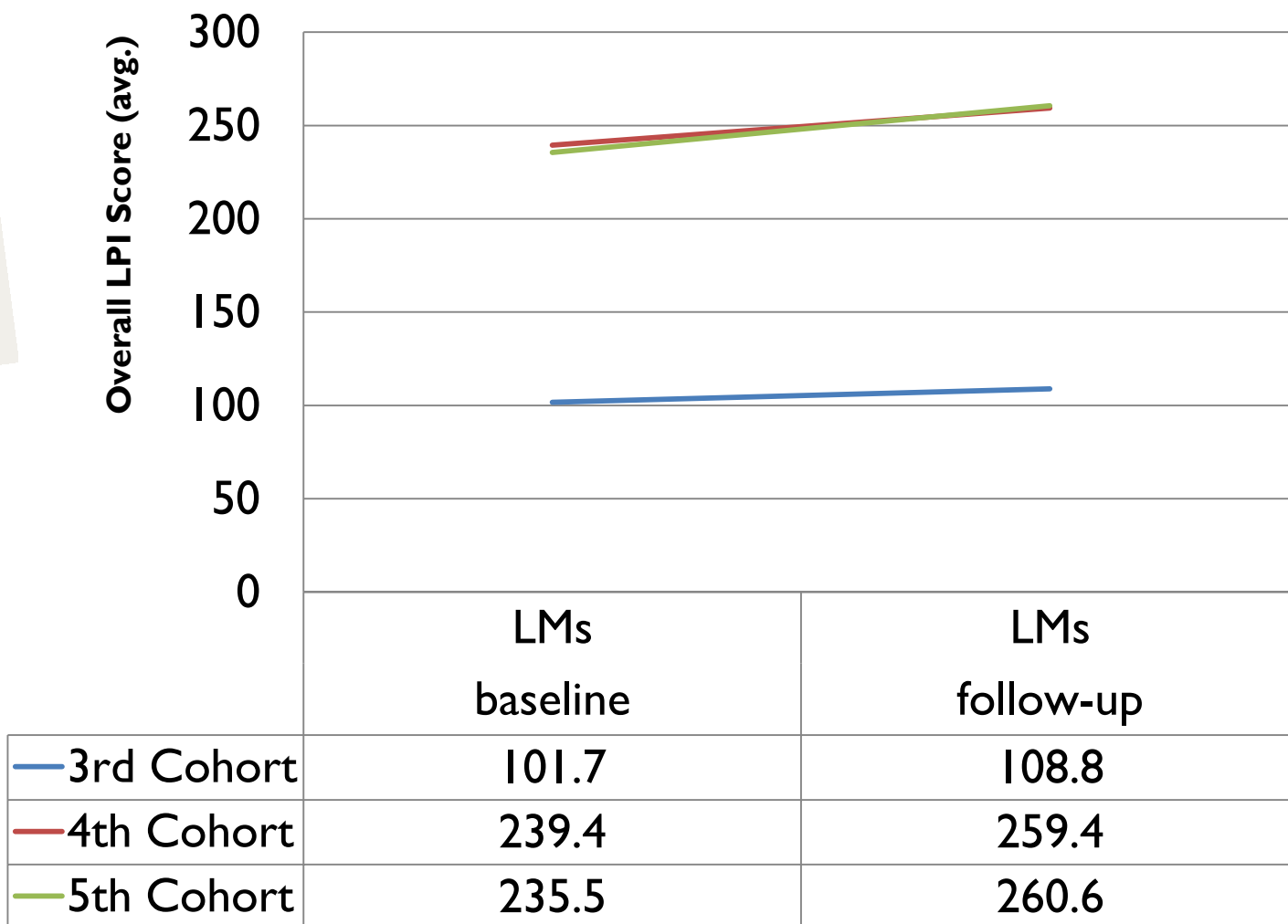


MCH IMPACT DATA

Leadership Mentor's Behaviors

9%

LPI scores for academy
Mentors have increased,
on average, by 9%.



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2016-2017 Cohorts

APPLICATION PROCESS

MCH FELLOW EXPECTATIONS

- Select a Leadership Mentor who will guide them through their leadership development over the 18-month period
- Attend two intensive workshops with their chosen Leadership Mentor
- Design an individualized leadership development plan with guidance from their Leadership Mentor and Faculty Advisor (assigned by STTI)
- Implement and manage an inter-professional team leadership project that results in practice outcomes and aligns with the mission and vision of the Fellow's association/organization/institution (A/O/I).
- Facilitate two site visits (at least one in-person) with triad
- Present leadership project outcomes poster at STTI's Biennial Convention
- Attend academy celebration activities at STTI's Biennial Convention

MCH LEADERSHIP MENTOR EXPECTATIONS

- Not the Fellow/Mentee's direct supervisor
- Familiar with the Fellow/Mentees's practice setting
- Agrees to champion, advise and advocate for the Fellow/Mentee
- Demonstrates the leadership characteristics required of a Leadership Mentor

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FACULTY ADVISOR EXPECTATIONS

- Participates in the academy's online application review and selection process as a reviewer
- Participates in curriculum development, presentation and evaluation; advising and mentoring
- Works with other MCH Nurse Leadership Academy faculty advisors, STTI and Johnson & Johnson staff to achieve program goals and objectives

MCHNLA in AFRICA



THE NEED FOR MATERNAL-CHILD HEALTH NURSE AND MIDWIFE LEADERS IN SUB-SAHARAN AFRICA

Maternal mortality: WHO Key facts

- Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth.
- 99% of all maternal deaths occur in developing countries.
- Maternal mortality is higher in women living in rural areas and among poorer communities.
- Young adolescents face a higher risk of complications and death as a result of pregnancy than older women.
- Skilled care before, during and after childbirth can save the lives of women and newborn babies.
- Between 1990 and 2013, maternal mortality worldwide dropped by almost 50%.

Child Mortality: WHO key facts

- 6.3 million children under the age of five died in 2013.
- More than half of these early child deaths are due to conditions that could be prevented or treated with access to simple, affordable interventions.
- Leading causes of death in under-five children are preterm birth complications, pneumonia, birth asphyxia, diarrhoea and malaria. About 45% of all child deaths are linked to malnutrition.
- Children in sub-Saharan Africa are more than 15 times more likely to die before the age of five than children in developed regions.

CONTEXT: CLINICAL SETTINGS from the SA PILOT



Potchefstroom
hospital



Klerksdorp
hospital



Wilmed park
hospital
(private)



Potchefstroom
clinic



Mafikeng clinic



SOUTH AFRICA PILOT PROJECTS

Implementing Kangaroo Care in a level 2 hospital

Using mobile text messaging to enhance wellbeing in pregnancy

Facilitation of optimal use of the partogram

Quality improvement of in-hospital postpartum care

"Taking your preterm baby home" discharge programme

Enhancing early testing for HIV during pregnancy

MCHNLA – AFRICA PROJECTS

Uganda

- Initiating Birthing Partner Support In A Low Risk Maternity Unit
- Improving the Quality Of Care for the Sick Newborn: Focusing on Kangaroo Mother Care and Breastfeeding

Malawi

- Improving quality of care for neonates with birth asphyxia through the Helping Babies Breath program at Chiradzulu District Hospital
- Monitoring of magnesium sulphate to improve quality: A case study at Queen Elizabeth Central Hospital, Blantyre

Swaziland

- The influence of nutrition education on maternal and child health of postpartum women in in the National Referral Hospital, Swaziland

2014-2015 SOUTH AFRICA PROJECTS

Establishment of a midwifery obstetric unit in Seshego hospital, Limpopo Province, South Africa

Contributory factors towards perinatal and infant mortality in Jubilee Hospital

Strengthening WHO signal functions

Quality Improvement: Optimal Intrapartum Foetal Monitoring


Quality Improvement Initiative to improve Family-Centred Caring in NICU

Improved recordation on the Partogram by empowering the midwives in the Labour Unit

Improvement of Record Keeping of Maternity Case Reports at Kgabo Community Health Centre

SUSTAINABLE PROJECTS



<div>  <div> health <small>Department of FREE STATE PROVINCE</small> </div> </div> INTRAPARTUM Cardiotocograph Check CTG running at 1 cm/min				
	Reassuring	Non-reassuring	Abnormal	Comments
Fetal heart rate (bpm)	110-160	100-109 161-180	< 100 >181	
BTB Variability (BPM)	5 bpm or more	< 5bpm for 40min or more but < 90 min	< 5bpm for 90 min or more	
Accelerations	Present	None		
Decelerations	None	Early Variable Single prolong < 3 min	Late Atypical variable Single prolong > 3 min	
Contractions	Maximum of 5/10min Lasting ≤ 60 sec Return to baseline pressure between contractions		< 3 or > 5 contractions/10min < 20sec or > 60sec Not returning to baseline pressure in between	
Opinion (MARK YOUR OPTION!)	Normal CTG (All 5 features)	Suspicious CTG (1 non-reassuring feature)	Pathological CTG 2 or more non-reassuring or 1 or more abnormal	Facility
Dilatation		Head Above Brim		CTG running rate cm/min
Liquor colour		Maternal pulse rate		
Action				
Date				
Time	Name & Signature		Discussed with	





EVALUATION

Outcomes of the workshops

Evaluation
of the
workshop

Leadership
knowledge
and
behaviours

Leadership
practices

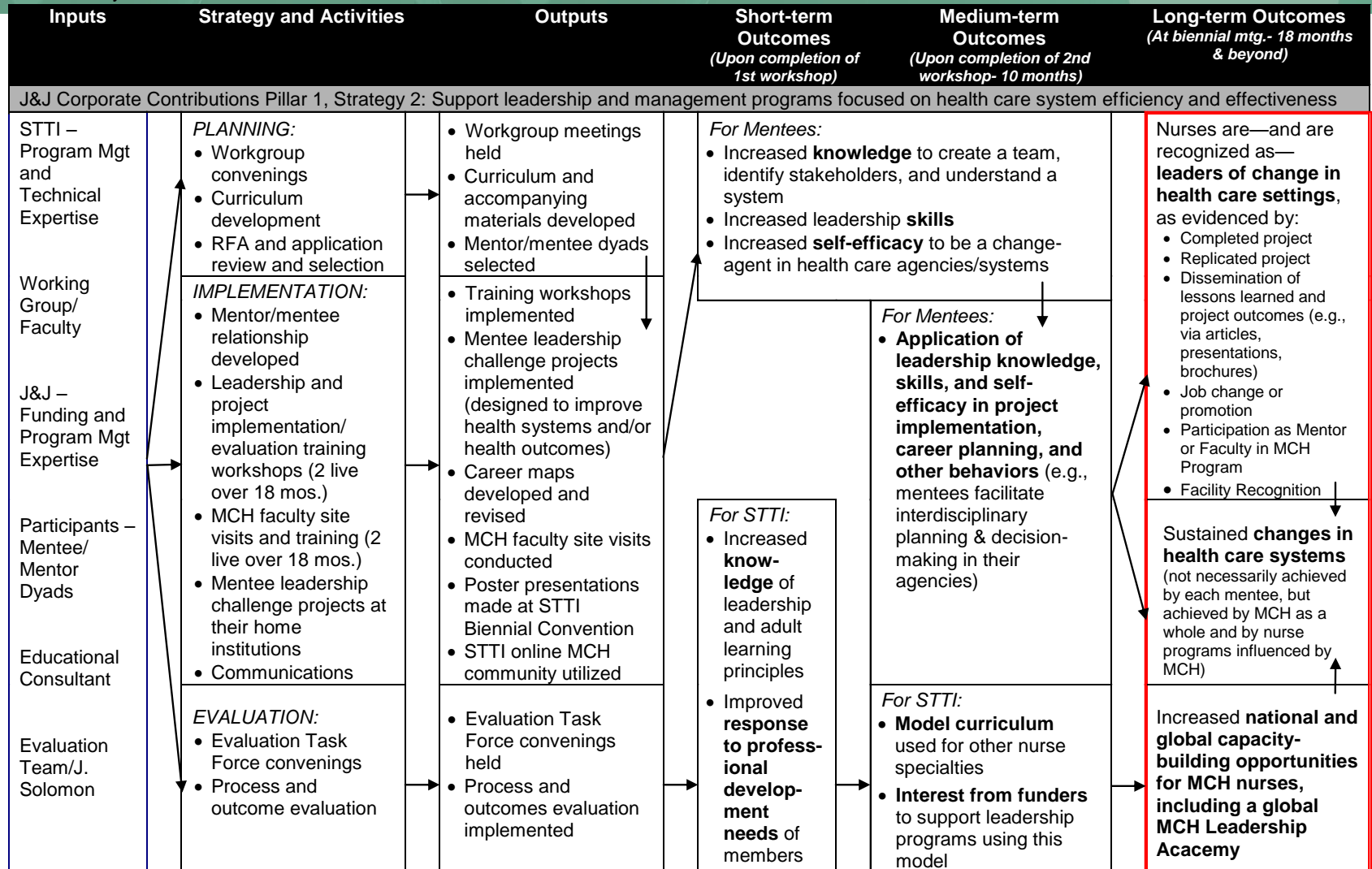
J&J EVALUATION PROCESS

- MCH Logic Model
- Evaluation Areas of Measure
- MCH Evaluation Process

Maternal-Child Health Leadership Academy (MCH) Logic Model, Version of 7/1/08

Target Audience: Maternal or Child (0-5 years old) Nurses who are poised to advance their leadership capacity and implement a project to develop their leadership skills

Ultimate goal: Improved health for pregnant women as well as children ages 0-5, from (a) increased leadership competency of nurses, (b) nurse projects completed during and after the program, and (c) changes in healthcare systems achieved by the projects, the nurses, MCH as a whole, and other programs influenced by it.



Abbreviations: J&J (Johnson & Johnson); MCH (Maternal-Child Health Leadership Academy); STTI (Sigma Theta Tau International Nursing Honor Society)

EVALUATION AREAS of MEASURE*

Participant Impact	Organizational Impact	Health Network Impact	Patient Impact
<ul style="list-style-type: none"> • Knowledge • Skills (leadership, other) • On-the-job behaviors (application of skills) • Career changes • Involvement in broader field 	<ul style="list-style-type: none"> • Efficiency of individual agency processes • Broader systems efficiency • Cost efficiency/ change to cost of services • Clinical practice (clinical policies and behaviors) • Service availability • Number of patients/clients served • Service quality • Financial health of organization 	<ul style="list-style-type: none"> • Availability of care/treatment in community • Overall number/percent of community members served • Quality of care/treatment • Cost of care/treatment • Network-wide process efficiency 	<ul style="list-style-type: none"> • Patient uptake of services (% of service needs met in particular health issue areas) • Patient satisfaction • Patient behavioral or biological indicators • Prevalence of targeted health conditions (morbidity, mortality)

* J&J requested areas of measure/outcomes

EVALUATION PROCESS

Table of Measures Maternal Child Leadership Academy 2010-2011

Measures	Baseline Pre-Session	Post-session #1	Faculty Visit #1	Post-session #2	Faculty Visit #2	STTI Conference	Follow up
Participant Impact							
Leadership Challenge Assessment	X			X		X	
LP	X			X		X	
Participant satisfaction		X		X		X	
Organization Impact							
Organization chart (how project fits into the organizational goals)	X						
Funding source for project	X						
Recognition of participant/project by organization				X		X	X
Health Network Impact							
# of catchman areas served		X (baseline)				X	
# of similar service providers in catchman area		X (baseline)		X		X	
Conitnuation of serve							X
Patient Impact							
# of patients served		X (baseline)		X		X	X
Patient satisfaction		X (baseline)					