



Partnership

Building Effective Partnerships

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PARTNERSHIP

Building Effective Partnerships

OVERVIEW

Background

Many child health professionals are not used to assessing family and community strengths during health visits and may be unfamiliar with the concept of partnering with the family and/or community to address health issues. Building an effective partnership with a family or community can be a powerful tool in promoting health, reducing disparities in care, and developing realistic treatment goals. In the context of health maintenance, partnership-building promotes child wellness and is an essential ingredient for family satisfaction with care.

Goal

The overall goals of this module are to increase child health professionals' awareness of the importance and benefits of partnering with families and communities, and to enable professionals to develop the knowledge, attitudes, and skills necessary to build and sustain partnerships.

This module will enable learners to:

- ▶ Understand the six essential steps in developing collaborative, productive partnerships with families and communities
- ▶ Increase their awareness of the attitudes or qualities needed to develop effective partnerships
- ▶ Build the skills necessary for developing successful partnerships among health professionals, children, and families

Instructional Design

This module consists of two 30-minute sessions.

- ▶ Session 1 identifies important attitudes and qualities that enhance partnerships, and introduces the six essential steps in partnership building.
- ▶ Session 2 offers an in-depth look at developing partnership skills, using the six-step framework.
- ▶ Each of the two sessions can be used as a separate stand-alone offering, or the sessions can be combined. See the Facilitator's Guide for information on combining sessions.

Teaching Strategies

The teaching strategies used in this module include case discussion, reflective exercise, and brainstorming. These strategies have been selected to help learners develop the skills required to build effective partnerships between child health professionals and families. Please refer to the Facilitator's Guide for more information related to each strategy.

Evaluation

Learners will complete a **Session Evaluation Form** following each session. Facilitators are encouraged to complete a **Facilitator Self-Assessment Form** prior to and following each teaching experience (e.g., a single session or an entire module) in order to assess their performance over time.

Guiding Questions

Learners who have completed the entire Partnership module should be able to answer the following questions:

- ▶ What specific attitudes do child health professionals need in order to adopt the Bright Futures philosophy and to effectively partner with families?
- ▶ What are some of the major benefits of building an effective partnership with a child and family?
- ▶ What are the six essential steps for building effective partnerships?
- ▶ How do open-ended and culturally sensitive interview questions facilitate communication between the child health professional and the family?
- ▶ How can child health professionals work in partnership with families to promote health, identify problems, and implement solutions?
- ▶ What specific skills do child health professionals need in order to foster more effective partnerships with children, families, and/or communities?
- ▶ Of the six steps for building partnerships, which step is most critical in building a partnership with the family?

INTRODUCTION TO TEACHING SESSIONS

Session 1: Building a Framework for Effective Partnerships

Objectives

The objectives for this session are for the facilitator to:

- ▶ Help learners gain a greater awareness of the attitudes or qualities needed to form partner-

ships with families and communities

- ▶ Introduce the six-step model for building effective health partnerships

Materials

The materials and teaching aids needed for this session are:

Handouts

- ▶ Partnership: Building Effective Partnerships
- ▶ Session Evaluation Form

Facilitator Form

- ▶ Facilitator Self-Assessment Form

Teaching Aids

- ▶ Display board, flip chart, or chalkboard
- ▶ Markers or chalk
- ▶ Blank 3" x 5" index cards

Time

The time allocated for this session is 30 minutes.

Session 2: Skills Training: Applying the Six Steps of Partnership

Objectives

The objectives for this session are for the facilitator to:

- ▶ Guide learners through a practical application of the six essential steps in partnership
- ▶ Help learners build the skills needed to develop successful partnerships between child health professionals, children, and families

Materials

The materials and teaching aids needed for this session are:

Handouts

- ▶ Partnership: Building Effective Partnerships

- ▶ Case Vignette: The Montes Family
- ▶ Case Discussion: Applying the Six Steps of Partnership
- ▶ On Listening
- ▶ Session Evaluation Form

Facilitator Form

- ▶ Facilitator Self-Assessment Form

Teaching Aids

- ▶ Display board, flip chart, or chalkboard
- ▶ Markers or chalk

Time

The time allocated for this session is 30 minutes.



SESSION 1:

Building a Framework for Effective Partnerships

At the beginning of the session, the facilitator and learners should introduce themselves briefly. Ideas for creative introductions can be found in the Facilitator's Guide.

Setting the Context: The Bright Futures Concept

The facilitator (F) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

F *The World Health Organization has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child’s full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.*

To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.

Introducing the Session

F *Today’s session is the first of two that comprise the Partnership module. For some of you, the concept of a clinical partnership is relatively new; for others, the concept is familiar, but a method for developing partnerships in your practice may be new.*

The principles of partnering can be applied at the individual or community level. This module focuses on fostering individual partnerships between child health professionals and the children and families they serve. However, similar concepts may be applied to community partnerships. (The Advocacy module explores important concepts in partnering with communities.)

Today’s module introduces a conceptual framework for clinical partnerships: six steps that help build and maintain successful partnerships in your practice.

In today’s session, our objectives will be to:

- ▶ *Explore key attitudes or qualities that are prerequisites for building effective partnerships*
- ▶ *Introduce a six-step framework for developing clinical partnerships*

When we have completed the session, you should be able to answer the following questions:

- ▶ *What specific attitudes do child health professionals need in order to adopt the Bright Futures approach?*
- ▶ *What are some of the major benefits of building a successful partnership with a child and family?*

- ▶ *What are the six essential steps for building effective partnerships?*

Discussion and Exercises

Defining a Clinical Partnership

The facilitator may choose to write the following definition on the display board while presenting it to the learners:

F *For working purposes, let us define a clinical partnership as the delivery of health care in a way that recognizes the critical roles and contributions of each participant (child, family, health professional, and community) in promoting health and preventing or treating illness.*

Reflective Exercise, Part 1: Aspects and Attributes of Partnerships

The facilitator hands out 3" x 5" cards to the learners and asks them to list the characteristics or attributes that create a successful partnership between the health professional, the child, and the family. Learners are encouraged to draw from their own health care encounters, if possible, to list provider and/or family attributes that have made a clinical relationship especially effective.

Specifically, the facilitator asks the following questions to prompt discussion:

- F** ▶ *What characteristics of the child health professional might facilitate a clinical partnership?*
- ▶ *What patient or family characteristics might help foster the partnership?*

The facilitator then asks each learner to offer one characteristic of a successful partnership, from the health professional's or the family's perspective.

The facilitator lists responses on the display board. Possible responses include the following:

From the Child Health Professional

- Be open
- Be willing to listen
- Have a nonjudgmental attitude
- Be knowledgeable
- Be respectful
- Demonstrate genuine interest in and understanding of the child and family
- Engender trust
- Express empathy
- Display willingness to negotiate and understand other perspectives
- Be on time
- Ask questions that invite more than a yes/no answer

From the Child and Parent

- Have a strong interest in the child's health and well-being
- Demonstrate interest in one's own health (adolescent)
- Trust the relationship with the health professional
- Be on time
- Be prepared
- Ask thoughtful questions
- Try to understand aspects of health in detail
- Be able to disagree with a proposed health plan and suggest alternative strategies

Reflective Exercise, Part 2: Barriers and Benefits to Partnering

The facilitator acknowledges some specific barriers to partnering by reading or paraphrasing the following:

F *Developing partnerships begins with attitudes, but sometimes attitudes present potential barriers. Some families, for example, are reluctant to partner and prefer to follow the health professional's recommendations. Sometimes, either the health professional or the family believes that an equal partnership is not possible because professionals have the medical knowledge that families lack; others may think the health visit is more "efficient" when the professional decides on a plan of action and clearly explains it to the family. Time constraints, too, can be persuasive in convincing some health professionals that attempting to partner with every family is unrealistic and takes too much time.*

The facilitator then explains that barriers to partnership can be reexamined in the context of potential benefits, and asks the learners to list some major benefits of partnering, again drawing on their clinical experience but also on their observations or suggestions. Possible responses include the following:

- ▶ Parents have a lot to contribute to the care and well-being of their child.
- ▶ The child health professional may overlook an important health or developmental concern unless the family is involved in care.
- ▶ Home health management is easier when the family helps decide on the plan of action.
- ▶ Adherence to a health care plan is most likely when the family is actively involved.
- ▶ Health professionals can avoid making assumptions or generalizations that may not apply to a particular family, and are better able to target health promotion to the unique needs of the family, when a partnership is formed.

The Six Essential Steps in Partnering

The facilitator distributes the handout **Partnership: Building Effective Partnerships** and states:

- ★ *As we conclude this session, I want to move beyond key attitudes and introduce a practical set of steps that form the framework for building partnerships with children and their families. In the next session, we will develop some skill-building tools to put these steps into practice in the health visit.*

Take-Home Message

The facilitator summarizes by reading or paraphrasing:

- ★ *Partnership development is a continuum, from sharing information to partnering around certain issues to building a full partnership in health. The key to building a partnership is to*

recognize that all children and families possess information and skills critical to optimal health care delivery.

Families who partner with their health professional participate more fully in health care delivery. They feel more comfortable sharing information with the professional and are more committed to following through with an identified health care plan.

Creating or sustaining full partnerships with individual patients and families is not always easy or even possible. Family dynamics, personalities, and other issues may prevent providers and families from participating as equal partners. However, it is important to consistently nurture the elements of trust, respect, and empathy in every relationship. These qualities—some of which will be addressed in Session 2 of this module—ultimately foster an effective partnership. They help prevent the frustration and conflict that can ultimately lead to poor time management and ineffective health care delivery. Before we conclude, what questions remain about what we addressed today?

Answers to the Guiding Questions

- ★ *Now that we have completed this session on Partnership, you should be able to answer the following questions:*

- ▶ What specific attitudes do child health professionals need in order to adopt the Bright Futures approach?
 - Health professionals need to develop attitudes that foster trusting, empathic, respectful relationships between the professional and the children and families they serve. Openness, a willingness to actively listen, and the capacity to learn from and affirm the child's and family's strengths are critical.

- ▶ What are some of the major benefits of building a successful partnership with a child and family?
 - Improved quality of care for the child is one of the best outcomes of forming true partnerships with families. This quality of care is reflected in prompt and accurate identification of family concerns, appropriate management and follow-up of identified problems, efficient use of the family's and the professional's time, and family satisfaction with care.
- ▶ What are the six essential steps for building effective partnerships?
 - Model and encourage open, supportive communication with the child and family.
 - Identify issues through active listening and "fact finding."
 - Affirm the strengths of the child and family.
 - Identify shared goals.
 - Develop a joint plan of action based on stated goals.
 - Follow up: Sustain the partnership.
- ▶ How can child health professionals work in partnership with families to promote health, identify problems, and implement solutions?
- ▶ What specific skills do child health professionals need in order to foster more effective partnerships with children, families, and/or communities?
- ▶ Of the six steps for building partnerships, which step is most critical in building a partnership with the family?

Evaluation

The facilitator now distributes the **Session Evaluation Form**. The facilitator also completes the **Facilitator Self-Assessment Form**.

Planning for the Next Session (if Session 2 is planned)

F *In the next session, we will use the six-step framework in a case discussion in order to develop practical skills in building partnerships in the health encounter.*

To prepare for the next session, the facilitator asks the learners to consider the following questions:

- ▶ How do open-ended and culturally sensitive interview questions facilitate communication between the child health professional and the family?

Partnership: Session 1

PARTNERSHIP: BUILDING EFFECTIVE PARTNERSHIPS

A clinical partnership is a relationship in which participants join together to ensure health care delivery in a way that recognizes the critical roles and contributions of each partner (child, family, health professional, and community) in promoting health and preventing illness. Following are six steps for building effective health partnerships.

- 1. Model and encourage open, supportive communication with child and family.**
 - Integrate family-centered communication strategies
 - Use communication skills to build trust, respect, and empathy
- 2. Identify health issues through active listening and “fact finding.”**
 - Selectively choose Bright Futures general and age-appropriate interview questions
 - Ask open-ended questions to encourage more complete sharing of information
 - Communicate understanding of the issues and provide feedback
- 3. Affirm strengths of child and family.**
 - Recognize what each person brings to the partnership
 - Acknowledge and respect each person’s contributions
 - Commend family for specific health and developmental achievements
- 4. Identify shared goals.**
 - Promote view of health supervision as partnership between child, family, health professional, and community
 - Summarize mutual goals
 - Provide links between stated goals, health issues, and available resources in community
- 5. Develop joint plan of action based on stated goals.**
 - Be sure that each partner has a role in developing the plan
 - Keep plan simple and achievable
 - Set measurable goals and specific timeline
 - Use family-friendly negotiation skills to ensure agreement
 - Build in mechanism and time for follow-up
- 6. Follow up: Sustaining the partnership.**
 - Share progress, successes, and challenges
 - Evaluate and adjust plan
 - Provide ongoing support and resources

Source: Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—Pocket Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

Partnership: Session 1

SESSION EVALUATION FORM

Session 1: Building a Framework for Effective Partnerships

Date: _____

Facilitator(s): _____

Site: _____

1. Overall, I found the "Building a Framework for Effective Partnerships" session to be:

Not Useful		Very Useful
1	2	3
		4
		5

2. The objectives of the session were:

Not Clear		Clear
1	2	3
		4
		5

3. The organization of the session was:

Poor		Excellent
1	2	3
		4
		5

4. The communication skills of the facilitator(s) were:

Poor		Excellent
1	2	3
		4
		5

5. The facilitator(s) stimulated interest in the subject matter:

Not at All		Very Much
1	2	3
		4
		5

6. The facilitator(s) encouraged group participation:

Not at All		Very Much
1	2	3
		4
		5

7. Handouts or visual aids (if used) were:

Not Helpful		Very Helpful
1	2	3
		4
		5

8. Any additional comments?

9. The most useful features of the session were:

10. Suggestions for improvement

11. Suggestions for topics related to this session

Partnership: Session 1

FACILITATOR SELF-ASSESSMENT FORM

Directions: Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

Facilitator Behavior	1	2	3	4	5
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

Source: Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).



SESSION 2:

Skills Training: Applying the Six Steps of Partnerships

At the beginning of the session, the facilitator and learners should introduce themselves briefly. (If the same group has recently completed Session 1, the facilitator may decide that introductions are not needed.) Ideas for creative introductions can be found in the Facilitator's Guide.

Setting the Context: The Bright Futures Concept

(May be omitted if recently presented or when sessions are combined.)

The facilitator (**F**) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

F *The World Health Organization has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child’s full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.*

To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The

curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.

Introducing the Session

F *During the first session, we examined the core attitudes and six essential steps that support the development of clinical partnerships. This session is designed to help you build the skills needed to develop successful partnerships. We will focus on building those skills through practical application of the six steps in the context of the health visit.*

In this session, our objectives will be to:

- ▶ *Review the six essential steps for building clinical partnerships*
- ▶ *Practice the skills needed to develop effective partnerships between child health professionals, children, and families*

When we have completed the session, you should be able to answer the following questions:

- ▶ *How do open-ended and culturally sensitive interview questions facilitate communication between the child health professional and the family?*
- ▶ *How can child health professionals work in partnership with families to promote health, identify problems, and implement solutions?*
- ▶ *What specific skills do child health professionals need in order to foster more effective partnerships with children, families, and/or communities?*

- ▶ *Of the six steps for building partnerships, which step is most critical in building a partnership with the family?*

Discussion and Exercises

The facilitator distributes the handout

Partnership: Building Effective Partnerships.

F *In the last session, we introduced the six essential steps to effective partnering. This session “fleshes out” those steps and presents practical ways to apply them in a health encounter.*

The facilitator reads or paraphrases the following:

F *Partnering is an ongoing process—health professionals cannot work their way through the steps once and expect the process to be complete. Building and sustaining effective partnerships means continuing to “work the steps on an ongoing basis.”*

Skills in time management and prioritizing goals (covered in the Time Management module) are also critical in being able to complete the six steps of partnership. Once the building blocks of partnership are in place, a successful partnership can enhance the time available for health promotion.

Let’s look at specific partnership skills through a case vignette.

Case Vignette: The Montes Family

The facilitator distributes the handout **Case Vignette: The Montes Family**, then asks one of the learners to read the case aloud.

F *Developing a clinical partnership is not a simple skill. Asking open-ended questions, carefully listening to the family to elicit their concerns, communicating in an understanding and supportive way, recognizing and affirming the family’s strengths and unique contri-*

butions, establishing mutual goals, and developing an action plan—all involve complex skills that require practice.

In this segment, we will use a case vignette to provide practice in building those partnership skills.

Case Discussion

The facilitator distributes the handout **Case Discussion: Applying the Six Steps of Partnership**, then guides the learners through a step-by-step application of the partnership model.

F *Using the case vignette and the follow-up questions I’ve just handed out, let’s “work the steps” to begin developing a partnership with Ms. Montes and Moses.*

With the discussion questions in mind, let’s consider the Montes case through the six-step framework for building partnerships.

Step 1: Model and encourage open, supportive communication with the child and family.

F *Note that we want to emphasize family-centered communication to convey our interest in the concerns of the child and family. (Greet the family, for example, by introducing yourself and calling each family member by name.)*

During the health interview, consider how best to ask questions and provide information in a way that will foster the elements of trust, respect, and empathy in order to establish a foundation for partnership. For example, you might incorporate social talk in the beginning of the health interview and allow Ms. Montes to state her questions or concerns before you begin to ask questions.

Step 2: Identify the health issues or concerns through active listening and “fact-finding.”

F *Communication skills are critical to effective partnering with children and families. Some of these skills are covered in depth in the Communication module. The **Communication: Fostering Family-Centered Communication** handout from that module is an excellent supplement to this exercise.*

Begin by asking selected interview questions that are affirming and culturally sensitive. Start with open-ended questions, then follow up with specific questions. (The Bright Futures pocket guide provides a range of general health supervision questions for all ages, as well as age-specific questions for each recommended health visit. See References section.)

Part of this process involves communicating to the family what you think you’ve heard, then providing feedback and seeking clarification as needed.

As child health professionals, you consider the situation of the Montes family and decide that the central theme of the case is the mother’s need to stay connected and thus reduce her isolation. In that way, she expects to provide good care for her child. As you seek to build a relationship with the family, enhancing the support systems available to Ms. Montes appears to be a reasonable short-term and long-term goal. To foster this goal, what questions would you want to ask the mother?

On the display board, the facilitator lists the learners’ suggestions. Possible responses might include the following interview questions:

- ▶ What language would you like us to speak?
- ▶ Would you like me to arrange for an interpreter each time you come to see me?
- ▶ What was your life like in your country (or previous city)?

- ▶ How have you found moving to the city?
- ▶ Tell me about your neighborhood. [If appropriate, follow with: Do you feel safe there?]
- ▶ How do you and Moses like living with your brother?
- ▶ How is it to be a first-time mother?
- ▶ What specific things would you like to talk about today?
- ▶ What questions or concerns do you have about Moses’ development or behavior?
- ▶ How would you describe Moses?
- ▶ Do you have friends in the city?
- ▶ What activities do you enjoy?
- ▶ Are you active in any religious or community groups?
- ▶ What do you and Moses enjoy together?
- ▶ Do other parents in your neighborhood enjoy some of the same activities as you?
- ▶ What are some of the main concerns in your life right now? How can I be of help to you?

F *How would you communicate to Ms. Montes your understanding of the issues that confront her? Build the questions in the exercise to address each identified concern. For example, questions that communicate your understanding might include the following:*

- ▶ I know that moving to the city might not have been easy. What has been hardest for you?
- ▶ What things might help you in raising Moses?
- ▶ You said that you are worried about money.
 - Please tell me a little more about your concern about money.
 - Do you have medical insurance? What type is it?
 - [If appropriate, ask also: Are you currently receiving WIC services, or food stamps?]

Step 3: Affirm the strengths of the child and family.

F *This step is the most critical aspect of partnering and can never be overlooked. Omitting or missing this step can stall or even halt the process of building the partnership. The step consists of three stages: (1) identifying and affirming the child's and family's strengths so it is clear what each person brings to the partnership; (2) acknowledging and respecting each partner's contributions; and (3) commending the child and family for their specific health and developmental achievements.*

The facilitator then asks the learners:

F *What strengths of Ms. Montes can you identify?*

Possible responses might include the following:

- ▶ Ms. Montes clearly loves Moses and wants the best for him.
- ▶ Despite difficult circumstances, she has struggled hard to be a good mother to Moses.
- ▶ She asks many questions about Moses and seems very interested in his health and development.
- ▶ Although Ms. Montes' mother lives far away and her brother works long hours, her family obviously cares about her.
- ▶ Ms. Montes expresses a desire to work and to help provide a home for Moses.

The facilitator asks:

F *How might you affirm the strengths of this family?*

Possible responses might include the following:

- ▶ Ask Ms. Montes to share some of the ways she has guided Moses' healthy development.
- ▶ Affirm that Ms. Montes knows her child best.

- ▶ Ask how she would describe Moses and what works best in soothing him when he cries. What kinds of games does he enjoy?
- ▶ Indicate that you recognize the strengths of her family support.
- ▶ Ask which support systems have worked for her—and which have not.
- ▶ Ask what Ms. Montes would find most helpful (e.g., print materials in her language, if available; referrals to legal services; help in addressing child support issues; links with other parents in similar situations; formal support groups; access to Web sites for information).

Step 4: Identify shared goals.

F *Child health professionals need to actively promote partnership with the child, family, and community. In building the partnership, it is important to identify and summarize mutual goals for the healthy development of the child, and to provide links between stated goals, health issues facing the child and family, and available resources in the community. This process elicits support for the partnership, coupled with awareness of community resources (knowledge base).*

The facilitator then ask the learners:

F *What are some goals that you as the child health professional and Ms. Montes might share?*

Possible responses might include the following:

- ▶ Jointly identifying sources of support and social connections in the community.
- ▶ Developing strategies to help Ms. Montes gain more information and reassurance about health issues. For example, she can write down her questions as they arise and bring the list to the next health visit; the professional can provide written materials for her to take home, such as the Bright Futures Encounter Forms for Families (available in English and Spanish).

- ▶ Partnering to provide good health care information that meets the specific needs of the Montes family (not only providing important clinical guidance, but actively listening to and addressing concerns important to the Montes family).
- ▶ Nurturing Moses' growth and development by supporting the family's efforts to provide healthy nutrition and a safe home so Moses can achieve optimal health.

Step 5: Develop a joint plan of action based on stated goals.

The facilitator might introduce this step by asking the learners:

F *Based on the mutual goals that have been identified, what might an action plan with the Montes family look like?*

(From our earlier case discussion, our proposed action plan should highlight strategies that will enhance support systems for Ms. Montes.)

Possible responses might include the following:

- ▶ The child health professional and Ms. Montes agree that she will write down her questions as they arise and bring them to the next health visit so the encounter can focus on the issues that are most important to her.
- ▶ The child health professional and Ms. Montes agree on one or two strategies to help strengthen her social and parenting support systems (e.g., participating in a parent support group, being active in her church group, reaching out to friends).
- ▶ The child health professional and Ms. Montes decide how best to communicate about issues that arise between appointments (e.g., telephone, e-mail, after-hours and emergency phone contacts).
- ▶ The child health professional provides referrals to WIC, social services, English for Speakers of Other Languages (ESOL) classes

or other resources for families, local parent support groups.

F *Drawing on these suggestions, let's examine action plans in more detail. Effective action plans typically have the following characteristics:*

- ▶ Action plans are simple and achievable.
- ▶ Action plans have measurable goals and an identified timeline.
- ▶ Each partner has a role and responsibility in the plan.
- ▶ Each partner contributes to the development of the plan. Children, families, and communities who help develop the plan feel a greater sense of ownership and are more likely to follow through with the plan.
- ▶ The partners negotiate (using family-friendly negotiation skills) to ensure agreement on the plan.
- ▶ The plan builds in both a mechanism and a time for follow-up.
- ▶ The plan may also include advocacy to link families and resources as needed.

Step 6: Follow up to sustain the partnership.

F *Following up with the family is essential in order to share progress as well as challenges in meeting agreed-upon goals, and to evaluate or adjust the action plan as needed. Providing ongoing support and resources helps ensure the success of the action plan and the partnership.*

What are some ways that you as the child health professional could initiate follow-up with Ms. Montes?

Possible responses might include the following:

- ▶ Schedule a follow-up appointment with Ms. Montes before she leaves the office
- ▶ Provide daytime and after-hours phone numbers to Ms. Montes

- ▶ Be sure office staff at every level understand how important it is to facilitate easy access between the health care provider and the family, and to provide a timely response to the family's questions or concerns
- ▶ If specific action steps were identified, decide on a timeline for follow-up (e.g., Ms. Montes agrees to call the health professional in 2 weeks to discuss progress)

Final Discussion Point

In concluding the discussion, the facilitator asks the learners to reflect on and answer this question:

- ★ *How might outcomes differ for the Montes family when the health professional partners with Ms. Montes (versus not partnering)?*

Findings from National Survey of Parents

- ★ *As we conclude this session, I'm going to distribute the handout **On Listening**, which summarizes some valuable findings from a national survey of parents with young children.*

Take-Home Message

The facilitator summarizes by reading or paraphrasing the following:

- ★ *In this session, we have identified six steps for effective partnering with children and families, and have practiced applying those steps through a case discussion. Partnering is a simple idea, but applying it can be quite complex, particularly in a clinical setting. The skills require practice and may take repeated efforts, even with the same child and family, before the partnership is formed. Remember that partnership development is a process and that partnerships fall along a continuum. Before we conclude, what questions remain about what we addressed today?*

Answers to the Guiding Questions

- ★ *Now that we have completed this session on Partnership, you should be able to answer the following questions:*

- ▶ How do open-ended and culturally sensitive interview questions facilitate communication between the child health professional and the family?
 - Open-ended and culturally sensitive interview questions can help start the conversation between the professional and the family, offer support and understanding, help the family identify areas of concern and set their agenda for the health visit, and promote joint problem-solving.
- ▶ How can child health professionals work in partnership with families to promote health, identify problems, and implement solutions?
 - Understanding the process of developing a partnership with a family, the steps involved, and the time and commitment needed to allow the development of a true partnership establishes a framework for interactions with families.
- ▶ What specific skills do child health professionals need in order to foster more effective partnerships with children, families, and/or communities?
 - The skills needed are active listening, fact-finding, demonstrating genuine interest in the child's health by taking time to understand the family's concerns, affirming their strengths, developing a mutually acceptable action plan, and following through with commitments made.

- ▶ Of the six steps for building partnerships, which step is most critical in building a partnership with the family?
 - Identifying and affirming the strengths of the child and family is the most critical step.

Evaluation

The facilitator now distributes the **Session Evaluation Form**. The facilitator also completes the **Facilitator Self-Assessment Form**.

Partnership: Session 2

PARTNERSHIP: BUILDING EFFECTIVE PARTNERSHIPS

A clinical partnership is a relationship in which participants join together to ensure health care delivery in a way that recognizes the critical roles and contributions of each partner (child, family, health professional, and community) in promoting health and preventing illness. Following are six steps for building effective health partnerships.

- 1. Model and encourage open, supportive communication with child and family.**
 - Integrate family-centered communication strategies
 - Use communication skills to build trust, respect, and empathy
- 2. Identify health issues through active listening and “fact finding.”**
 - Selectively choose Bright Futures general and age-appropriate interview questions
 - Ask open-ended questions to encourage more complete sharing of information
 - Communicate understanding of the issues and provide feedback
- 3. Affirm strengths of child and family.**
 - Recognize what each person brings to the partnership
 - Acknowledge and respect each person’s contributions
 - Commend family for specific health and developmental achievements
- 4. Identify shared goals.**
 - Promote view of health supervision as partnership between child, family, health professional, and community
 - Summarize mutual goals
 - Provide links between stated goals, health issues, and available resources in community
- 5. Develop joint plan of action based on stated goals.**
 - Be sure that each partner has a role in developing the plan
 - Keep plan simple and achievable
 - Set measurable goals and specific timeline
 - Use family-friendly negotiation skills to ensure agreement
 - Build in mechanism and time for follow-up
- 6. Follow up: Sustaining the partnership.**
 - Share progress, successes, and challenges
 - Evaluate and adjust plan
 - Provide ongoing support and resources

Source: Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—Pocket Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

Partnership: Session 2

CASE VIGNETTE: THE MONTES FAMILY

Elise Montes, a 28-year-old woman, recently moved to the area and brings her 6-month-old baby, Moses, to your clinic for the first time. Born full term and healthy, Moses has had no medical problems and is developing well. As you interview Ms. Montes, you note that she is comfortably breast-feeding Moses and is responsive to his needs.

Ms. Montes' medical history indicates that she had a healthy pregnancy, although the circumstances were difficult. She is unmarried, and the baby's father left her after learning of her pregnancy. During the pregnancy, she sought shelter at a religious home that provides care for mothers and their infants. Ms. Montes' mother visited her briefly after Moses was born but has returned to her home in Venezuela.

Ms. Montes moved to the city to live with her brother. He is helpful with the baby when he is at home, but he works long hours. Ms. Montes says that she would like to get a job to help her brother with finances, because she worries a great deal about money.

Although Ms. Montes reports feeling tired frequently, she really enjoys Moses, especially now that he is starting to respond more. As you examine Moses, Ms. Montes asks several questions about his feeding, growth, and development. She says that she often thinks of questions at home but has difficulty remembering them once she arrives at the clinic.

Partnership: Session 2

CASE DISCUSSION: APPLYING THE SIX STEPS OF PARTNERSHIP

As you consider the case of Ms. Montes and Moses, think about the following areas:

- How would you encourage open and supportive communication with the mother?
- What questions could you ask to identify health issues in the family?
- How could you affirm this family's strengths?
- How will you communicate an understanding of the problem?
- What are the necessary resources that you and this mother need to be aware of? How might you begin to access these resources?
- What are the possible outcomes of this case? What are some of the action plans you and the mother might decide on together?
- How do the ethnicity and culture of this family or any family influence approaches to partnering?

Partnership: Session 2

ON LISTENING

The following information is based on findings from a national survey of parents with young children (Taaffe Young K et al. 1998). Learners need to be particularly aware of the following issues when listening to families. Based on this survey, child health professionals may need to explore new interdisciplinary partnerships.

Most parents view the pediatric health care system as meeting the physical health needs of their young children; however, child health professionals often fail to discuss nonmedical questions with parents. Parents want more information and support on child-rearing concerns such as:

- Discipline
- Toilet training
- Responding to a crying baby
- Sleep patterns
- Newborn care
- Ways to encourage children to learn

Parents who receive comprehensive pediatric services and information report significantly higher levels of satisfaction with their child's provider. Services include:

- Home visit
- Packet of information on newborn
- Telephone advice line
- Booklet to track health status
- Checkup reminder system
- Developmental assessments

When meeting with families of young children, child health professionals need to be aware of these issues:

- Reading, singing, and showing affection are important influences on a child's cognitive and psychosocial development.
- Parents who speak with their physician or nurse about encouraging their child to learn are more likely to read to their child daily.
- Of the parents surveyed, 9 percent of mothers and 4 percent of fathers experienced three to five depressive symptoms at some time during the week before

(continued on next page)

Partnership: Session 2

ON LISTENING (continued)

the survey; these parents were more likely than parents without depressive symptoms to report frequent frustration with their child's behavior in a typical day ($p < 0.001$).

- Mothers were much more likely to breastfeed if a physician or nurse encouraged them to do so. Of the mothers surveyed, 74 percent who were encouraged to breastfeed actually did so, whereas only 45 percent of those who did not receive encouragement chose to breastfeed ($p < 0.001$).

Interventions by child health professionals have a positive effect on parental behaviors and health promotion in such areas as:

- Encouraging breastfeeding
- Encouraging reading
- Promoting wellness
- Addressing psychosocial concerns
- Individualizing anticipatory guidance
- Addressing parents' concerns on the perceived demands of their child to learn
- Finding creative ways to augment current services with the support of administrative and financial systems
- Recognizing the need for resources committed to preventive services
- Identifying creative solutions, including group well-child visits and a designated telephone line to discuss parental concerns about childhood behaviors

Reference

Taaffe Young K, Davis K, Schoen C, Parker S. 1998. Listening to parents: A national survey of parents with young children. *Archives of Pediatric & Adolescent Medicine* 152:255–262.

Partnership: Session 2

SESSION EVALUATION FORM

Session 2: Applying the Six Steps of Partnership

Date: _____

Facilitator(s): _____

Site: _____

1. Overall, I found the "Applying the Six Steps of Partnership" session to be:

Not Useful				Very Useful
1	2	3	4	5

2. The objectives of the session were:

Not Clear				Clear
1	2	3	4	5

3. The organization of the session was:

Poor				Excellent
1	2	3	4	5

4. The communication skills of the facilitator(s) were:

Poor				Excellent
1	2	3	4	5

5. The facilitator(s) stimulated interest in the subject matter:

Not at All				Very Much
1	2	3	4	5

6. The facilitator(s) encouraged group participation:

Not at All				Very Much
1	2	3	4	5

7. Handouts or visual aids (if used) were:

Not Helpful				Very Helpful
1	2	3	4	5

8. Any additional comments?

9. The most useful features of the session were:

10. Suggestions for improvement

11. Suggestions for topics related to this session

Partnership: Session 2

FACILITATOR SELF-ASSESSMENT FORM

Directions: Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

Facilitator Behavior	1	2	3	4	5
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

Source: Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).

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Resources

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