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**Association of University
Programs in Health
Administration**

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To Provide
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INTRODUCTION AND PROGRAM DESCRIPTION

Enhancing the Capacity of the Administrative Staff College to Provide Management Training Support to the Ministry of Health Management Reforms in Jamaica

BACKGROUND

The Jamaica Ministry of Health is committed to improving the quality and efficiency of providing excellent health services for the people of Jamaica both now and in the future.

A serious constraint of the Ministry of Health (MOH), is the low level of management skills throughout the system. For them to succeed in controlling, managing, and improving the health services, a modern comprehensive management development program is essential.

The MOH has recognized that this deficiency can only be remedied through management development and decentralization, to which the MOH is already committed.

Through USAID, the MOH requested AUPHA to enhance the in-country capacity to provide management training in support of the MOH and the management reforms under way. This project, developed by AUPHA, will develop the capacity of the Jamaica Administrative Staff College (ASC) to address the ministry's health management training needs.

The project will focus on providing training to support the improvement of management in the Jamaica health services based on the MOH's objectives of:

- Improving the performance of hospitals, other health services delivery unity, the ministry headquarters, and other support systems;
- Effectively using and spending donor investments;
- Implementing administrative decentralization;
- Improving clinical working conditions to help retain scarce and expensive

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personnel; and

- Developing a sustainable management development capacity and program.

AUPHA will assist with the development of:

- 1) The MOH and ASC capacity for health management training;
- 2) Immediate and short term training courses;
- 3) The training resources available through the ASC; and,
- 4) Sustainable management training.

OBJECTIVES

The purpose of this project is to provide twelve months support and technical assistance to USAID programs in Jamaica through the centrally-funded AID/Washington Cooperative Agreement with AUPHA. This will include the development of sustainable institutional capacity in health care training to meet the needs of persons who will play pivotal roles in the proposed decentralized structure of MOH, namely headquarters management teams, regional management teams, secondary care management teams, and primary care management teams.

In this regard AUPHA will provide:

- 1) a project coordinator, who will work closely with the MOH, the ASC and other in-country training institutions to develop and implement the project;
- 2) consultants who will work closely with MOH/HSIP, ASC and other appropriate in-country training institutions to assess training needs, enhance and institutionalize training capacity and develop and deliver training courses.
- 3) project support personnel to assist overall technical and administrative components of the project.

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ACTIVITIES

All activities will be undertaken with the guidance and direction of the designated Ministry of Health officials. The project staff are responsible for keeping these MOH officials informed of project activities.

The activities of this project will be accomplished in five phases over the next twelve months. AUPHA will be involved in all of the phases, although other agencies may have primary responsibility for some of these tasks. The specific phases and related tasks follow:

Phase I - Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant

Description: This position is critical for the project to move forward. ASC needs the capacity to adequately participate in later project activities. This individual must have a health management focus.

Task 2: Recruit and hire HSIP Training Coordinator

Description: This individual will coordinate all training.

Phase II - Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Description: This task includes identification of training institutions, inventories of training books and materials, identification of educational equipment and technologies, physical space. Lists of potential trainers by subject and current training abilities will also be started.

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Task 4: Assess MOH management training needs related to this project.

Description: Identification of categories of individuals to be trained including needs by category, length of training, and format most appropriate to each. Specific topics and levels of coverage will also be addressed.

Task 5: Completion of final training capacity development plan.

Description: This document will be based on the above assessments and will guide the training development and implementation.

Phase III - Training Capacity Development

Task 6: Recruit and retain in-country faculty

Description: Based on the above plan, the current faculty database of MOH and ASC and other training institutions, the most appropriate faculty for each of the courses will be identified and recruited to participate in the project.

Task 7: Recruit and retain international faculty trainers

Description: Based on the plan AUPHA will use its network to identify the most appropriate international faculty trainers to participate in the project.

Task 8: Develop initial course curricula

Description: Curricula will be developed for training courses in the following target areas:

- Executive Development
- Client Support Systems
- Support Services Systems
- Resource Systems

Curriculum will be developed jointly by AUPHA international trainers, in-country trainers, and ASC staff in consultation with MOH. International trainers will each spend two to three weeks in-country working on curriculum and training methods. Each will be in-country for the first

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presentation of the course and will again return for a one week follow up assessment and course revision. Courses will be developed sequentially to allow later courses to benefit from the experience gained in earlier ones. The initial courses will be completed in time for the February 1993 implementation target date. The final courses may not be completed until later in the project.

Task 9: Identify and obtain resource materials and equipment.

Description: AUPHA will assist ASC and MOH to develop a list of appropriate training resources including books, literature, cases, teaching equipment, etc. This list will be updated and expanded throughout the project. ASC will be responsible for furnishing need materials.

Task 10: Train trainers

Description: The training process will begin with curriculum development (Task 8). This will be a continuous process taking training methods and skills development into consideration from the initial design of the courses through the final evaluation process. A special seminar on training methods will be scheduled prior to the course implementation phase.

Phase IV - Course Implementation

Task 11: Identify participants and schedule first series of courses

Description: AUPHA will assist MOH and ASC to develop criteria for selection of participants in the courses. Selection of participants for specific courses will be the responsibility of MOH.

Task 12: Implement first series of courses

Description: ASC will coordinate the arrangements and timing of course offerings including logistics and participant materials preparation. AUPHA will assist ASC in developing guidelines for course offerings.

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Phase V - Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

Description: AUPHA will prepare an evaluation with the assistance of MOH and ASC. This will focus on the adequacy of the courses and will assess the degree to which in-country training capacity has been enhanced by this project. Final course materials will be reviewed and recommendations for course revisions and future offerings will be presented.

MEMORANDUM

To: Dr. C. Moody, HSIP, MoH, Jamaica
From: Hopkins Holmberg, AUPHA
Date: 13 October 1992
RE: Needs Assessment - Health Management Training

STATUS: This is a "nearly-final" report. The report is correctly labeled "final", but as work continues on developing and offering relevant courses, the assessment process will be ongoing. This ongoing effort will continue searching for information which can further contribute to the training effort. It will also be aimed at detecting changes which occur within the Ministry of Health and its environment.

Introduction

This is a report of the effort to assess the need for management training within the Ministry of Health. It is based on visits to Jamaica by David Bergwall and Hop Holmberg starting 21 July and ending 25 July (Bergwall) and 31 July (Holmberg), and a second set of visits beginning on 23 September and ending on 25 September (Bergwall) and 1 October (Holmberg).

This assessment was made within the framework of AUPHA's "Draft Work Plan" dated 11 June 1992 for "Management Training Program in Support of The Ministry of Health Management Reform in Jamaica."

Phase I of that plan focuses on "Develop Project Capacity". It has two components. Each involves recruitment and hiring of a full time staff member in Jamaica.

Phase II of that plan focuses on "Training Assessment and Plan". It includes three tasks:

- » Task 3: Assess ASC and in-country health management training capacity related to this project.
- » Task 4: Assess MOH management training needs related to this project.

The text describing Task 4 said:

Identification of categories of individuals to be trained including needs by category, length of training, and format most appropriate to each. Specific topics and levels of coverage will also be addressed.

This report is the result of the completion of Task 4.

- » Task 5: Completion of final training capacity development plan.

Ministry of Health Management training needs

What is *relevant* Management Training for the Ministry of Health? Virtually any form of management training may be useful. However, resources for management training are far from unlimited. To maximize the productivity of those resources requires a review of the situation of the Ministry as a whole and a sampling of the situation at its care facilities.

Between the efforts of AUPHA, the diverse series of activities being undertaken by University Research Corporation, and the efforts being pursued under the IDB Project and Touche Ross, the Ministry's Central Office and its care giving capabilities could be overwhelmed by orientation, systems development, systems installation, and training efforts. In this light it is especially important that the management training be carefully targeted to assure it creates a base for positive change and avoids adding confusion to the situation.

1. Background

The Ministry of Health is the primary provider of care for Jamaicans. The estimates we encountered seemed to indicate about 80% of the people are primarily dependant upon the Ministry for care.

There appears to be a robust private sector of care which includes those who are engaged full-time in providing private care. It also includes doctors who are employed by the Government and are given the opportunity for a limited amount of private practice which can occur in their government offices.

Some practitioners suggest a majority of Jamaicans regularly use the private practice sector, especially for relatively routine care. When care becomes expensive, and is beyond the capacity of the patient's private resources, the patient then depends upon the services of the Ministry.

The overall establishment of the Ministry is not, by comparison with other nations, large. Hospital resources of the Ministry are roughly at the level of 1 bed per 1,000 people. Ambulatory visits to the Ministry's capabilities are at about 0.8 visits per capita per annum. The budget of the Ministry is at a level of US\$ 25 per capita per annum. This level is below that of many developing nations with substantially lower levels of national income. Thus, the proportion of National income spent through the Ministry of Health is well below that in many other nations.

Jamaica has, in recent years, experienced substantial inflation and the impact of structural adjustment. The Ministry of Health is one of very few parts of Government which have experienced at least small increases in its budget instead of major decreases (measured in Jamaica Dollars). In real terms the budget is shrinking rapidly; in recent months Certificates of Deposit have been reflecting devaluation paying annual rates in excess of 50%. An important portion of the Ministry's budget is for materials which must be imported. With a budget which is relatively stable in terms of Jamaican dollars, the rapid inflation means the proportion of the Ministry's budget which is needed for imports grows rapidly.

a) The Care Establishment

There are two care establishments in the Ministry. One for Primary Care and one for Hospital, including outpatient, care. The two function in substantially different ways.

The Primary Care establishment is a product of the 1970's and 1980's. Although it has a relatively small contact with the public it has had a substantial impact on the health of the population. Levels of incidence of disease in the population have substantially changed in a positive direction with the creation of the Primary Care establishment.

The Primary Care service seems to have a sense of mission. It has some managers who attempt to review performance against objectives and to re-target the use of resources to assure effectiveness.

The Hospital sector generally seems to lack this sense of mission and direction. It has been managed by the use of the traditional British Triumvirate system: a Chief Doctor, a Matron, and an Administrator. Jamaica may be the last part of the Commonwealth to use this arrangement. When a hospital system comes under severe stress, this triumvirate system invites assigning responsibility for failure to others rather than finding and adopting constructive courses toward change.

The Hospital sector has been under stress. Inflation has cut the real resources available. Beyond shortages of materials, a major impact has been in the relative decline of the wages of nursing staff relative to what they can command in the United States and other nations. This had led to a major exodus of staff. Actual staffing at 1/3rd of the level of establishment is not-uncommon.

Severe staff shortages and shortages of materials can easily lead to lengthening of stays and thus a decline in the capacity to admit patients.

The growing problems of the Ministry have now begun to impact the Primary Care Sector. Personnel shortages have a negative impact. Primary Care is losing budget to the hospitals.

b) Change in the Ministry of Health

Change must come to the Ministry of Health. The current course is widely recognized as unsatisfactory. Substantial attention has been focused on the need to change. The current efforts of AUPHA and URC fall within the Health Sectors Initiatives Project and the assistance of USAID to change the situation.

The HSIP initiative has articulated the effective resistance to change found in the Ministry of Health. Well intended reforms have been planned and scheduled for implementation -- and have not occurred. In such cases lack of finance cannot be cited as the problem.

In the Ministry's central office and in its care giving sites there is an immense amount of non-moving inertia and resistance to change.

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The distinctive problems of the Ministry of Health are compounded by the problems of Jamaica's Civil Service which are not unique to the Ministry of Health. The Civil Service is oriented toward job security and stability and to uniformity of policy across the country to the exclusion of flexibility to the needs of a particular service or to the unique demands of rendering service at a specific site.

When visiting the field we find, repeatedly, no lack of talent in the people. Instead we find human talent which is stifled by the forces of central government. This is a central government that specializes in narrow, vertical, communication and fails to embrace all workers and provide an open flow of information which is both horizontal and vertical. It is a central government which creates powerful conflicting demands on workers in the fields and lets the workers in the fields resolve these conflicts, instead of resolving them centrally; the central units do not seem to view themselves as serving those who serve patients.

Uniformity within the Governmental service reflects itself in the charts of accounts used by Hospitals. They are geared to accounting for disbursements of public funds but not to providing information which facilitates defining what is effectiveness and then managing to enhance effectiveness.

One residual asset of traditional approaches seems to be a strong medical records tradition which leads from care sites to very substantial central repositories of information. This asset needs to be given a contemporary flexibility so its knowledge of counting and classifying events can be utilized in care facilities which need to start counting new phenomena as part of securing change.

These many problems impact directly on the efforts to provide change within the Ministry of Health. A major reform which is being pursued is to replace the Triumvirate management of Hospitals with Chief Executive Officers who will have both the authority and responsibility, within the guidance of Boards, to manage hospitals.

This reform has encountered difficulties. At one time the CEO's were to be hired before the start of 1992. The new target for installing 8 CEO's seems to be January 1993.

One of the problems in securing CEO's is their compensation. Inflation has led to a substantial decline in the value of public sector salaries. By one estimate, the salary which is available within the Ministry of Health is at about 10% of the level of compensation which might be paid to a Vice-President of one of the many Insurance Companies found in Jamaica.

It is possible, using project funds and the auspices of PAHO as an employing agency, to hire at a higher salary, but such a salary can only be sustained for a period of two years. The change which must be undertaken at some of the larger hospitals will require the vigorous efforts of a dedicated CEO for a minimum of four years.

Thus the reform of installing CEO's has problems in implementation and sustainability.

2. Management Training Needs

Given the environment of the Ministry, what is the nature of the Management training needed within the Ministry?

In pursuit of this task we have talked with many observers both within and without of the Ministry and have visited care sites and talked with staff in three of the five regions anticipated for organizing services on a map dated 20 February 1991. This review has included both the Hospital Service and the Primary Care Service.

a) Corporate Culture

There is no easy and quick technical fix that can be made to reverse the course of the Ministry's services. The changes which are needed to avoid continued deterioration, let alone to begin the recovery, of the health services are much more profound.

There needs to be a dramatic change in the entire culture of the Ministry of Health and of each of its service capabilities. Efforts must be made to craft and install constructive corporate cultures.

Any lesser solution will fail. It will not be adequate to teach a few sophisticated management skills to a set of individuals. There has been a series of ongoing inputs to people in the service; positive change has not resulted.

Although we are using "management training" as the device for intervention, unlike most training, our objective is not simply the enhancement of the skills of individuals. Individuals, properly trained, will have little chance of bringing about the cultural change that is needed to put these services on a positive course.

Instead, we must aim our training at groups of people with each group being a set of colleagues who are drawn out of one care setting or service. In the context of having operated hospitals with a triumvirate, achieving a change in the corporate culture will require all legs of that triumvirate to be represented. That participation will be necessary whether there is, or is not, someone who is designated as "Chief Executive Officer." Aiming at groups will also assist in dealing with the a problem of management depth which faces much of the Health Services.

For those who have not had the benefit of encountering the concept of corporate culture, here is some elaboration. Beginning in the late 1970's it became apparent that some organizations, especially service oriented organizations, were able to make *profound* positive changes within a limited number of years. The character of these profound changes has come to be viewed as a change in the "corporate culture". There is an emerging literature on the subject. Among organizations that are case examples of change in corporate culture is British Airways. (Among organizations that did not change in culture are a number of airlines that are no longer flying!) The author of this report has personal experience with having catalyzed a

change in corporate culture in a non-governmental teaching hospital in Nairobi in the 1980's.

An important component of a constructive culture in a service organization is a perspective on the relationship between supervisors and subordinates that may seem radical to some. Older perspectives focus on "the boss." There is an assumption that the subordinate exists to serve the supervisor. Contemporary, effective, service organizations know that perspective is wrong; instead, clients are served by workers and supervisors exist to serve the workers.

In resources expended and in results secured, overtly changing corporate culture is vastly superior to all alternatives. It can massively enhance productivity, reduce bureaucracies, and reduce the layers in an organization. An important result of a change in corporate culture is its persistence. A good CEO can improve an organization and then leave and have it fall back to old habits. When a good CEO uses the tools of changing the corporate culture, the organization has persistent new habits even after the departure of the catalyst CEO.

b) Ongoing, Self-guiding management development.

For the Jamaican Ministry of Health, there is a strong, mutually causative, relationship between Corporate Culture and Management Development.

- Management development, taught to groups drawn from working settings, is a viable route to create multiple new constructive corporate cultures.
- If constructive corporate cultures are created in this environment, they will mandate there being ongoing management development to assist in continuing the cultural adaptation and to assist the organizations in building their management depth and in continuing adaptation.

Management training should be an evolving process which continually adapts to meet the needs of the environment. It should evolve as the organizations it serves are evolving. Organizations which have benefited from such management training will band together to insist there continue to be appropriate management training available.

As part of this Management Training effort there should evolve a constituency which is organized as an advisory body which will provided continued guidance to those who are providing Management Development Training, and will take necessary actions to assure the training capability continues to be alive and serving.

c) Management Development as the subject of Management Development

In people and organizations it is relatively easy to make a single, narrow, well designed change, within a complex framework of people and organizations. People have a perspective and stability which allows a single change. Changing virtually everything, which is necessary in the Ministry and its care giving sites, is much more difficult. People lose perspective

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when everything changes at once. Although massive change is needed, efforts toward massive change can frequently lead to no change.

Massive positive change in the Ministry and its care giving sites will require stability over time in policy and personnel to allow bringing about the necessary changes. In the framework of this stability, large numbers of members of the staff will have to be re-oriented, retooled, and re-motivated to attack and cure the problems faced in their work. The need to develop managers, with a new and positive orientation, goes well below the top level of even a small care site.

The core subjects that can be addressed in management development efforts offered at the Administrative Staff College might include: Personnel Management, Financial Management, Information Systems, Quality Assurance, and others. Among the extended list of possible topics which can be addressed in management development, "Management Development" has special characteristics which argue toward it being the very first subject which should be offered.

Management Development is one of the concerns of active and effective managers. The development of a rich set of people at each care giving site who view themselves as managers (and thus as serving the workers who serve the clients) is a necessary element to secure massive change.

It makes little sense to offer other subjects until there has been a focused offering of an explicit course in Management Development. Without the further development of people within the care sites, courses on Financial Management, and Supplies Management, etc. will be of little use.

Overtly addressing Management Development as the first component of a program of Management Development provides an ideal platform for encountering the issue of change in a corporate culture. Focusing on management development drives the logic of the course into asking what makes an effective organization which leads to the need for a cultural change. When teams of senior officers from a care site address management development as a subject, the importance of their collective behavior as a model for their subordinates will be highlighted.

Other attempts at Management Development, are unlikely to directly reach to some of those who may most need to be developed as managers. This includes those with some professional stature but no managerial preparation such as the technical heads of laboratories, physiotherapy, radiography, etc. Even more importantly, it includes those who have neither preparation nor stature: chief orderly, housekeeper, linen room supervisor, laundry manager, and chief sanitation worker.

d) The impact of this approach

The three sections immediately above suggest the appropriate approach to Management Training, primarily for the Ministry's hospital establishment, under HSIP should aim directly at changing the Corporate Culture of the Ministry and its care sites, it should lead to an ongoing and self-guiding capability in management development, and it should have Management

Development as the first, and most important, offering of the management development courses.

This is in direct support of other components of HSIP. This is a strategy which is distinctively supportive of the efforts toward decentralization. The greatest threat to improvement of the Ministry and its services is the failure of Decentralization.

Decentralization needs to involve massive change in the behavior of the Ministry of Health, and of other Ministries. The practices of the Ministry of Public Service may pursue many possible national objectives. But, they run contrary to the efforts to develop an effective and cost-efficient health service.

Experience in a number of nations which are attempting to have active programs in Cost Recovery indicates strong, and benefiting, local management is a key to effective Cost Recovery.

Cost Containment and enhancement of efficiency are targets which can only be reached on a minimum level without a positive, strong, corporate culture which includes a pervasive management skill.

Divestment and privatization can become ineffective and even the source of public scandal if the core care giving institutions do not have strong and vibrant management cultures. Generally, the virtue of "contracted services" is the fact of there being a well thought through contract; the act of contracting the services frequently leads to developing the detailed performance criteria that were missing when the service was not contracted. Developing that rich perspective on the detailed performance criteria requires a strong corporate culture. Within the framework of that culture the primary virtue of divestment and privatization is eliminating the personnel and financial systems of the public sector.

e) Implications for HSIP training

This approach and style of Management Development has implications for other HSIP training.

With a strong cultural base developing in institutions and a focused attention to management development within the institutions, much of the training which may have been envisioned as being offered centrally can be offered within the institutions. This, at once, can reduce cost and increase the breadth of the impact of the training.

This can allow an approach to preparation of material that can maximize outside the benefit from outside resources. Outsiders can be used to work with core trainers to assist in the preparation of basic materials and courses and, possibly, in early offerings of centrally offered courses. The actual, widespread, training can be done by relevant Jamaicans.

Many of the other efforts of HSIP can focus on the development of relevant in-country experts in vital areas such as Quality Assurance, and Cost Recovery, and similar areas. These individuals can be the mainstay of

central training in those areas and can be available, as needed, to respond to the requests of care sites or self-formed groups of care sites for assistance in training.

To reinforce the desired behaviors, all of the Consultants who come to HSIP from URC or AUPHA need to display beliefs and behaviors which are supportive of the behaviors we expect of managers within the Ministry.

3. Structuring the Management Training

The need of the Ministry of Health, and its care giving capabilities, to undergo massive changes in corporate culture leads provides guidance to structuring the management training.

a) The audiences

The objective of the management training is to facilitate massive change in the culture of the Ministry and its capabilities. Thus, those who must be included in the training are the senior officers of the components of the Ministry.

From Hospitals, this means the Triumvirates. From Hospitals that are given CEO's, this means the CEO plus the (previous) Triumvirate.

When there is a decision on the structure of the new Regions and Regional Offices, then it will be possible to specify, in detail, who should be involved. It will involve the senior-most two to six people in each of the regional offices.

With the new regional offices designed it will be possible to also determine who should come from the Primary Care Service in the field. Those involved should be analogous in responsibility to the Hospital CEO's and Hospital Triumvirates.

The Ministry's Central Office is also being redesigned. When that redesign is completed it will be possible to designate who should be audiences for the training.

In all cases, the emphasis must be on the training of people as teams who normally work together; the object is to use the teams as the agents for substantial cultural change.

b) The courses

The initial course will be labeled "Management Development". This allows exploring "what is Management?", and "what is an effectively managed service?" It is meant to be the basis for giving groups of individuals both the will and the way to begin to change the culture of their organizations. A distinct result of this effort will be a substantially enhanced concern for the development of the managerial abilities of their employees.

The "Management Development" course is designed to begin a process of change. The remaining courses need to provide the perspectives and skills necessary to bring about that change. After considering a number of alternatives we have come to a sequence of three additional courses which embrace the additional content which we think is needed. The three additional courses would be:

- » "Client Service Systems" will focus on the core technologies of a health service.
- » "Support Service Systems" will focus on the wide range of activities which are needed to support client service.
- » "Resource Systems" will focus on the resources necessary to make both the direct and support service systems possible.

The grouping of skills and perspectives implicit in this design of courses seems, to experienced instructors in health care management, to be a constructive grouping which allows the instructors to cluster related materials, and it provides a useful set of foci for the participating groups.

c) The format

We explicitly want to take the entire senior group, as a unit, out of a setting for this management training. Removing the entire triumvirate from a hospital is very difficult for the hospital. It cannot be done for prolonged periods of time. The format adopted for the training must minimize the length of the periods the senior group is gone.

The training needs to be viewed as brief, intense, periods where the group is away from their normal work setting, and the subsequent period when that group is back at the work setting and able, as part of their work, to implement based on the immediately previous training period. We are focusing on the group; even though the group is out of the classroom, they can continue to work, hopefully in new ways, as a group.

Typically, the group from a given setting (like the triumvirate from a Hospital) would come to a training setting and be one of 6 to 10 groups or a period of two, sometimes three, days. They would then return to their normal work for the remainder of a two week period.

A "course" would involve three periods "on campus" with two intervening periods back at the worksite.

For the first offering of these courses, starting in January 1993, a possible schedule for offering the first set of four courses is:

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Weeks	Course	Module	
4-5	1	1	Start during the week of 25 January
6-7	1	2	"Management Development" Course
8-9	1	3	
10-11	2	1	
12-13	2	2	"Client Service Systems" Course
14-15	2	3	
16-17	3	1	
18-19	3	2	"Support Service Systems" Course
20-21	3	3	
22-23	4	1	
24-25	4	2	"Resource Systems" Course
26	4	3	Finish during the week of 28 June

The schedule above presumes a group will start with the first course and will proceed through the fourth course, in direct sequence, over a period of 23 weeks. This is the preferred sequence.

The base assumption should be that the group begins and completes any one course.

It is preferred that they continue on, in sequence, to the next courses. However, the structure of the courses needs to be sufficiently flexible to *not require* individuals to take the entire 23 weeks sequence. If a group has a major problem after, say, the second course, they can come back at a later date and take the third and fourth courses.

4. The first cohort

Who should be the *first* groups to undertake this sequence of management training?

The current schedule calls for the training to begin in January of 1993. By current estimate, the CEO's who are planned for eight hospitals should, also, be starting in January of 1993; these are especially troubled hospitals. Perhaps these CEO's and their Triumvirates should be the first eight groups to go through this management training.

After careful thought, we would recommend the CEO group *not* be the first group to go through the courses. Perhaps most of the CEO's will be new to their hospitals and to the work groups of senior officers of those hospitals. They need to become familiar with their hospitals and their senior colleagues, before they come into the management training program.

There needs to be a careful and effective orientation for the new CEOs. The combined ASC/AUPHA management training capability should be able to constructively contribute to this orientation. One objective of that contribution would be to focus the new CEOs on what will happen in the courses they will be taking, with a group of other senior staff from their

AUPHA/ASC MANAGEMENT DEVELOPMENT
Assessment of Management Development Needs of MoH

hospitals, in the future. This will allow them, when appropriate, to think:
"That can wait until we take the ASC management Training Program."

Hospitals are the major problem in the provision of direct services by the Ministry. It is appropriate that at least the first offering of these courses be directed at Hospitals. It makes good sense to select Triumvirates from hospitals that are *not* designated to get CEOs. These non-CEO Hospitals are the majority of the hospitals, yet they are not the direct target of other external programs.

This is a decision which must be made by the Ministry. As trainers, we can only recommend. However, this decision needs to be made in the near future. The suggestion made above was provided in a De-briefing meeting chaired by Acting Permanent Secretary of the Ministry of Health, Mrs. S. Keating, at 9am on the 1st of October 1992. Mrs. Keating indicated she would, in the next week, convene an appropriate meeting to address this issue.

VIBRANT TRAINING:
Designing and Delivering Quality Instruction

TIME	MODULE 1 March 5, 1993	MODULE 2 May 6 & 7, 1993
Topics	<ul style="list-style-type: none"> ● Course overview ● Introduction ● Instructional dynamics ● Teaching excellence ● Learning styles 	<ul style="list-style-type: none"> ● Dimensions of effective instruction ● Instructional design ● Using questions for learning and motivation ● Role playing ● Measurement of training quality
Day 1	Activities	Activities
Morning	<ol style="list-style-type: none"> 1. Opening exercise 2. Course mission exercise 3. Presentation: Group Dynamics 4. Discussion 	<ol style="list-style-type: none"> 1. Discussion of teaching performance standards exercise 2. Characteristics of effective instruction 3. Best-Worst and learning styles revisited 4. Discussion
Afternoon	<ol style="list-style-type: none"> 5. Barriers to Learning exercise 6. Discussion of teaching excellence 7. Best-Worst exercise 8. Learning styles assessment 9. Discussion 10. Interim exercise: Teaching performance standards 	<ol style="list-style-type: none"> 5. Creating learning opportunities exercise 6. Instructional design principles 7. Discussion 8. Training quality measurement exercise (overnight)
DAY 2		
Morning	Module 1 is a one day event	<ol style="list-style-type: none"> 1. Discussion of overnight exercise 2. Using questions exercise 3. Using questions for learning and motivation presentation 4. Discussion 5. Design of role playing exercise 6. Lunch time assignment
Afternoon		<ol style="list-style-type: none"> 7. Role playing exercise 8. Discussion 9. Development of teaching improvement project 10. Presentation of projects 11. Discussion 12. Summary

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**BUILDING VIBRANT ORGANIZATIONS:
Course 2: Client Service Systems**

TIME	MODULE 1	MODULE 2	MODULE 3
TOPICS	<ul style="list-style-type: none"> - Overview of Courses 2 - 4 - Review of Projects from Course 1. - Patients - The Care Giving Process - The Essence of Giving Care - Measuring Productivity & Quality 	<ul style="list-style-type: none"> - Review of 1st Interim Projects - "Vibrant Purpose" - Quality - "Good Health" & "Healthy Hospitals" - The Essence of Nursing 	<ul style="list-style-type: none"> - Review of 2nd Interim Projects - Measuring Productivity and Quality -- Advanced - Macro-perspective measurement - Managing Expectations - Public Measures of Achievement
Day 1	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 1. Overview Courses 2-4; Preview 2 2. Review: Projects from Course 1 3. Are you Patient? 4. Care Giving Process-1 	<ol style="list-style-type: none"> 1. Review: Where we are in the course 2. Report: Results of 1st Projects 3. Discussion of Project Results 4. Introduction: 2nd Interim Project 5. "Vibrant Purpose"-1 	<ol style="list-style-type: none"> 1. Review: Where we are in the course 2. Reporting: Results of 2nd Interim Projects 3. Discussion of Project Reports 4. Advanced: Measuring Productivity and Quality
Afternoon	<ol style="list-style-type: none"> 5. Introduction: 1st Interim Project 6. Essence of Giving Care-1 7. Essence of Giving Care-2 8. Essence of Giving Care-3 9. Care Giving Process-2 	<ol style="list-style-type: none"> 6. "Vibrant Purpose" -2 7. What is Quality? 8. "Good Health" & "Healthy Hospitals" 	<ol style="list-style-type: none"> 5. Exercise: Comparing Performance of Organizations 6. Discussion: Macroscopic viewing of Organizational Performance 7. Managing Expectations
Evening	<ol style="list-style-type: none"> 10. Teams begin developing 1st Interim Project 	<ol style="list-style-type: none"> 9. Teams begin developing 2nd Interim Project 	<ol style="list-style-type: none"> 8. Teams develop common measures they want publicly used
Day 2	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 11. Teams present designs 12. Discussion of designs 13. Introduction: Measuring Productivity and Quality-1 	<ol style="list-style-type: none"> 10. Teams Present preliminary designs for the 2nd Interim Projects 11. Discussion of Project Designs 12. Essence of Nursing-1 	<ol style="list-style-type: none"> 9. Teams present views of measures they want publicly used 10. Review: What are we maximizing or minimizing? 11. Shared view of Measures -1
Afternoon	<ol style="list-style-type: none"> 14. Teams: Perfect 1st Interim Projects 15. Introduction: Measuring Productivity and Quality-2 16. Reporting: Final designs for 1st Interim Projects 17. End of Module Evaluation 	<ol style="list-style-type: none"> 13. Essence of Nursing-2 14. Teams redesign 2nd Interim Projs. 15. Report: Final Designs of 2nd Interim Projects 16. End of Module Evaluation 	<ol style="list-style-type: none"> 12. Shared view of Measures -2 13. Teams develop how to implement the shared view of measures 14. End of Module and End of Course Evaluations
Interim	Project: Patient Satisfaction	Project: Improving Patient Satisfaction	Competitive, Public, Measurement

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AUPHA/ASC MANAGEMENT DEVELOPMENT Draft 21 October, 1992 at 6:52
Curriculum Plans - The First Course - Preliminary View

MEMORANDUM

To: /Those Concerned
From: /H. Allen and H. Holmberg
Date: /21 October 1992
RE: /The First Course - A Preliminary View

This is a working document. It captures, starting mid-day on the 20th of October, our current view of "the first course" of the ASC/AUPHA sequence of courses for the Ministry of Health. The point of the document is to be a recorded snapshot of where we are; it will capture many markings on a chalkboard and slips of paper arranged on a table. The act of writing this paper is a step in elaborating our vision of the course. What we are putting in the first draft and what we have a few days later may be substantially different.

Our Situation

We aim to change the corporate culture of the care giving capabilities of the Ministry of Health in Jamaica and of the Ministry (including central and regional offices) through an educational intervention.

This "management training" will be for groups who are teams of senior managers drawn from units of the Ministry. We have suggested the first cohort would be Triumvirates from Hospitals that are not, in the near future, to be given a new CEO.

Our objective is to (dramatically) change the dynamics in the group and thereby to change the culture of the institution or service which is managed by the group.

Our style is "experiential" or/and "inductive". It is focused on securing action; we want change to begin while a course is occurring.

We expect there to be constant observation of what is happening. This will feed an ongoing sense of measurement and evaluation which will operate at both implicit and explicit levels.

The design of a given course will involve:

- ~ Two (or three) days of the group together, away from their work setting, "On-Campus" among six to eight groups. One part of this will be preparing for the experience in the remainder of the two week period.

- ~ The remainder of a two week period will be back at their worksite. During this time the group is able to pursue its normal work, but they will be expected, as a group, to engage in prescribed experiences.
- ~ A second two (or three) day period "On-Campus" during which the content will include analysis of the exercise in the previous period, and preparation for the exercises in the next period back at work.
- ~ The remainder of the two week period will be back at the worksite. There will be additional prescribed experiences during this period.
- ~ A final two (or three) day period "On Campus."

The sequence of courses which will be offered will be:

- ~ Management Development - the first course, the prime subject of this paper.
- ~ Client Service Systems
- ~ Support Service Systems
- ~ Resource Systems

Objectives for the First Course

The first course on "Management Development" is seen as the key element in the series. The other courses are designed to build on this keystone, expand perspectives, and provide additional tools. "Management Development" is expected to be the catalyst for substantial change.

The assessment of the "need" for Management training in the Ministry of Health (see separate paper) found the Ministry of Health and its components, especially the Hospitals and the central office, need to experience a substantial (positive) change in their corporate cultures. This course in "Management Development" is the key tool.

As a result of this course we expect:

- To have stimulated the beginning of a change in the target organization. (The following three courses will provide additional tools for this change.)
- To have changed the attitudes of the members of the working groups. With triumvirates from hospitals, and similar groups, this course is expected to "un-freeze" their historic relationship and begin moving them into a more constructive relationship.
- To leap! A essential component of the course, with its focus on organizational change and on un-freezing the relationship between group members is to provide a jar to the group relationship and make substantial change possible.
- To stimulate a constructive spirit of competition: between groups attending the course, between components of the Ministry of Health in general,

and within units of the organizations represented by the attending groups.

We have a number of expectations for explicit change in the behavior of the individuals who comprise the groups and their groups.

A distinctive decrease in the probability of them engaging in finger pointing -- or assigning "blame" to others.

A distinctive increase in the probability of the individuals and the groups identifying problems, creating goals, creating plans for action, and measuring their progress in pursuing the goals.

An increased warmth in the relationship between management and staff; a change from viewing subordinates as working for superiors to viewing superiors as working for subordinates.

An increase in the use of groups for problem identification and definition and problem solving.

An increased number of options being seen as relevant to the solution of problems.

A better use of staff.

Content and Sequence for the First Course

The Two Major Exercises

We anticipate using two major exercises. These will dominate the periods back at work which are between the times "on-campus." These exercises will be the subject of substantial preparation in the preceding on-campus period and will be the subject of substantial follow-up in the subsequent on-campus period.

Nursing Unit

[provide elaboration]

Top Management Organization

The top management organization exercise will have each group work explicitly on articulating how they have been functioning, evaluating that functioning in the light of what they have been learning, and then developing alternative modes for functioning. By the end of the second on-campus period, the group should have contracted with itself (and with the others in the class) to behave in a dramatically different way during the interim period on the worksite. They will have developed means for

recording the results and ways of measuring the impact of the change.

They will then be away for a period of nearly two weeks during which they will engage in this exercise and perform the needed activities.

When they come back to campus each group will report on its experience and learn from the reports of other groups. This will lead to a reassessment and decision on a final pattern of action.

Phases of the Course

A. First Period "On-Campus"

(Much of what is covered in the first session of the course will be re-covered or elaborated upon in the subsequent on-campus periods.)

[The first offering of this course may well have great attention. See the end of this course for a description of a possible role for the Minister of Health. In the first offering this may well occur at the start, rather than the end. If so, it will become especially important that ASC/AUPHA draft the (brief) speech to be given by the Minister.]

The dominating part of the first session is to deal with the groups and provide a shock to them which will assist in un-freezing their traditional behaviors and relationships.

There should be a quite searching discussion of the characteristics of well-performing (well-managed) organizations. To a substantial degree, this should be taken from the participants. Then the instructors will want to give additional characteristics which extend the thinking of the groups.

From this, there needs to be a discussion of the role and characteristics of management in well-performing organizations.

Next, there needs to be a comparison of the image of well-managed and well-performing, as was just developed, with the image of the performance and management of the Hospitals and other units of the Ministry of Health.

From this should come development of ideas about how to change from the present situation to the "well managed" situation. At this point we expect substantial resistance; we expect many of the participants to tell us what is "impossible" and for them to engage in finger pointing at barriers.

We want to begin to insert a sense of the possibility of change no matter how bad the odds. At this point we can start to introduce the Nursing Unit exercise which will be executed during the first interim period.

We need to concede there is pain in change, there is pain in competition, and there is gain from suffering this pain. We should even allude: those who do well in changing Ministry Hospitals (as their sole occupation) always have a bright future in being hired into the private sector. (This is an incentive for those who see their future in doing as

little as possible within their full-time employment and maximizing their income through consultancies).

One component will be an emphasis on not waiting for other changes. The participants need to move from pointing at obstacles as their only response, to dropping their finger and digging in and doing whatever is possible despite the obstacles.

In discussing change, we expect the participants to be pointing at the environment in the Ministry as an obstacle. It would make sense to explicitly engage the issue of the environment and top management's role in finding a way of accommodating the organization to the environment. In particular, it would be useful to note the position of Jamaican Society which feels there should be change in the Ministry. The message, for those who see the distinct possibility of retribution for those who attempt positive change, is that some day the views of society will prevail over the inaction shown in some of the behavior of the Ministry.

Discussion of the organizations environment, will, in the context of the Ministry of Health include Primary Health Care (for Hospitals) and Hospitals (for Primary Health Care). Sufficient analysis would be indicated to show the value of "cooperation" and an alternative to "competition" in dealing with sister services.

To further the process of changing the work group relationship there will be an examination of functional vs. dysfunction styles of behavior in groups. This will be the first step toward the elaboration, in the second on campus period, which will lead to the Top Management Organization exercise during the second interim period.

A last component of the first period will be an examination of the role of criteria and measurement in effective management. This will be elaborated in future meetings. At this time, the group should get into some measurements which can be used during the first at-work exercise. This is aimed at stimulating and building a constructive competition between the groups which are present. Any attention to measurement beyond that necessary for the exercise should be delayed to the second and third on-campus sessions.

B. First Interim Period

During the first Interim period, the group is expected to have at least one nursing unit engage in a problem solving exercise. We expect at least a majority of the groups to return able to cite success. If they all cite success, that will be fine. However, failures, whole or partial, by some of the groups will be good contrast to the successes and will form the basis for further instruction.

C. Second Period "On-Campus"

An early focus of the second period on campus will be the comparative reporting of the exercise while back at the work site. By the end of this

period, the groups should be willing to further that effort with other nursing, or similar, units. By the end of the period they should have done the analysis, problem solving, and self-contracting, to experiment with a changed group relationship during the next interim period.

This second period will elaborate, as seems appropriate, on content from the first period. For instance, there may be more information on well-performing organizations, which may include some cases of dramatic corporate culture change. Further content related to measurement may be provided.

Additional content that may be woven in may concern management functions such as: Planning, Organizing, Staffing, Leading, and Controlling. Also, there may be information on skills such as: Conflict Management, Management of Change, Group Process, Problem Solving and Decision Making, and Communication.

Building on the situation in the Ministry, there needs to be further discussion of dealing with those situations which may be labeled "impossible."

During this session there will begin an overt consideration of development of the management skills of others within the organization.

D. Second Interim Period

The second exercise will be undertaken.

We expect there will be more use of the exercise first undertaken during the first period.

E. Third Period "On-Campus"

The third period will build on the interim experience. It will have more emphasis on the issues of developing other staff, especially developing their managerial abilities.

Content related to ethical issues may appropriately enter here.

It would be useful, before this period is over, to have a special, if brief, presentation from the Minister of Health in which the message is: "Do it! Go make change. If officials in the Ministry are stopping you, go ahead anyway; I am behind you." [Alternatively, this may be at the start; see note in brackets at that point].

The Mentor Idea

[elaboreate]

(Other headings to be inserted and written)

Required Instructor

Strong on Organizational Development skills.

Measurement of Change

Individual attitudes - b4 and after

Hosp/Orgz effectiveness

Use MoH records. Perhaps make baseline-setting visits.

Possible Case Development

To emphasize the experiential nature - want groups to identify with situations -- nb. A. Henchcliff ideas on change situations. Use examples within Jamaica but outside the Health Delivery System.

Next Steps to be taken in development

Texts and other learning materials.

Lyles, Supervision in Health Care Organizations

Style of Presentation

VARIED; participative; alter between whole class, individual groups, and collections of groups. Some will be "passive" devices like films and videos -- used in an active manner.

Handwritten notes: "C. Allen" and "TAB 5"

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- A second two (or three) day period "On-Campus" during which the content will include analysis of the exercise in the previous period, and preparation for the exercises in the next period back at work.
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An increase in the use of groups for problem identification and definition and problem solving.

An increased number of options being seen as relevant to the solution of problems.

A better use of staff.

Content and Sequence for the First Course

Style of Presentation

The style of presentation in the classroom will be characterized by a number of labels: varied; participative; action learning; alteration between whole class, individual groups, and collections of groups. There will be limited use of "passive" devices like films and videos -- used in an active manner.

The Two Major Exercises

We anticipate using two major exercises. These will dominate the periods back at work which are between the times "on-campus." These exercises will be the subject of substantial preparation in the preceding on-campus period and will be the subject of substantial follow-up in the subsequent on-campus period.

Nursing Unit Problem Solving

The first exercise will focus on solving problems in a core function of the provision of health services: a nursing unit (which could be inpatient, or which could be an ambulatory service unit). We will utilize an exercise which was developed for the national teaching hospital in Zimbabwe and then subsequently utilized at the national teaching hospital in Kenya.

The exercise is very direct. Assistance is provided to the staff of a nursing unit who sit down and encounter their pains. The pains get sorted into problems and minor irritations. The problems get defined, alternatives are generated, and multiple optional solutions are developed.

In previous use, this exercise has led to some problems being quickly solved. Solving *any* problem, making *any* progress, is a dramatic change in the situation of a dispirited working unit. This forms the basis for further, more far reaching change. It demolishes the belief that nothing good can happen until some distant "they" "do something." This belief is replaced by a belief that the work group can (and must) begin to take charge of its own destiny despite the seeming constraints.

We have the exercise as it was used in Africa. We need to carefully review it and make necessary improvements for use in this situation.

Top Management Organization

The top management organization exercise will have each group work explicitly on articulating how they have been functioning, evaluating that functioning in the light of what they have been learning, and then developing alternative modes for functioning. By the end of the second on-campus period, the group should have contracted with itself (and with the others in the class) to behave in a dramatically different way during the interim period on the work site. They will have developed means for recording the results and ways of measuring the impact of the change. A copy of the agreement will be left with the instructors.

They will then be away for a period of nearly two weeks during which they will engage in this exercise and perform the needed activities.

When they come back to campus each group will report on its experience and learn from the reports of other groups. This will lead to a reassessment and decision on a final pattern of action.

This exercise has to be developed in detail.

Phases of the Course

The course will be phased with three on-campus periods and two interim periods between those three sessions.

A. First Period "On-Campus"

(Much of what is covered in the first session of the course will be re-covered or elaborated upon in the subsequent on-campus periods.)

The first offering of this course may well have great attention. See the end of this course for a description of a possible role for the Minister of Health. In the first offering this may well occur at the start, rather than the end. If so, it will become especially important that ASC/AUPHA draft the (brief) speech to be given by the Minister.

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We presume that the first morning of the first offering will be taken up by these formalities. The "real" content of the course will not begin until the afternoon of the first offering. Given the overhead of the "official opening" we plan the first segment of the first offering of the course will last 3 full days: a half day for the official opening, and 2.5 days for the actual course. After the first offering of this course, we will need to review the situation to determine whether, in future offerings, the first segment should be two or three days in length.

The dominating part of the first session is to deal with the groups and provide a shock to them which will assist in un-freezing their traditional behaviors and relationships.

There should be a quite searching discussion of the characteristics of well-performing (well-managed) organizations. To a substantial degree, this should be taken from the participants. Then the instructors will want to give additional characteristics which extend the thinking of the groups.

From this, there needs to be a discussion of the role and characteristics of management in well-performing organizations.

Next, there needs to be a comparison of the image of well-managed and well-performing, as was just developed, with the image of the performance and management of the Hospitals and other units of the Ministry of Health.

From this should come development of ideas about how to change from the present situation to the "well managed" situation. At this point we expect substantial resistance; we expect many of the participants to tell us what is "impossible" and for them to engage in finger pointing at barriers.

We want to begin to insert a sense of the possibility of change no matter how bad the odds. At this point we can start to introduce the Nursing Unit exercise which will be executed during the first interim period.

We need to concede there is pain in change, there is pain in competition, and there is gain from suffering this pain. We should even allude: those who do well in changing Ministry Hospitals (as their sole occupation) always have a bright future in being hired into the private sector. (This is an incentive for those who see their future in doing as little as possible within their full-time employment and maximizing their income through consultancies).

One component will be an emphasis on not waiting for other changes. The participants need to move from pointing at obstacles as their only response, to dropping their finger and digging in and doing whatever is possible despite the obstacles.

In discussing change, we expect the participants to be pointing at the environment in the Ministry as an obstacle. It would make sense to explicitly engage the issue of the environment and top management's role in finding a way of accommodating the organization to the environment. In particular, it would be useful to note the position of Jamaican Society which feels there should be change in the Ministry. The message, for those who see the distinct possibility of retribution for those who attempt positive change, is

that some day the views of society will prevail over the inaction shown in some of the behavior of the Ministry.

Discussion of the organization's environment, will, in the context of the Ministry of Health include Primary Health Care (for Hospitals) and Hospitals (for Primary Health Care). Sufficient analysis would be indicated to show the value of "cooperation" as an alternative to "competition" in dealing with sister services.

To further the process of changing the work group relationship there will be an examination of functional vs. dysfunctional styles of behavior in groups. This will be the first step toward the elaboration, in the second on campus period, which will lead to the Top Management Organization exercise during the second interim period.

A cohering focus for the first on-campus period will be preparing the groups for the activity of the first interim period: the Nursing Unit Problem Solving. The written document describing this exercise will be distributed, during the first on-campus period, for reading the night before the last day of class. To adequately prepare the groups, there will need to be some carefully structured role playing. An important result of this activity will be to achieve agreement among all members of each group that the exercise is likely to be successful and that such success will be of value.

A last component of the first period will be an examination of the role of criteria and measurement in effective management. This will be elaborated in future meetings. At this time, the group should get into some measurements which can be used during the Nursing Unit Problem Solving exercise. This is aimed at stimulating and building a constructive competition between the groups which are present. Any attention to measurement beyond that necessary for the exercise should be delayed to the second and third on-campus sessions.

B. First Interim Period

During the first interim period, the group is expected to have at least one nursing unit engage in a problem solving exercise. We expect at least a majority of the groups to return able to cite success. If they all cite success, that will be fine. However, failures, whole or partial, by some of the groups will be good contrast to the successes and will form the basis for further instruction.

C. Second Period "On-Campus"

An early focus of the second period on campus will be the comparative reporting of the Nursing Unit Problem Solving exercise while back at the work site. The reporting, by each group, of what happened with the Nursing Unit Problem Solving will be the core activity for arranging much of the instruction. Successes and failures will be carefully reviewed by the groups. By the end of this on-campus period, the groups should be eager to further utilize the Nursing Unit Problem Solving exercise with other nursing, or similar, units.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Curriculum Plans - The First Course - Preliminary View

The second on-campus period will also prepare the groups for the second exercise, on Top Management Organization. By the end of the on-campus period each group should have done the analysis, problem solving, and self-contracting, to experiment with a changed group relationship during the next interim period.

This second on-campus period will elaborate, as seems appropriate, on content from the first period. For instance, there may be more information on well-performing organizations, which may include some cases of dramatic corporate culture change. Further content related to measurement may be provided.

Additional content that may be woven in may concern management functions such as: Planning, Organizing, Staffing, Leading, and Controlling. Also, there may be information on skills such as: Conflict Management, Management of Change, Group Process, Problem Solving and Decision Making, and Communication.

Building on the situation in the Ministry, there needs to be further discussion of dealing with those situations which may be labeled, at the start of the course, as "impossible" by participants. The Nursing Unit Problem Solving exercise should have diminished the probability of perceiving a problem as "impossible."

During this session there will begin an overt consideration of development of the management skills of others within the organization.

D. Second Interim Period

The second exercise on Top Management Organization will have been an object of group study and commitment prior to the Second Interim Period. During this time, the participants are expected to actually fulfill their contracts within the group and to record the results (both positive and negative).

During the second interim period, there should be further use of the Nursing Unit Problem Solving exercise originally undertaken during the first interim period. The use of this exercise will, now, probably, not be limited to nursing units.

E. Third Period "On-Campus"

The third period will build on the interim period experience with the Top Management Organization exercise. It will also build on further use of the Nursing Unit Problem Solving exercise involving (a) units started in the first interim period, and (b) units started during the second interim period.

It will have substantial emphasis on the issues of developing other staff, especially developing their managerial abilities.

The content on "management development (of subordinates)" [which is the explicit label of the course] will fall into a larger framework. Each participating group will be expected to begin the development of a plan for

change in their organizations, of which the development of the managerial abilities of their subordinates will be a major feature.

Content related to ethical issues may appropriately enter here.

If there was not a special opening ceremony involving the Minister of Health, it would be useful, before this period is over, to have a special, if brief, presentation from the Minister of Health in which the message is: "Do it! Go make positive change. If officials in the Ministry are stopping you, go ahead anyway; I am behind you."

Mentors

The participant groups will be experiencing this course and the three subsequent courses. The desired result of this experience is substantial change in the behavior of the individuals, the groups, and the services they direct.

To assure that change, it is useful to have other inputs which are supportive of the courses. One such input would be Mentors. For participants in the course, it would be useful to have a mentor, a respected individual who can positively speak about the course experience and what flows from the course. The Mentor can take telephone calls during the interim periods, and afterwards, to give reassurance and to assist in implementation of the exercises.

After the first offering of the courses, the Mentors can be drawn from among those who previously participated in the courses. For the first offering of the course, the Mentors will have to be drawn from the instructors, other participants, and external advisors to the instructors.

Instructors

The content and flow of this course, as described above, implies the need to use instructors who have a substantial and strong background in Organizational Development. Given the nature of OD work in a classroom, a team of at least two people will be required.

They may determine that various spots in the schedule, ranging from 15 minutes to 90 minutes, are best filled by using additional instructors.

The core team of instructors will have the responsibility of assuring the flow of the course and the adaptation of the course to accommodate the real experiences of the groups both in the classroom and during the interim periods.

Measurement of Change

It is appropriate, now, to be thinking about how we will measure the change that we expect to come from this effort. The real changes which are desired are massive improvements in the ability of the work units to serve the public.

Individual attitudes and behaviors

The objectives of this course (and the other 3 courses) which relate to the attitudes and behaviors of the individuals and groups who participate in these courses need to be reduced to a questionnaire instrument which can be repeatedly administered to the participants.

A possible schedule for using this is at the beginning of all five of the periods in the course, and at the end of the course. This will both facilitate analysis of the overall product, and it can inform the instructors, while the course is in process, of what change is occurring.

Hospital / Organisational effectiveness

Implicit in the objectives of this course and the series of four courses are changes in the performance of units of the Ministry of Health. This will be very useful; however, it is beyond the scope of the effort by ASC/AUPHA. This needs to be raised with the HSIP.

Possible Materials

We have highlighted the need to identify examples and cases within Jamaica which illustrate use, in Jamaica, of new approaches that are occurring elsewhere in the world. An example is current efforts of IBM both Worldwide and in Jamaica to vastly change the character of their organization.

A possible text/reference for distribution to all participants that has been identified is: Richard I. Lyles and Carl Joiner, *Supervision in Health Care Organizations*, Albany NY: Delmar Publishers, 1986, 239pp.

MEMORANDUM

To: Those Concerned
From: Hop Holmberg
Date: 11 December 1992
RE: Courses 2 true 4 - Initial View

This is a snapshot of a working document. The document is the base for developing an initial view of the detailed curriculum for all (beyond the first) of the courses of the ASC/AUPHA sequence being developed for the Ministry of Health.

A memorandum of 21 October prepared a preliminary view of the first, critical, course "Management Development." This document is a start on the design of the remaining three courses to be developed. By current plan the Second Course will be offered starting on the 23rd of March 1993; the Fourth Course will end on the 8th of July.

Here is the first section ("Our Situation") of the 21 October 92 document on the first course:

Our Situation

We aim to change the corporate culture of the care giving capabilities of the Ministry of Health in Jamaica and of the Ministry (including central and regional offices) through an educational intervention.

This "management training" will be for groups who are teams of senior managers drawn from units of the Ministry. We have suggested the first cohort would be Triumvirates from Hospitals that are not, in the near future, to be given a new CEO.

Our objective is to (dramatically) change the dynamics in the group and thereby to change the culture of the institution or service which is managed by the group.

Our style is "experiential" or/and "inductive". It is focused on securing action; we want change to begin while a course is occurring.

We expect there to be constant observation of what is happening. This will feed an ongoing sense of measurement and evaluation which will operate at both implicit and explicit levels.

The design of a given course will involve:

- Two (or three) days of the group together, away from their work setting, "On-Campus" among six to eight groups. One part of this will be preparing for the experience in the remainder of the two week period.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Curriculum Plans - Courses 2 through 4 - Initial View

- The remainder of a two week period will be back at their work site. During this time the group is able to pursue its normal work, but they will be expected, as a group, to engage in prescribed experiences.
- A second two (or three) day period "On-Campus" during which the content will include analysis of the exercise in the previous period, and preparation for the exercises in the next period back at work.
- The remainder of the two week period will be back at the work site. There will be additional prescribed experiences during this period.
- A final two (or three) day period "On Campus."

The sequence of courses which will be offered will be:

- » Management Development - the first course, the prime subject of this paper.
- » Client Service Systems
- » Support Service Systems
- » Resource Systems

Objectives for Courses 2 through 4

The first course aims to open up the possibility of change in the target organizations. It attempts to open the eyes of the participating teams to the value and possibility of change and to get them to experiment with bringing about change. In the end it brings them to creating an agenda for change.

The next three courses are to be offered to the same teams in following on the first course (participating teams must take the courses in sequence -- it is possible a team might drop out and subsequently pick up the sequence in another round of offerings). These three courses are intended to build on the first course.

They build on the first course by giving the participating teams perspectives and tools which will combine with the, already developed, will to change.

The desired results of this set of three courses are:

To have the participating teams positively changing how their organizations function.

To have the participating teams consciously examining each facet of their organizations to determine opportunity for improvement, and to pursue such improvement.

To have the organizations led by the participating teams obviously functioning in a manner which is superior to before. This change will be found even if there is no enhancement of the resources available.

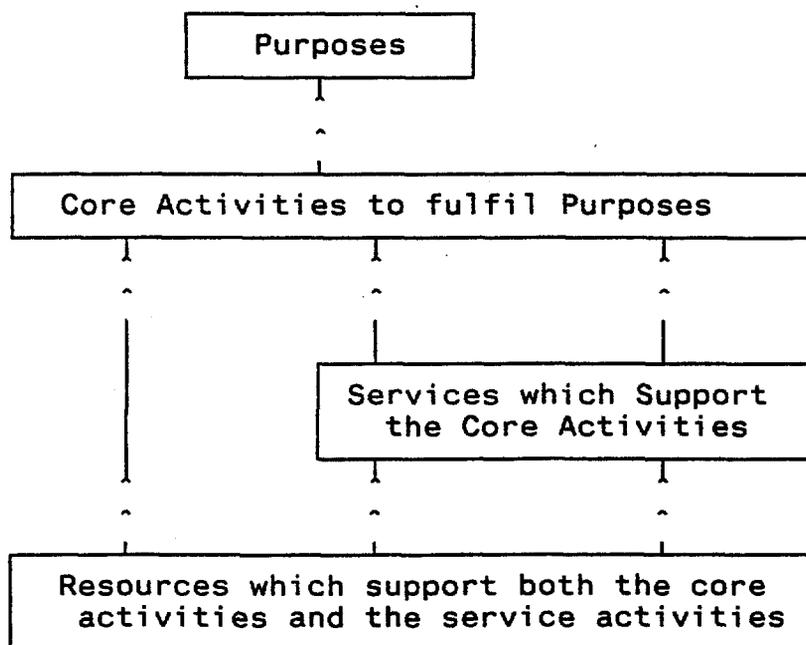
If the resources available are enhanced, experienced observers will find the gain from those resources to be remarkable.

To have the organizations led by the participating teams voluntarily measuring their progress and proudly comparing their progress to that made by similar organizations.

Structure of the three courses

This set of three courses consists of a block of material which all has the same general objectives.

The sequence of these three courses is: Client Service Systems, Support Service Systems, and Resource Systems. This division begins with the core activities of a care giving organization, it then moves out to the necessary support services, and then it focuses on supporting systems. This sequence is, in itself, a statement about priorities and focus. You focus first on the core of giving care; then you focus on supporting that care giving process.



Beginning the title of the first course with "Client" instead of the more commonly used "Patient" is a conscious statement of a change in perspective. The implicit part of the role of a "patient" is to "be patient." One mark of important change in the services of the Ministry of Health will be moving to not expecting Clients to "be patient." As the Ministry moves from providing "free" care (where there was a clear orientation to the client being patient) to charging fees (where the "patient" is a client who is looking for value for her money) this perspective grows in importance.

The grouping of material is a further statement. "Support Systems" includes the laboratory and housekeeping. Grouping them together challenges groupings ("Professional Services" vs. "Hotel Services") in the minds of participants. Having these grouped together will allow clearly showing that the approach to managing all such entities is the same: there must be definition, and measurement, of desired outputs in terms of their impact on the core care giving.

This arrangement of material seems very rational. It is conceptually satisfying. It also may not be the way instructors may have grouped material previously. Therefore, although highly meritorious and elegant, it is also a challenge! There is an alternative: used tried previous course structures and thereby reduce the work involved. The previous course structures are usually those designed for use in University Degree Programmes. They generally work from the general to the specific; this makes them contrary to the experiential and inductive nature which has been deliberately adopted for this sequence of courses. This is an unattractive alternative. The more compelling nature of this sequence merits the extra energy required to design the courses.

Originally, the courses will be offered to teams of managers from care settings. Subsequently the courses will also be offered to teams of managers from regional and central offices. What has been said above about care being the core activity is not formally correct for those not from care settings. However, offering them the same course, which emphasizes the core process of giving care, is useful. It will be necessary to then switch to their role: providing support. The core technology of their organization is to be a support element to the care givers. This perspective should be useful in establishing why they exist. To provide this same perspective on the role of the regional and central units of the Ministry for those from care giving sites is also useful.

Course 2: Client Service Systems

The core technologies in providing health services are: (a) the interaction between an individual client and a clinician (who may be a doctor or a nurse), and (b) the process of surrounding a client with an environment of concern and support which is provided by nursing. That's what health services are about. Everything else is not at the core.

Implicitly, there are parts of these activities which have been delegated to others.

Some of the implicit portions of the activities which have been delegated still directly encounter the client, for instance, receiving the client and registering them. Reception and registration are activities directly interacting with the client which, in another setting, could be done directly by the clinician or nursing. These activities are, from the perspective of the client, part of a continuum which directly impacts the client. Thus, this will be part of the material considered in this course on "Client Service Systems".

Some of the implicit portions of the activities which have been delegated do not necessarily encounter the client, these are the subject matter of the "Support Service Systems" course. These range from analysis of urine (which a clinician might do) to functions that might, in another setting, reside with the nursing function: cleaning the client's room and preparing the client's meal.

Course Specific Objectives

This is the first course work a participating team will encounter after the original course "Management Development" which is an introduction to the possibility of change. For those who are Doctors and Nurses, the content of this course will be an invasion of what may have been regarded as sacred turf of their professions.

As a result of this course the participating teams will see the core activities of their organizations as subject to improvement through analysis, resetting of objectives, conscious consideration of alternative designs, and ongoing measurement of results.

A major message of this course is that the content of the areas of these (and other) professionals are subject to examination and discussion. This is not sacred material reserved only to those professions.

Another major message is that down to the individual care giving site, these core technologies can be managed and, as appropriate, even changed. What is "proper" is not based on the way it was in some British Medical College 80 years ago; and what is "proper" is not the sole domain of the Medical Society or the Nursing Association. Care giving is amenable to change and management at the individual care site.

When a participating team completes this course, they will go back to their care site and engage in carefully examining their core care giving functions. They will have the tools for doing this, and they will have the belief that this will be a useful exercise.

Possible Content

One of the defining portions of an organization is it being a group of people that share a common purpose. What is "core" vs. what is "support" is defined by the purpose of the organization. [Hertz is seen as being in the business of renting vehicles; a supporting operation is in the sale of used vehicles. At some points in Hertz' history in this highly competitive business, renting cars was a losing proposition and Hertz saw itself as being in the business of "manufacturing used cars for sale."]

Bedrock: Defining the Core Technologies

The core of this course is to have the participant groups figure out what are the core technologies involved in providing health services. In keeping with the "inductive" and "experiential" character of this learning exercise, it would not be terribly useful to *tell* the participants what are the

core technologies. It would be much more useful for them to discover what they are -- and thus to believe the result.

The core technologies, or the direct work, of an organization is defined in the organizations purposes. The direct work is the work the organization exists to do.

Direct work is classified by Mintzberg (1979) as the work of the "operating core" and by Drucker (1973) as the direct part of "result producing activities." It is also referred to in the organizational literature as the "primary component of the task system" (Stoelwinder and Charns, 1981).¹

To get to this core in an inductive fashion, the instructors will need to lead the participating groups through an exercise in focusing on the purposes on the organizations. This should lead to defining the core work necessary to fulfill those purposes.

Analysis of Each of the Core Technologies

Once the core technologies have been identified, they can be analyzed. The point of this analysis is to enhance understanding of the technologies. Having "discovered" these technologies, the participants may still have many assumptions about them. A purpose of this analysis is to test those assumptions.

The analysis should open up the question of setting objectives and measuring performance. It will also set up the question, relevant for the future courses: how can the performance of the support systems change the performance of this core function.

Looking at the Clinician/Client Encounter

The Clinician/Client Interaction is one of two core activities in providing health services. It involves a Client ("patient") who (usually) comes with a problem (or some expectations) to see a Clinician (commonly a doctor, often a nurse). The approach may be to a know individual or to a care giving organization which is assumed able to provide a Clinician.

If the client comes with a problem, their expectation is that something can be done about the problem. [A parallel can be drawn here between "problems" in organizations as treated in the previous course, and the "problems" of clients -- in both cases "problem" indicates a mis-match between expectations and observed reality.]

There is on the original encounter and many subsequent encounters a ("diagnostic") process of information gathering which involves questions and answers, and physical examination which can involve a variety of tools such as thermometers and stethoscopes. This diagnostic phase involves an

¹ Martin P. Charns, Marguerite J. Schaefer, *Health Care Organizations; A Model for Management*, Prentice-Hall, 1983, P. 86.

iterative interactive process between overt inquiries initiated by the clinician and thoughts by the clinician in response to answers received to questions.

The next phase is "prescriptive". It involves physically doing things to the client, and it can involved preparing orders for things to be done to the client in the future. In order for the prescription to be successful, it is frequently very important to explain things carefully to the client and the client's intimates and to assure they adequately understand.

Looking at the Nursing Environment

Nurses can be the "Clinician" in the Clinician/Client encounter. Nurses are, uniquely, the core of the other unique component of providing care: the creation of a protective and supportive environment for the client. Typically this is done for clients on the Ward. This nursing function is equally relevant in the ongoing care for clients and their families which can attach to ambulatory visits (especially to a series of visits), and in nursing which involves home visits.

The essence of this relationship is creating some form of protective "bubble" around the client towards assuring the best opportunity for the client to gain and retain the best health possible. "Bubble" is vivid but a bit colloquial; "Nursing Environment" is, perhaps, more descriptive.

Setting Expectations: Positive and Negative

What is it we *expect* of the care-giving processes? We have expectations for positive things which should happen. And, we have expectations that certain negative things *won't* happen; that is, we have certain *regrets* that we want to minimize.

What are they? The students need to produce these answers.

Measuring Inputs and Outputs

We can *measure* our degree of achievement of the expectations we set. The simplest measurement is "Yes/No"; but then we can *count* the number of times there is a "Yes" versus the number of times there is a "No".

Measurement will be a theme in each of these three courses. Thus, here we will forcefully introduce the idea. In the subsequent courses we can expand on that base. The desired result is that the participants will always be thinking "how can we measure it?" We need to assist them in finding ways of measurement. Some of them may think of measurement only in terms of a ruler. We need to indicate that such precise, equal interval, measurement is nice, but not always achievable. Binomial classification (yes vs. no), classification without rank ordering, and classification with rank ordering (but no meaningful intervals) are all useful.

The second major sense of measurement we want to introduce in the second course, and enhance in the subsequent courses relates to analysis of measurement. In binomial measurement the proportion of incidents that are

"yes" or "no" is useful. In other settings it is not just dollar cost, but dollar cost per visit. By the time we get to the 4th course, we may be able to move from simple ratios to the idea of linear functions (without necessarily bothering to use the name).

Removing direct contact functions:
Reception and Registration

Implicitly, without an organization surrounding the care-giver, the care-giver has the function of receiving and registering the client. With even a small increase in the scale of effort or the resources available, reception and registration tend to be delegated to other staff. However, reception and registration are still part of the process of direct care because they send messages directly to the client about the care-givers. To the client, these activities happen before the care-givers move into direct "command".

Thus, other items which support care giving, from laboratory to catering to cleaning, can be classified "support" -- they are resources the care-givers consciously command; they are not the services the client came to receive. Reception and registration are different. They are different because they are the "front end" of the care process. They are a portion of the direct contact with the client which the client came to receive.

Registration and reception are, thus, being treated in this course rather than in the following course on support systems.

Being placed within this course, registration and reception provide a kind of "bridge" to the following course which will deal with other support services.

Possible Exercises

In the first course we had two exercises, with the second building on the first. The first exercise focused on a working unit, normally a nursing unit (which is a subject of this course). The second exercise dealt with expanding that experience to other portions of the organization.

In this course we can focus on the other core activity: the Clinician/Client encounter. The exercise will involve defining a desired outcome: client understanding of the instructions they are to follow. Clients who have completed visits to the doctor will be interviewed to determine what they understand they are to do, and what may happen to them. These results will be compared with the clinician's notes to determine whether (a) the client understands what they were expected to understand, or (b) the client doesn't understand, or (c) the clinician's notes are too vague to measure what the client should know.

The expected result of this exercise is that few clients will be found to fall into "the client understands". That will be (or, at least, should be) an earthshaking result. The point of the care process is for the client to understand; if we are subject failures at that, then

The second exercise will build on the first. The team will be expected to design a process which is designed to cure the problems revealed by the first exercise. The process needs to be cybernetic. In building this process they will be moving into a useful level of abstraction: not only will they design a process which contains measurement (the proportion of clients who "understand"), but they will have to design objectives and measurements for the ongoing process of improving the effectiveness of their clinical processes (the amount of improvement which is being obtained per unit of time).

Course 3: Support Service Systems

Support services are necessary to allow the functioning of the core services. In a health care setting they range from cleaning to preparing meals to performing laboratory analysis.

Despite this disparate list of activities, all of them have the same relationship to the core processes. And, thus, within the framework of the organizations they can all be viewed and managed in the same way: they are all to be evaluated by their contribution to the core functions. They are not measured for their own right; they are measured by their contribution to the core activities.

Maintenance is one service which has characteristics of both a "support service" and a "resource". It can be used as a bridge between the two courses.

Possible Content

The content of this course will focus generically on service elements. It will be driven by the question of *purpose* which begins in the first course and gets strong emphasis in "Client Service Systems".

In objectives and measurement, this course will push to more specification and detail than was encountered earlier as there is an attempt to specify what is to be achieved (and what regrets are to be avoided) in the service system serving patient care. The concepts of measurement will be expanded beyond that in the previous course.

In style, the course can emphasize the similarity of all services that support patient care by jumping from one service to another. When working on measurement of achievement, for instance, there can be a jump from lab services to trash removal or cleaning.

After the base process of figuring out how to manage a department to objectives, the attention will move to fine tuning its performance -- calibrating more exactly on the needs of the core functions. This can lead into an exploration of coordinating devices and alternative forms of organization. Patient records may be a useful example: there can be an exploration of the line between formal "medical records" and those records maintained on a clinical or nursing unit which don't get handled by the formal "records" staff.

Possible Exercises

The first exercise will involve dealing with one support department. The relationship of the department to the core care giving, in the light of the organizations objectives, needs to be established. Criteria for evaluation need to be established. There needs to be measurement of performance as compared with expectations. There needs to be a process for examining that evidence and converting it into improved performance.

Some may think that management of support units is the business of an administrator. Yet, driven by the issue of how well the support service *supports the core care giving*, it becomes necessary for physicians and nurses to be involved in the process of improving the functioning of support units.

The first exercise will have made a special point: while such an exercise of managerial effort is worthwhile, it takes real time and effort. It is not possible to instantly do such an effort for every support unit. In that light, the second exercise will involve priority setting: what are the priorities assigned to bringing about positive change in each support department, and, therefore, what is the sequence in which the organization will exert the management effort necessary to improve its support functions?

The product of the second exercise should be a plan, perhaps extending over a year or more, which sketches how the organization will go about improving the operation of its support functions.

Course 4: Resource Systems

In the courses on Client Service Systems and Support Systems, the participating teams will have had drilled into them the idea of defining purpose for a work unit and then tuning the performance of that unit to deliver on its purpose.

In this course we consider another set of functions. Our objective here is to focus on making these resource system functions work for the organization. In common with issues encountered in Support Systems, we'll have to deal with defining what it is, (and isn't) that we want these functions to accomplish. The objectives of a function may be less clear in the resources area than they are in the support systems area; thus more attention will have to be devoted to that issue.

Possible Content

Areas to be considered include: Finance-Accounting, Human Resources, Supply-Stores, Information, and Maintenance (a bridge back to course 3).

The course should overtly encounter the question: to what degree are these resource functions entities unto themselves, versus to what degree they only exist as resources to other units. An example of this problem: Human Resources. The classic function can behave as if it exists as a power in its

own right and behave as if care giving serves it, rather than it serving care giving.

Possible Exercises

Here are some possible exercises:

Capital Project - comparing alternatives (which could be the present vs. one alternative). For IRR, can substitute use of a market rate of interest and counting the months in service required to secure break even. They would have to carefully define the current situation and define an alternative.

A budgeting effort (1) amalgamating the mission focused budgets of various departments, and (2) reconciling with the object format provided by MoH.

A project in Human Resources? -- perhaps related to setting expectations -- evaluation -- and rewards.

A project related to information? -- perhaps related to meeting the information needs of a manager.

Another "information" project might be more simple: dealing with regular cyclicities. -- comparing previous activity patterns to predict activity in the future -- to set up staffing, etc.

Next Steps

This document began life on the 10th of November, it has slowly growing and evolving. In preparation for a visit of three AUPHA faculty to the Administrative Staff College in December 1992, it is appropriate to stop the evolution at this point and make the document available for discussion and further action during that week in Kingston.

Hgtl

BUILDING VIBRANT ORGANIZATIONS : Effective Management of Health Delivery Systems

Course 1: MANAGEMENT DEVELOPMENT

TIME	MODULE 1	MODULE 2	MODULE 3
TOPICS	<ul style="list-style-type: none"> • Course Overview • Characteristics of high performance, well managed organizations • Role of the health services manager • Organizational change 	<ul style="list-style-type: none"> • Characteristics of effective teams • Strengths and weaknesses of senior management teams • Interpersonal relationships in teams 	<ul style="list-style-type: none"> • Roles, relationships, and conflict • Intra and inter-group conflict • Styles of conflict management
DAY 1	<i>Activities</i>	<i>Activities</i>	<i>Activities</i>
MORNING	<ol style="list-style-type: none"> 1. <i>Exercise: Organizational Diagnosis</i> 2. <i>Presentation: High performing well managed organizations</i> 3. <i>Introduction to course and course expectations</i> 4. <i>Discussion: Leadership</i> 	<ol style="list-style-type: none"> 1. <i>Progress reports on the interim project on problem solving</i> 	<ol style="list-style-type: none"> 1. <i>Progress reports on problem solving and team building projects.</i>
AFTERNOON	<ol style="list-style-type: none"> 5. <i>Discussion: Organizational Diagnosis exercise</i> 6. <i>Reports on exercise and discussion</i> 	<ol style="list-style-type: none"> 2. <i>Exercise: Team building</i> 3. <i>Presentation: Characteristics of an effective team</i> 4. <i>Summary</i> 	<ol style="list-style-type: none"> 2. <i>Exercise: Responsibility charting</i> 3. <i>Presentation: Roles, relationships and conflict</i>
EVENING	<ol style="list-style-type: none"> 7. <i>Introduction to Interim Project</i> 8. <i>Exercise: Locus of control</i> 	<ol style="list-style-type: none"> 5. <i>Participants complete and self-score the Myers-Briggs Type Inventory (MBTI)</i> 	
DAY 2			
MORNING	<ol style="list-style-type: none"> 1. <i>Exercise: Factors that facilitate and hinder change</i> 2. <i>Presentation: Overcoming barriers to change</i> 3. <i>Discussion: Locus of control</i> 	<ol style="list-style-type: none"> 1. <i>Discussion: Myers-Briggs Type Inventory and team relationships</i> 	<ol style="list-style-type: none"> 1. <i>Exercise: Conflict management</i> 2. <i>Exercise: Conflict management inventory</i> 3. <i>Presentation: Conflict management styles</i>
AFTERNOON	<ol style="list-style-type: none"> 4. <i>Exercise: Role play barriers to change</i> 5. <i>Team meetings</i> 6. <i>Team reports</i> 7. <i>Summary</i> 	<ol style="list-style-type: none"> 2. <i>Exercise: Development of team building action plan</i> 3. <i>Summary</i> 	<ol style="list-style-type: none"> 4. <i>Exercise: Communications and conflict</i> 5. <i>Conclusion, summary, and evaluation</i>
INTERIM	Project to initiate change	Project on team building	

**BUILDING VIBRANT ORGANIZATIONS:
Effective Management of Health Delivery Systems**

COURSE 1: Management Development

The primary objective of this course is to provide participants with a foundation in basic concepts of health services management. Particular emphasis is placed on the development of the senior management team as the body responsible for establishing a strong and motivating organizational culture. Content in this course is both cognitive and affective in nature. Basic concepts are presented on the role of the health services manager, the roles of teams in organizations, group process concepts, and the nature of conflict and conflict resolution. On the affective side, emphasis is placed on skills development in such areas as management style, approaches to conflict management, and the facilitation of organizational change.

This course places a strong value on action and on motivating both managers and employees to initiate meaningful change in their organizations. The course consists of three on-campus modules. In the interim periods between modules, participants work as teams to implement specific positive changes in their organizations. Feedback and guidance are provided by fellow course participants and course instructors. A final value emphasized by the course is that of empowerment. Successful change occurs when those capable of implementing needed changes are motivated to "stretch" themselves in the interests of patient care and the organization. A key ingredient in motivating people to improve the organization is embedding in them a sense of autonomy, confidence, and empowerment.

Module 1

Topics: (1) Course overview; (2) Characteristics of high performing and well-managed healthcare organizations; (3) Role of the health services manager; (4) Organizational change

Objectives:

By the end of this module participants should be able to:

1. Describe the purposes and approach of this course.
2. Define the characteristics of high performing and well-managed healthcare organizations.
3. Describe the key roles assumed by health services managers.
4. Describe the strengths and weaknesses of their organization with respect to team work, decision-making, delegation, communications, rewards, and conflict management.
5. Portray an ideal vision of their organization with respect to team work, decision-making, delegation, communications, rewards, and conflict

management.

6. Describe factors that inhibit organizational change, both generally and specifically pertaining to their organization.
7. Understand the idea of locus of control - both in terms of their own locus of control - and how it may affect an individual efforts to promote change in an organization.
8. Have obtained agreement with other team members on an individual within their organization to participate in the nursing unit problem solving exercise.

Specific Activities:

Day 1 Morning

1. Exercise: "The Organizational Diagnosis Questionnaire."
2. Presentation: "The high performing and well-managed healthcare organization." High performing healthcare organizations are characterized by such qualities as strong and motivating organizational cultures, strong teams, creativity, vertical and horizontal communication, and high-quality decision-making. Discussion here focuses on these qualities, and leads into completion of the Organizational Diagnosis Questionnaire.
3. Introduction to course, approach and expectations.
4. Presentation and discussion: "Leadership and the role of the health services manager." Discussion will focus on the roles and responsibilities of managers in healthcare organizations, the distinctions between leadership and managership, senior management teams, and the unique role of hospital managers in a healthcare organization with strong vertical links (such as a Ministry of Health).

Day 1 Afternoon

5. Small group discussion of the results of the Organizational Diagnosis Questionnaire. Discussion will focus on identifying common themes, areas of agreement and disagreement, and the strengths and weaknesses of their hospital. Groups will develop a model organization of the future based on the Organizational Diagnosis Questionnaire.
6. Brief reports of small group discussion. Summary of day and preview of Day 2.

Day 1 Evening

7. Introduction to Problem Solving Project. The Problem Solving Project will be introduced and discussed. Each team is to identify a single individual

in their organization to initiate a problem solving process to resolve a problem of significant importance and is chronic in nature.

Participants are given guidelines for the problem solving exercise to read. They should be prepared to discuss these guidelines on Day 2.

8. Participants are given the Locus of Control Scale to complete and score. Participants should bring there questionnaires and scores on Day 2.

Day 2 Morning

1. Nominal group exercise: "What are the factors that facilitate and hinder change in your organization?" This purpose of this exercise is to identify the three most important impediments to change in Ministry of Health hospitals. Discussion will centre on whether and to what extent these obstacles are real, and strategies for overcoming these obstacles.

Groups present their findings as well as the nature of the process used to arrive at these findings.

Presentation and discussion of major factors that in general are considered facilitators and inhibitors of organizational change.

2. Presentation: "Overcoming barriers to change: The concept of empowerment." The concept of empowerment is important in the change process in all organizations, but particularly true in organizations where "inertia" has set in. Discussion will focus on empowerment as a strategy to increase motivation, morale, and the capacity to change. It is also central to the problem solving exercise to be developed in the afternoon.
3. Discussion of Exercise: Locus of Control Inventory. Managers' ability to initiate change is in large part dependent upon their locus of control. Individuals with an external locus of control tend to feel powerless; they tend to attribute successes and failures to factors *outside* of themselves. Internal locus of control individuals tend to feel responsible - at times inappropriately - for successes and failures. The purposes of this exercise are both to provide participants with insight into their own predispositions and to help participants better understand how to coach and guide individuals attempting to initiate a change process.

Day 2 Afternoon

4. Role Playing Exercise. A role playing exercise will be used to give participants an appreciation of the problems that may be encountered by an individual attempting to initiate change.
5. Team meeting. Tasks include: identifying an individual to participate in the group problem solving exercise; identifying possible problems to be explored; developing an approach to assessing success; defining the role of the team with respect to its interactions with the selected individual.

6. Team reports. Each team will present its group problem solving exercise. Groups present the individual or individuals targeted, the potential problem(s) to be dealt with, and if possible, the method of measuring success. These presentations will form the basis of group presentations at the start of Module 2.
7. Summary of day. Plans for next on-campus module.

Module 2

New Topics: (1) Progress report on group problem solving exercise; (2) Characteristics of effective teams; (3) Strengths and weaknesses of their senior management team; (4) Interpersonal relationships in teams

Objectives:

By the end of this module participants should be able to:

1. Understand the characteristics of an effective team.
2. Describe the strengths and weaknesses of their own senior management team.
3. Design strategies for improving the functioning of their senior management team.
4. Understand their own personality type and how their personality type affects their management style and relationships with team members.
5. Obtain agreement with other team members on specific improvements they will seek to make in the functioning of their senior management team.

Specific Activities:

Day 1 Morning

1. Progress reports on Problem Solving Exercise. Each group will present a report which includes (1) the individual initiating change; (2) the problem being addressed; (3) the strategies developed for the change effort; (4) target levels of improvement; (5) role of the senior management team (and others) in facilitating and coaching the team effort; and (6) progress to date. All participants will be asked to recommend additional strategies that may be considered. Presentations should be a maximum of 15 minutes each.

Day 1 Afternoon

2. Team Building Exercise. The aim of this exercise is to identify the strengths and weaknesses of each group. The exercise involves individual completion of a team member questionnaire followed by a sharing and consolidation of responses. Discussion will focus on key areas in need of improvement.

Each group will report on their findings. Specifically, they will report on their group's strengths, weaknesses, key characteristics, and opportunities for growth and improvement.

3. Presentation and discussion: "Characteristics of an effective team." Effective teams are characterized by a strong sense of purpose, clarity over roles and decision-making, and the ability to "deliver the goods."

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Relevant aspects of group process will also be explored, such as stages of group development and "groupthink."

4. Conclusion and plan for next day. Participants are given the Myers-Briggs Type Inventory (MBTI) to complete during the evening.

Day 1 Evening

5. Participants complete and self-score the MBTI.

Day 2 Morning

1. The Myers Briggs Type Inventory. Participants will have completed and scored the MBTI. Discussion focuses on the implications of personality type for team relationships, management style, time management, and individual preferences. Understanding the personality characteristics of co-team members is key to understanding how to foster more compatible work relationships.

An exercise will be used to illustrate how individuals with differing personality types approach problem definition and problem solving differently.

Day 2 Afternoon

2. Development of Team Building Action Plan. Based on discussions of effective teams, the Team Building Exercise, and the MBTI, groups will contract to change some aspect of their functioning over the following two weeks. Instructors will review the plans of each group with specific attention given to the identification of benchmarks of success. As well, each group will briefly summarize its Team Building Action Plan for the next two weeks.
3. Summary and preview of third on-campus module. The Team Building Exercise is reinforced; participants are also to continue to foster the change efforts of the group problem solving exercise.

Module 3

New Topics: (1) Roles, relationships, and conflict; (2) Intra and inter-group conflict; (3) Styles of conflict management.

By the end of this module participants should be able to:

1. Define the following terms: role conflict, role ambiguity, role overload, and role deprivation.
2. Understand the relationship between role conflict and organizational conflict.
3. Describe the main sources of inter and intra group conflict.
4. Define the five major methods of dealing with conflict and describe the circumstances under which each method may be appropriate.
5. Understand their own preferred methods of dealing with conflict and be better able employ a wider repertoire of conflict management styles.

Specific Activities:

Day 1 Morning

1. Progress reports on (1) problem solving exercise; and (2) team building exercise. Participants will be asked to respond to these progress reports and make recommendations aimed at enhancing the pace of change.

Day 1 Afternoon

2. Exercise: "Responsibility Charting." One method of preventing or resolving conflict is to clarify team members' involvement in key areas of decision making. Responsibility charting identifies key decision areas and seeks to clarify the role - if any - that each individual plays.

Each team will present what the team learned about: (1) each other's roles; (2) each other's communication and coordination needs; (3) interdependence among group members.

3. Presentation and discussion: "Roles, relationships, and conflict." This presentation will focus on roles and relationships as one of several sources of organizational conflict. Presentation also focuses on *interdependence* as an important precursor to intra- and inter-group conflict.

Day 2 Morning

1. Exercise: "Cost of Minerals Exercise." This exercise introduces the idea that there are several different approaches to conflict management.
2. Exercise: "Conflict Management Inventory." This inventory helps participants understand their *preferred method* of dealing with conflict.
3. Presentation: "Conflict Management Styles." Discussion centres on alternative methods of conflict management and the circumstances under which each may be appropriate.

Day 2 Afternoon

4. Exercise: "The Ugli Orange." This exercise explores the role of communication and positions vs. interests in resolving difficult conflicts.
5. Conclusion, evaluation, and follow-up activities. Follow-up activities include the development of action plans for senior management teams as well as other teams in the organization.

Building Vibrant Organizations:
Effective Management of Health Delivery Systems

Schedule for the first offering of the Programme.

"Management Development"
26-27 January 1993
10-11 February 1993
22-23 February 1993

"Client Service Systems"
24-25 March 1993
6- 7 April 1993
21-22 April 1993

"Support Service Systems"
4- 5 May 1993
19-20 May 1993
2- 3 June 1993

"Resource Systems"
15-16 June 1993
29-30 June 1993
14-15 July 1993.

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**BUILDING VIBRANT ORGANIZATIONS
COURSE 3
SUPPORT SERVICES SYSTEMS**

TIME	MODULE 1	MODULE 2	MODULE 3
TOPICS	<ul style="list-style-type: none"> • Review courses 1 & 2 • Progress on exercises • Role of support services • Types of support services 	<ul style="list-style-type: none"> • Variable cost components of care • Service Quality • The value of clients • The planning process 	<ul style="list-style-type: none"> • The Service Guarantee • The value of clients • Resources linkages • Contract management
DAY 1	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 1. Review courses 1 & 2 2. Progress Reports 3. Overview Course 3 4. DIALOGUE: "Core vs Support Services" 	<ol style="list-style-type: none"> 1. Report on progress with the interim exercises 2. PRESENTATION: Support service enterprises 	<ol style="list-style-type: none"> 1. Report on progress with the interim exercises 2. DIALOGUE: Support Service Guarantees and Service Recovery
Afternoon	<ol style="list-style-type: none"> 5. PRESENTATION "The Service Imperative" 6. EXERCISE: Hospital versus Hotel 7. The Interim Exercise 	<ol style="list-style-type: none"> 3. PRESENTATION: The Planning Process 4. EXERCISE: Strategy and Alternatives 5. The Interim Exercise 	<ol style="list-style-type: none"> 3. PRESENTATION: Creating Business Plans 4. The Interim Exercise
Evening	<ol style="list-style-type: none"> 8. Interim Exercise planning 	<ol style="list-style-type: none"> 6. Interim Exercise planning 	<ol style="list-style-type: none"> 5. Interim Exercise planning
DAY 2	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 1. Interim exercise design discussion 2. PRESENTATION: Measures of support service quality 3. Interim exercise redesign 	<ol style="list-style-type: none"> 1. Interim exercise plan discussion 2. PRESENTATION: The divestment dilemma 3. Interim exercise redesign 	<ol style="list-style-type: none"> 1. Interim exercise plan discussion 2. DISCUSSION: Divesting problems vs investing in people 3. PRESENTATION: Divestment and Contracts: The legal issues
Afternoon	<ol style="list-style-type: none"> 4. DISCUSSION: The divestment planning process 	<ol style="list-style-type: none"> 4. DISCUSSION: The PURPOSE of support services 5. PRESENTATION: Cost Structures for Support Services 	<ol style="list-style-type: none"> 3. PRESENTATION: Contract Management 4. DISCUSSION: Building and Operating Support Services with a Vibrant Purpose
INTERIM	Definition and measurement of a support service	Plan to improve or divest a support service	Development of a business plan

DRAFT 5/20/93

AUPHA/ASC MANAGEMENT DEVELOPMENT
Curriculum Plans - Course 4 - Overview

BUILDING VIBRANT ORGANIZATIONS:
Course 4: Resource Systems

TIME	MODULE 1	MODULE 2	MODULE 3
TOPICS	<ul style="list-style-type: none"> - Overview of Course 4 - Review of Previous Exercises - Info Needs for Effective Management - Job Analysis / Training Needs Assmt - Info Systems Design 	<ul style="list-style-type: none"> - Training Program Design, Cost, Eval - Financial Management Tools - Strategic Human Resource Planning - Performance Appraisal - Indicators of Institutional Perform. 	<ul style="list-style-type: none"> - Management Information - Management of Financial Data - Employee Involvement
Day 1	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 1. Overview of Course 4 2. Reporting on progress with projects from previous courses 3. Are you making the right decisions about the use of your resources? 	<ol style="list-style-type: none"> 1. Review: Where we are in the course 2. Report on Job Design and Assessment of Training Needs 3. Training Programs: Design, Cost, and Evaluation 	<ol style="list-style-type: none"> 1. Review: Where we are in the course. 2. Reports on Design of Training Program 3. Information: a resource in its own right-managing the resource
Afternoon	<ol style="list-style-type: none"> 4. Information for Decision Making - Presentation and Exercise 5. Introduction to 1st Interim Exerc 6. Job Analysis 	<ol style="list-style-type: none"> 4. Skills for creatively managing money to provide the best care. 5. Intro. to 2nd Interim Exercise 6. Measures of Institutional Performance. 	<ol style="list-style-type: none"> 4. Assuring the integrity of your financial data collection. 5. Surviving in an alien environment.
Evening	<ol style="list-style-type: none"> 7. Teams do planning for the Needs Assessment Interim Exercise -- Job Analysis 	<ol style="list-style-type: none"> 7. Begin preparation for interim exercises: Training Program and Information System for Continuing Performance Appraisal 	The Last Supper
Day 2	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 1. Teams report on their plan for job analysis. 2. Training Needs Assessment. 3. Designing Info Systems for Effective Decisions 	<ol style="list-style-type: none"> 1. Teams Report on Designs for the interim exercises. 2. Developing a Human Resources Plan for your Hospital: from gripes to solutions. 	<ol style="list-style-type: none"> 1. Enhancing employee involvement in decision making. 2. "In Search of Excellence"
Afternoon	<ol style="list-style-type: none"> 4. Teams design the needs assessment for the training of middle mgrs. 5. Continuous Performance Appraisal: Gathering and Using the Data 6. End of Module Evaluation 	<ol style="list-style-type: none"> 3. Teams re-design interim exercises. 4. Motivating and Reinforcing Performance through Performance Appraisal - Role Playing Exercise 6. End of Module Evaluation 	<ol style="list-style-type: none"> 3. End of Course Discussion 4. End of Course and Program Evaluations 5. Final Words
Interim	<ul style="list-style-type: none"> -Job Analysis: Middle Managers -Needs Assessment: Training Middle Managers 	<ul style="list-style-type: none"> -Design Training Prog. & Implement Plan -Design Information System for Continuing Performance Appraisal 	Implement the Training Program(s) on an ongoing basis.

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Evaluation Design

The objective of this management development effort is to change the corporate culture of organizations within the Jamaican Ministry of Health so that their capacity to provide care is enhanced.¹ The training is aimed at groups of participants from care giving sites; the desired result is for a positive change in the care giving at those sites.

To measure progress toward that objective, a multi-part evaluation scheme was devised.

The impressions of the Jamaican public, and of Senior Managers in the Ministry of Health are important elements in determining whether those care giving sites impacted by the program have made discernible positive progress. Especially at an early stage, those views are informed by anecdotal information. Beyond this important, but difficult to measure, means of evaluation, it is important to have, where possible, more structured evaluation devices.

Portions of the evaluation effort can be conducted by AUPHA and ASC. However, AUPHA is only contracted to be involved in this effort through the middle of 1993, and ASC is only contracted into 1994. A longer perspective is useful. A variety of issues relating to evaluation were raised at the periodic debriefing meeting with Dr. C. Moody of HSIP on the 22nd of October 1993.²

The resulting evaluation scheme has multiple components.

Evaluation by the Module of Instruction

The Programme involves four courses. Each course involves three modules of instruction of two days length. The next Modules occur every two weeks.

Within each course, it is important to have a device for measuring a variety of aspects of the experience of the participants in the course at the end of a module. This allows making adjustments prior to the start of the next module.

An instrument was designed which is being regularly used at the end of the first and second modules of each course. For that module as a whole, for each instructor, and for the hotel facilities, the participants are asked to give three responses:

- How do they rate that item or person on a scale of 1 (The Worst) to 5 (The Best).
- "The best things about (the subject) are:", and

¹ "Assessment of Management Development Needs of MoH", 13 October 1992, Page 5.

² "Interim Report - Debrief of Visit 20 - 22 Oct 1992", 22 October 1992, Page 2.

- "The items needing improvement (for this subject) are:"

Results are tabulated immediately after completion of the module by the instructional team and are used to modify presentation in the subsequent module and are used for subsequent revision of the course.

The use of this instrument is modified by discussions led by the Course Coordinator with the course participants at the end of the module.

End of Course

A substantially longer "End of Course" evaluation form is used at the end of the third module of each course. This provides additional information on the impact of the entire course, noted just as the course ends. The information is of use in the reassessment and re-design of the course in preparation for future offerings.

"Your Views"

Our object is to change the culture of the care giving organisations so that care giving improves. A change in the culture of the organisation will involve a change in the views of participants in the organisation about a variety of issues. In particular, the first participants in the organisation who change their views should be those who are members of the participating teams.

A thirty question instrument entitled "Your Views" which raises questions related to the content and objectives of the Programme was designed. This was given to the participants prior to the first course, and is being given to them after the completion of each course.

The first careful review of the results of this instrument was made after the completion of two course, the half-way point in the Programme. Notable changes in the views of the participants were found on 11 of the thirty questions; those were questions that were effectively addressed in the first two courses. The changes were all of a "positive" nature.³

Macroscopic Views

Mr. David Taylor of the PAHO Office in Jamaica is assisting in the development of the more macroscopic evaluation effort. His knowledge of the available data which can be used to characterize the care giving organizations of the Ministry of Health is a necessary asset.

He has developed a series of information items which statistically describe the operations of the hospitals in the original group of nine hospitals who are participating in the first offering of the program. He has also selected a group of nine other hospitals who collectively resemble the basic characteristics of the nine participating hospitals. Subsequent

³ "Evaluation - "Your Views" after 2 Courses", 10 May 1993. 2 Pages.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Evaluation Design

monitoring of this information by Mr. Taylor will provide an opportunity to detect distinctive changes when comparing the hospitals participating in the first offering of the Programme with hospitals that are not participating.

Mr. Taylor has also created another ingenious evaluation device. This device assumes poorly functioning organisations are frequently noted by making "unnecessary" telephone calls to senior officers of the Ministry of Health; a presumed result of a strengthening corporate culture would be a reduction in the incidence of such calls.

Mr. Taylor has undertaken to have senior officers of the Ministry periodically maintain a log of the "unnecessary" calls, their origin, and their nature. It is expected this device will be able to detect changed behavior in the participating organisations when compared to those who have not yet participated.

A Self-Assessment

At the end of Course 2, "Client Service Systems", the participating organisations agreed to a list of indicators which describe their organisations which they feel could be usefully collected on a monthly basis and published in a comparative format.

The agreement to collect and disseminate this information is important to the management of each of these organisations. The trends in the data furnished may be an additional view on the changing ability of these organisations to provide good care.

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Changing Views of Participants in "Building Vibrant Organisations"

There have been notable changes in the views of the participants in the first offering of the Management Training Program developed and offered by the Administrative Staff College (ASC) with the assistance of the Association of University Programs in Health Administration (AUPHA).

The programme, titled "BUILDING VIBRANT ORGANISATIONS: Effective Management of Health Delivery Systems" is originally being offered to teams of top managers from 9 hospitals in the west of Jamaica. Subsequently it will be offered to other care giving components of the Ministry of Health.

The programme involves a series of four courses. It requires the participating management teams to attend two day modules every two weeks over a period of six months. At the midway point participating teams have reported substantial progress in the improvement of their care giving settings.

US AID, in cooperation with the Government of Jamaica, sponsors the Health Sector Initiatives Project (HSIP); the development and offering of this Management Training effort is one component of HSIP. In designing and developing the programme, ASC and AUPHA did not just commit to "offer useful training." Rather, they committed themselves, through training of top management teams from participating hospitals, to bring about notable, positive, change in the functioning of the hospitals. This commitment to outcome has led to enhanced curiosity about evaluations of the programme.

One of the elements in the evaluation scheme for the programme is use of an opinion measurement instrument titled "Your Views" which participants completed at the start of the programme and which they are completing at the end of each course. The results reported here represent the changes in opinions between the start on 27 January 1993 and the mid-point on the 4th of May 1993. During that time the participating teams completed two courses titled: "Management Development", and "Client Service Systems."

Changed Views

The participants now unanimously feel that their hospital can become a high performing organization. They now strongly feel that care by both doctors and nurses can be defined, measured, and changed. They feel, more strongly, that the efforts of the Ministry of Health are in some way in competition with private care.

The changed responses to a number of questions indicate new attitudes toward the potential of enabling and empowering employees. There is a belief that groups of non-professional employees can generate and implement solutions to problems. There is also a belief that developing the management potential of subordinates is a responsibility of managers, and represents a good use of managerial time.

The participants believe they are now good at identifying and solving problems and they increasingly find they "really like" their colleagues on their hospital's senior management team.

The Questions and the Responses

The results reported include all questionnaires returned at each administration. There were 23 responses in January and 19 responses in May. The possible responses to each question ranged from "Strongly Agree" for a value of 5, through "Indifferent" for a value of 3, to "Strongly Disagree" for a value of 1. Where there was notable change, here are the questions and the tabulated responses.

4. The world has high performing and non-performing organizations; our care giving organization can become high performing.
January: Mean 4.6, Variance 0.4; May: Mean 5.0, Variance 0.
6. The encounter between a doctor and a patient is something that can be measured, defined, and changed.
January: Mean 3.7, Variance 0.8; May: Mean 4.7, Variance 0.2.
7. In some ways we, in the Ministry of Health, are in competition with private care.
January: Mean 3.7, Variance 1.3; May: Mean 4.6, Variance 0.9.
8. Some of our problems could be solved by groups of employees like nursing assistants and cleaners generating and implementing solutions.
January: Mean 4.1, Variance 0.9; May: Mean 4.8, Variance 0.1.
10. Developing the ability of long term, non-professional, staff like the linen room supervisor in a hospital is a good use of management time.
January: Mean 4.0, Variance 0.8; May: Mean 4.7, Variance 0.3.
13. At our site, we're good at identifying and solving our problems.
January: Mean 3.8, Variance 1.1; May: Mean 4.6, Variance 0.6.
14. I really like my colleagues on our senior management team.
January: Mean 4.3, Variance 0.2; May: Mean 4.9, Variance <0.0
15. Patients are better served if you define what you can, and can't, accomplish.
January: Mean 4.2, Variance 1.0; May: Mean 4.7, Variance 0.8.
16. Our top management team is strengthening its performance.
January: Mean 4.2, Variance 0.7; May: Mean 4.8, Variance 0.1.
21. What nurses do for patients can be measured.
January: Mean 3.6, Variance 1.9; May: Mean 4.8, Variance 0.3.
24. If I spend time building pride among employees, that effort will be rewarded with greater effectiveness.
January: Mean 4.2, Variance 0.8; May: Mean 4.8, Variance 0.2.

ASSOCIATION OF UNIVERSITY PROGRAMS IN HEALTH ADMINISTRATION

MANAGEMENT TRAINING PROGRAM IN SUPPORT OF
THE MINISTRY OF HEALTH MANAGEMENT REFORM IN JAMAICA

DRAFT WORK PLAN

6/11/92

REVISED 2/18/93

The work plan provides fifteen months support and technical assistance in health management training to the Jamaican Ministry of Health HSIP project supported by USAID. This is focused on the development of sustainable institutional capacity in health management training to meet the needs of persons who will play pivotal roles in the proposed decentralized structure of the Ministry of Health; namely headquarters, regional, secondary care, and primary care management teams.

ACTIVITIES

All activities will be undertaken with the guidance and direction of the designated Ministry of Health officials including the HSIP office.

The activities of this project will be accomplished in five phases over the next twelve months. The specific phases and related tasks follow:

Phase I - Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant

Description: This position is critical for the project to move forward. ASC needs the capacity to adequately participate in later project activities. This individual must have a health management focus.

Responsible: PAHO with ASC. (AUPHA assistance)

Target Dates: Complete

Task 2: Recruit and hire HSIP Training Coordinator

Description: Because this individual will coordinate all training it would be preferable to have their involvement from the onset of the project.

Responsible: PAHO with HSIP.

Target Dates: Complete

AUPHA DRAFT WORK PLAN (Revised)

Phase II - Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Description: This task includes identification of training institutions, inventories of training books and materials, identification of educational equipment and technologies, physical space. Lists of potential trainers by subject and current training abilities will also be started.

Responsible: ASC and AUPHA

Target Dates:

Begin: June 8, 1992

End: Complete

Task 4: Assess MOH management training needs related to this project.

Description: Identification of categories of individuals to be trained including needs by category, length of training, and format most appropriate to each. Specific topics and levels of coverage will also be addressed.

Responsible: MOH, ASC and AUPHA

Target Dates:

Begin: June 8, 1992

End: October 13, 1993 Ongoing revisions

Task 5: Completion of final training capacity development plan.

Description: This document will be based on the above assessments and will guide the training development and implementation.

Responsible: AUPHA with ASC and MOH approval

Target Dates:

Begin: August 1, 1992

End: March 1993

AUPHA DRAFT WORK PLAN (Revised)

Phase III - Training Capacity Development

Task 6: Recruit and retain in-country faculty

Description: Based on the above plan, the current faculty database of MOH and ASC and other training institutions, the most appropriate faculty for each of the courses will be identified and recruited to participate in the project.

Responsible: ASC with AUPHA assistance

Target Dates:

Begin: September 15, 1992

End: May 15, 1993

Task 7: Recruit and retain international faculty trainers

Description: Based on the plan AUPHA will use its network to identify the most appropriate international faculty trainers to participate in the project.

Responsible: AUPHA

Target Dates:

Begin: September 15, 1992

End: April 15, 1993

Task 8: Develop initial course curricula

Description: Curricula will be developed for training courses in the following target areas:

- Management Development
- Client Service Systems
- Support Service Systems
- Resource Systems

Curriculum will be developed jointly by AUPHA international trainers, in-country trainers, and ASC staff in consultation with MOH. International trainers will each spend two to three weeks in-country working on curriculum and training methods. Each will be in-country for the first presentation of the course and will again return for a one week follow up assessment and course revision. Courses will be developed sequentially to allow later courses to benefit from the experience gained in earlier ones. The initial courses will be completed in time for the February 1993 implementation target date. The final courses may not be completed until later in the project.

Responsible: AUPHA, MOH and ASC

Target Dates:

Begin: September 15, 1992

End: January 31, 1993 Design complete

AUPHA DRAFT WORK PLAN (Revised)

Task 9: Identify and obtain resource materials and equipment.

Description: AUPHA will assist ASC and MOH to develop a list of appropriate training resources including books, literature, cases, teaching equipment, etc. This list will be updated and expanded throughout the project. ASC will be responsible for furnishing need materials.

Responsible: ASC with MOH and AUPHA support

Target Dates:

Begin: September 15, 1992

End: March 31, 1993

Task 10: Train trainers

Description: The training process will begin with curriculum development (Task 8). This will be a continuous process taking training methods and skills development into consideration from the initial design of the courses through the final evaluation process. A special seminar on training methods will be scheduled prior to the course implementation phase.

Responsible: AUPHA with ASC assistance

Target Dates:

Begin: October 1, 1992

Mid January, 1993 - Seminar on Training Methods

End: June 30, 1993

Phase IV - Course Implementation

Task 11: Identify participants and schedule first series of courses

Description: AUPHA will assist MOH and ASC to develop criteria for selection of participants in the courses. Selection of participants for specific courses will be the responsibility of MOH.

Responsible: MOH with ASC and AUPHA assistance

Target Dates:

Begin: November 15, 1992

End: June 30, 1993

AUPHA DRAFT WORK PLAN (Revised)

Task 12-A: Implement first series of courses

Description: ASC will coordinate the arrangements and timing of course offerings including logistics and participant materials preparation. AUPHA will assist ASC in developing guidelines for course offerings.

Responsible: ASC with AUPHA assistance

Target Dates:

Begin: February 1, 1993

End: June 30, 1993

Task 12-B: Design and Implement CEO Workshop

Description: AUPHA will design and develop a workshop for the newly appointed CEO's in cooperation with PAHO, ASC and other training providers. ASC will coordinate the arrangements and timing of the workshop including logistics and participant materials preparation.

Responsible: AUPHA with PAHO and ASC assistance

Target Dates:

Begin: January 1, 1993

End: March 30, 1993

Phase V - Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

Description: AUPHA will prepare an evaluation with the assistance of MOH and ASC. This will focus on the adequacy of the courses and will assess the degree to which in-country training capacity has been enhanced by this project. Final course materials will be reviewed and recommendations for course revisions and future offerings will be presented.

Responsible: AUPHA with MOH and ASC assistance

Target Dates:

Begin: April 1, 1993

End: September 15, 1993

MANAGEMENT TRAINING PROGRAM IN SUPPORT OF
THE MINISTRY OF HEALTH MANAGEMENT REFORM IN JAMAICA

DRAFT WORK PLAN
6/11/92

The work plan provides twelve months support and technical assistance in health management training to the Jamaican Ministry of Health HSIP project supported by USAID. This is focused on the development of sustainable institutional capacity in health management training to meet the needs of persons who will play pivotal roles in the proposed decentralized structure of the Ministry of Health; namely headquarters, regional, secondary care, and primary care management teams.

ACTIVITIES

All activities will be undertaken with the guidance and direction of the designated Ministry of Health officials including the HSIP office.

The activities of this project will be accomplished in five phases over the next twelve months. The specific phases and related tasks follow:

Phase I - Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant

Description: This position is critical for the project to move forward. ASC needs the capacity to adequately participate in later project activities. This individual must have a health management focus.

Responsible: PAHO with ASC. (AUPHA assistance)

Target Dates:

Begin: In progress

End: July 15, 1992

Task 2: Recruit and hire HSIP Training Coordinator

Description: Because this individual will coordinate all training it would be preferable to have their involvement from the onset of the project.

Responsible: PAHO with HSIP.

Target Dates:

Begin: In progress

End: July 15, 1992

Phase II - Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Description: This task includes identification of training institutions, inventories of training books and materials, identification of educational equipment and technologies, physical space. Lists of potential trainers by subject and current training abilities will also be started.

Responsible: ASC and AUPHA

Target Dates:

Begin: June 8, 1992
July 20, 1992 - August 7, 1992 AUPHA assessment visit

End: August 30, 1992

Task 4: Assess MOH management training needs related to this project.

Description: Identification of categories of individuals to be trained including needs by category, length of training, and format most appropriate to each. Specific topics and levels of coverage will also be addressed.

Responsible: MOH, ASC and AUPHA

Target Dates:

Begin: June 8, 1992
July 20, 1992 - August 7, 1992 AUPHA assessment visit

End: August 30, 1992

Task 5: Completion of final training capacity development plan.

Description: This document will be based on the above assessments and will guide the training development and implementation.

Responsible: AUPHA with ASC and MOH approval

Target Dates:

Begin: August 1, 1992
End: September 15, 1992

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AUPHA/ASC MANAGEMENT DEVELOPMENT
Draft Working Plan (June 1992)

Phase III - Training Capacity Development

Task 6: Recruit and retain in-country faculty

Description: Based on the above plan, the current faculty database of MOH and ASC and other training institutions, the most appropriate faculty for each of the courses will be identified and recruited to participate in the project.

Responsible: ASC with AUPHA assistance

Target Dates:

Begin: September 15, 1992

End: October 30, 1992

Task 7: Recruit and retain international faculty trainers

Description: Based on the plan AUPHA will use its network to identify the most appropriate international faculty trainers to participate in the project.

Responsible: AUPHA

Target Dates:

Begin: September 15, 1992

End: October 30, 1992

Task 8: Develop initial course curricula

Description: Curricula will be developed for training courses in the following target areas:

- Executive Development
- Personnel Management
- Health and Management Information Systems
- Financial Management
- Supplies/Inventory and Drug Management

Curriculum will be developed jointly by AUPHA international trainers, in-country trainers, and ASC staff in consultation with MOH. International trainers will each spend two to three weeks in-country working on curriculum and training methods. Each will be in-country for the first presentation of the course and will again return for a one week follow up assessment and course revision. Courses will be developed sequentially to allow later courses to benefit from the experience gained in earlier ones. The initial courses will be completed in time for the February 1993 implementation target date. The final courses may not be completed until later in the project.

Responsible: AUPHA, MOH and ASC

Target Dates:

Begin: September 15, 1992

End: January 31, 1993

AUPHA/ASC MANAGEMENT DEVELOPMENT
Draft Working Plan (June 1992)

Task 9: Identify and obtain resource materials and equipment.

Description: AUPHA will assist ASC and MOH to develop a list of appropriate training resources including books, literature, cases, teaching equipment, etc. This list will be updated and expanded throughout the project. ASC will be responsible for furnishing need materials.

Responsible: ASC with MOH and AUPHA support

Target Dates:

Begin: September 15, 1992

End: March 31, 1993

Task 10: Train trainers

Description: The training process will begin with curriculum development (Task 8). This will be a continuous process taking training methods and skills development into consideration from the initial design of the courses through the final evaluation process. A special seminar on training methods will be scheduled prior to the course implementation phase.

Responsible: AUPHA with ASC assistance

Target Dates:

Begin: October 1, 1992

Mid January, 1993 - Seminar on Training Methods

End: June 30, 1993

Phase IV - Course Implementation

Task 11: Identify participants and schedule first series of courses

Description: AUPHA will assist MOH and ASC to develop criteria for selection of participants in the courses. Selection of participants for specific courses will be the responsibility of MOH.

Responsible: MOH with ASC and AUPHA assistance

Target Dates:

Begin: November 15, 1992

End: March 31, 1993

AUPHA/ASC MANAGEMENT DEVELOPMENT
Draft Working Plan (June 1992)

Task 12: Implement first series of courses

Description: ASC will coordinate the arrangements and timing of course offerings including logistics and participant materials preparation. AUPHA will assist ASC in developing guidelines for course offerings.

Responsible: ASC with AUPHA assistance

Target Dates:

Begin: February 1, 1993

End: June 30, 1993

Phase V - Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

Description: AUPHA will prepare an evaluation with the assistance of MOH and ASC. This will focus on the adequacy of the courses and will assess the degree to which in-country training capacity has been enhanced by this project. Final course materials will be reviewed and recommendations for course revisions and future offerings will be presented.

Responsible: AUPHA with MOH and ASC assistance

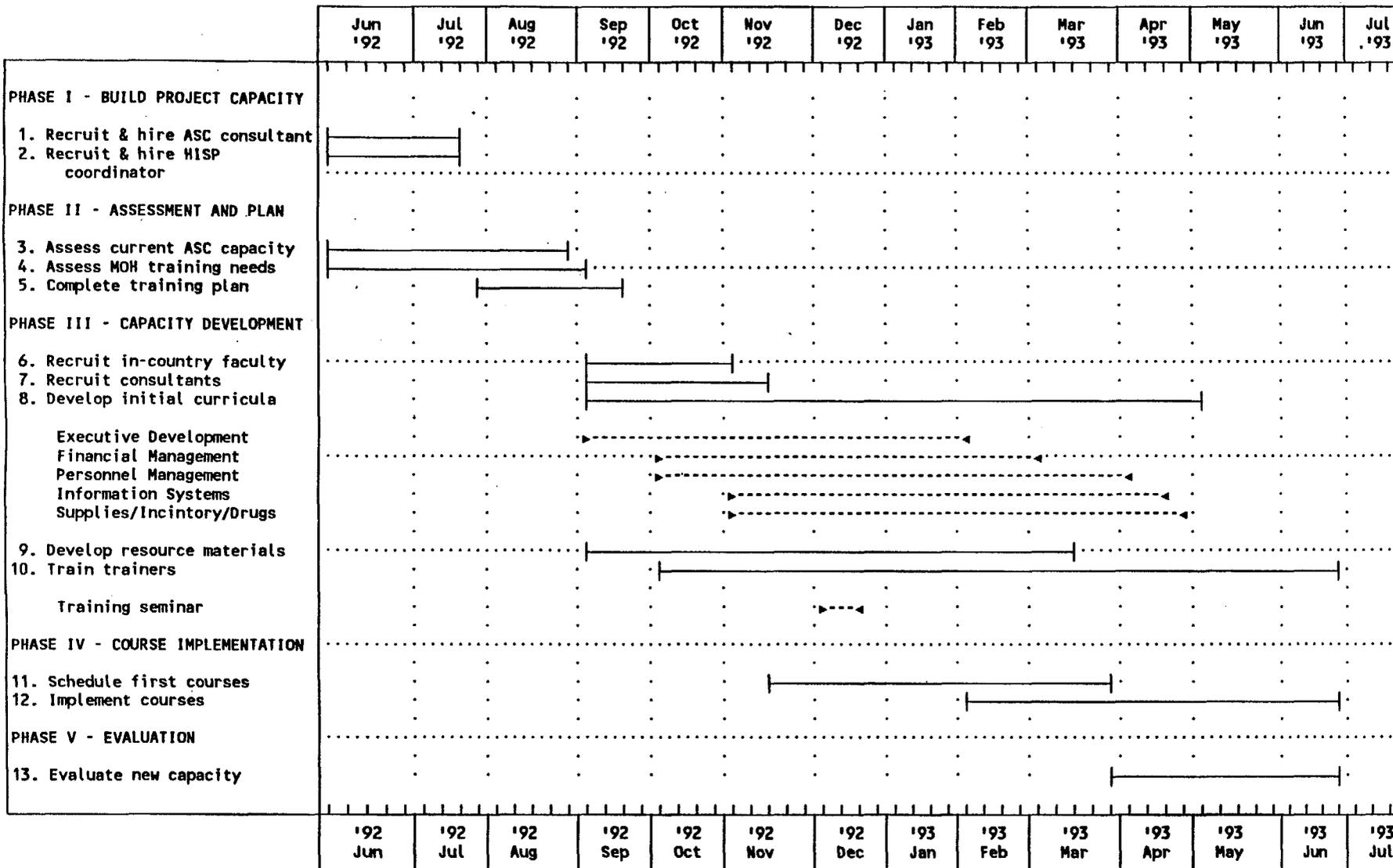
Target Dates:

Begin: April 1, 1993

End: June 30, 1993

AUPHA DRAFT WORK PLAN
 MANAGEMENT TRAINING IN SUPPORT OF
 MINISTRY OF HEALTH REFORMS IN JAMAICA

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AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 13 - 16 July 1993

TRIP REPORT

Working in Jamaica: 13 - 16 July 1993

To: Karen Nurick, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Travelers:

David Bergwall, Florida International University
Hopkins Holmberg, RedPine & University of New Hampshire

Purposes of the Visit

Holmberg and Bergwall were to attend, and participate in, the final module of the fourth, and last, course to be held in Mandeville on the 14th and 15th of July. Both Bergwall and Holmberg were to work with Hyacinth Allen, the Programme Coordinator, on the overall packaging and documentation of the programme. Additionally, Bergwall was to work with other members of the instructional team for Course 3 to review, revise, refine, and document that course.

Activities

Holmberg arrived in Kingston on the evening of the 12th of July. Tuesday the 13th of July was spent working with Hyacinth Allen, the Programme Coordinator, at the Administrative Staff College. This involved final preparations for the Programme's last two days and work on the final documentation and packaging of the Programme. The final two days of the Programme were held at the Mandeville Hotel on the 14th and 15th of July. On Wednesday the 14th of July, Holmberg served as the North American member of the instructional team. Some of his effort was devoted to organization of evaluation data.

The first of these two days were marred by the absence of all participating Administrative Officers and Chief Executive Officers. They had been summoned to Kingston for a meeting with the Permanent Secretary and other officers of the Ministry of Health. They had, apparently, indicated the importance of being part of their management team in Mandeville but were told they had no option.

Bergwall was scheduled to arrive on the evening of the 13th of July. Unexpected University business caused him to delay his arrival until the evening of the 14th of July;

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 13 - 16 July 1993

he traveled directly from Kingston to Mandeville. On the Morning of the 15th of July, for the last segment of the Programme, Bergwall served as the primary presenting member of the instructional team.

Bergwall and Holmberg spent a substantial portion of the afternoon of the 15th of July in the formal closing luncheon of the Programme. The Parliamentary Secretary, Mr. Peter Bunting, had been confirmed as a speaker; he found it necessary, on one day's notice to withdraw. Dr. Diana Ashley the Principal Medical Officer for Secondary and Tertiary Care served as the chief speaker.

There was an extensive and moving final programme in which the participating hospitals testified to the importance of the programme in their changing hospitals and to their commitment to continue bringing about positive change.

On the morning of the 16th Holmberg left Jamaica. Bergwall spent the 16th at the Administrative Staff College. Bergwall's efforts had two primary foci:

- a) Working with other members of the instructional team for "Support Service Systems" to review, restructure, and otherwise revise the course and to begin preparation for the documentation of the course.
- b) Working with the Programme Coordinator, Hyacinth Allen, on the overall restructuring and evaluation of the Programme.

The review of "Support Systems" was successful and resulted in a substantial reformatting of the course. Mrs. Pansy Hamilton participated with Bergwall and Hyacinth Allen in the restructuring of the course.

Initial plans were made for the evaluation of the programme and the preparation of the final documentation and reports. The possibility of an early September meeting in Kingston was discussed.

**AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 28 June - 1 July 1993**

TRIP REPORT

Working in Jamaica: 29 - 30 June 1993

To: Karen Nurick, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Traveler:

Brian Malec, California State University - Northridge

Purposes of the Visit

Malec was to serve as the North American member of the instructional team for the second Module of Course 4 of the Programme.

Activities

Malec arrived in Kingston the evening of the 28th of June and traveled to Mandeville, the site of the offering of the Programme.

Malec had been the member of the design team for the course "Resources Systems" who provided special support in the design of components dealing with information systems and finance. He was the best support for this module of the Course. The first module of this course had, for the first time, received a rating from the participants that fell below 4.0 on a 5-point scale. The Jamaican instructional staff had exerted substantial effort in the interim to fine tune the future modules for greater impact. This effort paid off: the end-of-module evaluation showed the second module again breaking above 4.0. Malec departed Jamaica on the morning of the 1st of July.

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TRIP REPORT

Working in Jamaica: 9 - 10 June 1993

To: Karen Nurick, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Travelers:

Hopkins Holmberg, RedPine & University of New Hampshire
Bruce Fried, University of North Carolina
Brian Malec, California State University - Northridge

Purposes of the Visit

Holmberg was to work with the other members of the instructional team for Course 2, on the 7th and 8th of June to complete the detailed review, restructuring and packaging of Course 2 for future use.

Malec and Fried were to have the second meeting with the instructors of Course 4 to complete the preparation for Course 4 which was scheduled to begin in the following week.

Activities

Holmberg's visit was rescheduled to the 9th and 10th to accommodate the schedule of other members of the Course 2 Instructional Team. Holmberg arrived in Kingston in the evening of the 8th of June.

This was the second, and final, meeting of the whole of the Course 2 Instructional Team to review, restructure, and document the course in preparation for future offerings. As part of this effort, draft standards for documentation of entire instructional programme were developed and utilized.

Building on their previous meeting, and interim work, the team was able to complete its examination of the course and make necessary decisions on the necessary revisions. These decisions were taken in the light of feedback through the participants and the instructional team of Course 3, after the completion of Course 3. The Course 2 team was able to examine their course in light of the interaction with the instructional content of Course 3.

Further work on the revision of documentation of Course 2 can now be conducted without further meetings. There is substantial work to be undertaken by members of the team to complete the documentation. The process of completing the documentation depends, however, on the arrival of the computing/word processing capability being provided to the Administrative Staff College as part of the project.

Unfortunately, the specifications for this computing capability were vetted early in the last quarter of 1992 but the equipment has not yet been delivered to ASC. This delay has been a continuing problem of manageable magnitude. As we approach nine months delay, it is now becoming a problem

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of substantial magnitude. If the equipment is not delivered in the next month, the ability to be excellently prepared to re-offer the programme starting in September will be compromised.

Incidental to this revision effort, Holmberg conferred with David Taylor of PAHO on the status of the evaluation scheme for the programme. He also, at her request, visited Ms. Cheryl Davis-Ivey, AID/HPN Jamaica, to discuss the status of future management training efforts as part of HSIP.

Fried and Malec arrived on the evening of the 9th of June. They spent all of Thursday the 10th of June at the Administrative Staff College working with the other four members of the instructional team for Course 4, finishing the development of the course scheme and the instructional materials for each component of the course.

This work went very well; by early afternoon all members of the instructional team expressed satisfaction with the state of development of the course and the instructional components of the course. The working effort ended with all the working groups reconvening as a whole and reviewing the overall logic of the course and reviewing the detailed planning of the timing and assignments to instructors of each component of the course.

Holmberg, Fried, and Malec then planned to leave Kingston early on the morning of the 11th of June. Due to aircraft mechanical problems they did not depart until that afternoon.

Hjwq

TRIP REPORT

Working in Jamaica: 15 - 16 June 1993

To: Karen Nurick, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Traveler:

Hopkins Holmberg, RedPine & University of New Hampshire

Purpose of the Visit

Holmberg was to serve as the North American member of the instructional team for the first Module of Course 4 of the Programme.

Activities

Holmberg arrived in Kingston on the evening of the 14th of June and proceeded to Mandeville where the original programme is being offered.

Course 4: "Resource Systems" was launched with its first Module on the 15th and 16th of June.

Instructors for this course are: Hortense Crooks, Cynthia Gordon, and Valerie Henderson. Hyacinth Allen, the Programme Coordinator, has her normal instructional role and is additionally involved in elements of instruction which bear on the development of training capability at care giving sites.

The North American faculty trainers who were involved in the preparation of the course include Bruce Fried of the University of North Carolina and Brian Malec of California State University - Northridge. Additional assistance was provided by Hopkins Holmberg and David Bergwall.

Holmberg served as the faculty colleague in attendance at the first Module. Malec will serve in this role for the second Module. Bergwall and Holmberg will serve in this role at the final Module.

The End-of-Module evaluation was conducted on the normal 1 (worst) to 5 (best) scale. The four instructors all fell in the range of 4.0 to 5.0. The Module itself was given a rating of 3.8 by the participants; the first time a module has fallen below 4.0.

Holmberg departed from Kingston early on the morning of the 17th of June.

Hjxh

TRIP REPORT

WORKING IN JAMAICA: 1 - 4 JUNE, 1993

TO: Karen Nurick, USAID/LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA TRAVELERS:

David Bergwall, Florida International University

Purpose of the Visit

Bergwall was to attend and participate in the presentation Course 3, Module 3: "Support Service Systems" to be offered in Mandeville on June 2 and 3, 1993. There were no activities beyond the training session planned for this trip.

Activities

Course 3 - Module 3

Module 3 of Course 3 "Support Service Systems" was presented and received an excellent reception by the participants. The end of module evaluation indicated satisfaction with the course at a 4.55 on a scale of 5. Scores for the instructors ranged from 4.8 to 4.4 on the same scale. The Mandeville Hotel improved to a score of 4.2.

This course involved number of instructors:

Ms. Pansy Hamilton - University of West Indies
Ms. Diana McIntyre-Pike - Astro Hotel
Mr. Desmond Henry - Former Director of Jamaica Tourism
Ms. Sadie Fraser - Administrative Staff College
Ms. Hyacinth Allen - Administrative Staff College
Dr. David Bergwall - Florida International University

The content of this course focused on the areas of support services, project planning, marketing and contract management. A session covering aspects of divestment was held in Module 2 of the course. The content on contract management and monitoring in this session was a continuation of the training focused on the possible divestment of support services. The marketing segment supports the idea of creating revenue producing support services enterprises. All of this material was well received by the participants.

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TRIP REPORT

WORKING IN JAMAICA: 16 - 21 May 1993

TO: Karen Nurick, USAID/LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA TRAVELERS:

Hopkins Holmberg, RedPine & University of New Hampshire
David Bergwall, Florida International University
Bruce Fried, University of North Carolina
Brian Malec, California State University at Northridge

Purpose of the Visit

Holmberg, Fried and Malec will work with their counterparts and instructors at the Administrative Staff College on the continued development of Course 4 of the series: "Resource Systems".

Bergwall will attend Course 3: "Support Service Systems" to be offered in Mandeville on May 19 and 20, 1993. He will also participate in the development of Course 4 materials. Meetings will be held at ASC and Course 3 Module 2 is to be presented in Mandeville.

Bergwall will travel to Washington, D.C. for a meeting with AUPHA staff, LAC/HNS staff and Karen Nurick. The meeting is to coordinate the efforts of U.S. technical assistance agencies to the Jamaican HSIP Project. The meeting will provide an initial briefing of Karen Nurick on the AUPHA project elements.

Activities

Holmberg, Fried and Malec traveled to Kingston on May 16 and returned to the US on May 19, 1993. On May 16, Bergwall traveled to Washington, D.C. for a meeting with AUPHA staff, LAC/HNS staff and Karen Nurick. Bergwall traveled to Kingston from Washington, D.C. on May 17, 1993. He traveled to Mandeville on May 18, returned to Kingston on May 20 and to the United States on May 21.

There were three distinct activities during this trip.

Meeting in Washington, D.C.

The meeting in Washington D.C. took place at the State Department cafeteria. Discussions of progress on the HSIP project were followed by plans for additional efforts

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 16-21 May 1993

which will support the effort. Approximately half way through the meeting Karen Nurick joined the group. Bergwall briefed her on the AUPHA component of the project. A brief discussion of continued efforts to coordinate the various portions of the project followed. The meeting concluded at approximately 11:45 am.

Course 4 Development

Work continued on the development of Course 4 "Resource Systems". Holmberg, Fried and Malec assisted ASC instructors with the overall design of the course. Both May 17 and 18 were dedicated to this activity. Bergwall participated on May 18. Specific assignments were made for the development of specific components. Several of the U.S. counterpart faculty will return for an additional working session during the week of June 7, 1993.

Course 3 - Module 2

Module 2 of Course 3 "Support Service Systems" was presented and received an excellent reception by the participants. The end of module evaluation indicated satisfaction with the course at a 4.7 on a scale of 5. Scores for the instructors ranged from 4.8 to 4.4 on the same scale. The Mandeville Hotel slipped to a score of 3.5. The Hotel was fully booked and the course participants were in the less attractive rooms. As many as four participants had to share a bath.

At the end of the second day of the module a discussion of the courses to date and the preliminary plans for Course 4 was held with the participants. The result of this effort was a minor modification of Module 3 of Course 3 and some recommendations for Course 4. The participants were pleased to have input to the final Course design. The revised Course 3 schedule is attached as is the draft Course 4 design.

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23-May-1993

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Final

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**BUILDING VIBRANT ORGANIZATIONS
COURSE 3
SUPPORT SERVICES SYSTEMS**

TIME	MODULE 1	MODULE 2	MODULE 3
TOPICS	<ul style="list-style-type: none"> • Review courses 1 & 2 • Progress on exercises • Role of support services • Types of support services 	<ul style="list-style-type: none"> • Variable cost components of care • Service Quality • The value of clients • The planning process 	<ul style="list-style-type: none"> • The Service Guarantee • The value of clients • Resources linkages • Contract management
DAY 1	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 1. Review courses 1 & 2 2. Progress Reports 3. Overview Course 3 4. DIALOGUE: "Core vs Support Services" 	<ol style="list-style-type: none"> 1. Report on progress with the interim exercises 2. PRESENTATION: Support service enterprises 	<ol style="list-style-type: none"> 1. Report on progress with the interim exercises 2. DIALOGUE: Support Service Guarantees and Service Recovery
Afternoon	<ol style="list-style-type: none"> 5. PRESENTATION "The Service Imperative" 6. EXERCISE: Hospital versus Hotel 7. The Interim Exercise 	<ol style="list-style-type: none"> 3. PRESENTATION: The Planning Process 4. EXERCISE: Strategy and Alternatives 5. The Interim Exercise 	<ol style="list-style-type: none"> 3. PRESENTATION: Creating Business Plans 4. The Interim Exercise
Evening	<ol style="list-style-type: none"> 8. Interim Exercise planning 	<ol style="list-style-type: none"> 6. Interim Exercise planning 	<ol style="list-style-type: none"> 5. Interim Exercise planning
DAY 2	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 1. Interim exercise design discussion 2. PRESENTATION: Measures of support service quality 3. Interim exercise redesign 	<ol style="list-style-type: none"> 1. Interim exercise plan discussion 2. PRESENTATION: The divestment dilemma 3. Interim exercise redesign 	<ol style="list-style-type: none"> 1. Interim exercise plan discussion 2. DISCUSSION: Divesting problems vs investing in people 3. PRESENTATION: Divestment and Contracts: The legal issues
Afternoon	<ol style="list-style-type: none"> 4. DISCUSSION: The divestment planning process 	<ol style="list-style-type: none"> 4. DISCUSSION: The PURPOSE of support services 5. PRESENTATION: Cost Structures for Support Services 	<ol style="list-style-type: none"> 3. PRESENTATION: Contract Management 4. DISCUSSION: Building and Operating Support Services with a Vibrant Purpose
INTERIM	Definition and measurement of a support service	Plan to improve or divest a support service	Development of a business plan

DRAFT 5/20/93

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AUPHA/ASC MANAGEMENT DEVELOPMENT
Curriculum Plans - Course 4 - Overview

BUILDING VIBRANT ORGANIZATIONS:
Course 4: Resource Systems

TIME	MODULE 1	MODULE 2	MODULE 3
TOPICS	<ul style="list-style-type: none"> - Overview of Course 4 - Review of Previous Exercises - Info Needs for Effective Management - Job Analysis / Training Needs Assmt - Info Systems Design 	<ul style="list-style-type: none"> - Training Program Design, Cost, Eval - Financial Management Tools - Strategic Human Resource Planning - Performance Appraisal - Indicators of Institutional Perform. 	<ul style="list-style-type: none"> - Management Information - Management of Financial Data - Employee Involvement
Day 1	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 1. Overview of Course 4 2. Reporting on progress with projects from previous courses 3. Are you making the right decisions about the use of your resources? 	<ol style="list-style-type: none"> 1. Review: Where we are in the course 2. Report on Job Design and Assessment of Training Needs 3. Training Programs: Design, Cost, and Evaluation 	<ol style="list-style-type: none"> 1. Review: Where we are in the course. 2. Reports on Design of Training Program 3. Information: a resource in its own right-managing the resource
Afternoon	<ol style="list-style-type: none"> 4. Information for Decision Making - Presentation and Exercise 5. Introduction to 1st Interim Exerc 6. Job Analysis 	<ol style="list-style-type: none"> 4. Skills for creatively managing money to provide the best care. 5. Intro. to 2nd Interim Exercise 6. Measures of Institutional Performance. 	<ol style="list-style-type: none"> 4. Assuring the integrity of your financial data collection. 5. Surviving in an alien environment.
Evening	<ol style="list-style-type: none"> 7. Teams do planning for the Needs Assessment Interim Exercise -- Job Analysis 	<ol style="list-style-type: none"> 7. Begin preparation for interim exercises: Training Program and Information System for Continuing Performance Appraisal 	The Last Supper
Day 2	ACTIVITIES	ACTIVITIES	ACTIVITIES
Morning	<ol style="list-style-type: none"> 1. Teams report on their plan for job analysis. 2. Training Needs Assessment. 3. Designing Info Systems for Effective Decisions 	<ol style="list-style-type: none"> 1. Teams Report on Designs for the interim exercises. 2. Developing a Human Resources Plan for your Hospital: from gripes to solutions. 	<ol style="list-style-type: none"> 1. Enhancing employee involvement in decision making. 2. "In Search of Excellence"
Afternoon	<ol style="list-style-type: none"> 4. Teams design the needs assessment for the training of middle mgrs. 5. Continuous Performance Appraisal: Gathering and Using the Data 6. End of Module Evaluation 	<ol style="list-style-type: none"> 3. Teams re-design interim exercises. 4. Motivating and Reinforcing Performance through Performance Appraisal - Role Playing Exercise 6. End of Module Evaluation 	<ol style="list-style-type: none"> 3. End of Course Discussion 4. End of Course and Program Evaluations 5. Final Words
Interim	<ul style="list-style-type: none"> -Job Analysis: Middle Managers -Needs Assessment: Training Middle Managers 	<ul style="list-style-type: none"> -Design Training Prog. & Implement Plan -Design Information System for Continuing Performance Appraisal 	Implement the Training Program(s) on an ongoing basis.

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TRIP REPORT

Working in Jamaica: 4 - 7 May 1993

To: Karen Nurick, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Travelers:

Hopkins Holmberg, RedPine & University of New Hampshire
Ralph Lewis, Florida International University
Joe Cook, Florida International University

Purposes of the Visit

R. Lewis and J. Cook were to offer a second module of the "Training of Trainers" at the Administrative Staff College. This two day event was scheduled for the 6th and 7th of May.

Holmberg was to attend, as a North American Faculty counterpart, the first Module of Course 3: "Support Service Systems" to be offered in Mandeville on the 4th and 5th of May. On the 6th and 7th of May, he was to work with his counterparts at the Administrative Staff College and to attend a meeting, scheduled during the previous week, on the 7th of May with newly appointed Parliamentary Secretary Peter Bunting at the Ministry of Health's Central Projects Unit.

Activities

Holmberg arrived in Jamaica on the evening of the 3rd of May. He departed on the afternoon of the 7th of May. Lewis and Cook arrived on the 5th of May and departed on the morning of the 8th of May.

There were three distinct streams of activity during this visit.

Course 3 - Module 1

Course 3, "Support Service Systems," was successfully launched. The subsequent end-of-module evaluation indicated satisfaction with the module and with the regular instructional team. All scored above 4.0 on a scale where 5 is "The Best;" the lowest score for the regular instructional team was 4.6. The Mandeville Hotel, which previously has been below 4.0, edged up to a score of 4.1.

An experiment was conducted in this module; two consultants from the hospitality industry were used in the course. Their contributions were found useful; the participants gave them scores of 4.0 and 3.7 on the 5.0 point scale.

Training of Trainers

The Training of Trainers sessions on the 6th and 7th of May followed the outline developed with the Principal/Director of ASC earlier this year. While Schedule conflicts reduced attendance to a core of ASC trainers, the sessions were very productive.

Meeting with Parliamentary Secretary Peter Bunting

On Friday the 7th, Holmberg joined Dr. M. Holding Cobham of HSIP, and Ms. S. Fraser and H. Allen of ASC in meeting with the new Parliamentary Secretary in the Ministry of Health's Central Projects Unit, Mr. Peter Bunting. This visit provided an opportunity for Mr. Bunting to become familiar with the Management Training component of HSIP. The plans for possible extensions of the effort were discussed; Mr. Bunting indicated his support for this extension.

Hjmg

TRIP REPORT

Working in Jamaica: 27 - 30 April 1993

To: Karen Nurick, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Travelers:

David Bergwall, Florida International University
Hopkins Holmberg, RedPine & University of New Hampshire

Purposes of the Visit

Bergwall and Holmberg were to participate in the Management Review of the Project with Betsy Brown of US AID Jamaica, and to the development of curriculum for Courses 3 and 4. Holmberg, as a member of the Instructional Team for Course 2 was to participate in the review and restructuring of that course.

Activities

Holmberg arrived in Kingston on the evening of the 27th of April; Bergwall arrived mid-day on the 28th of April. Both departed Kingston during the afternoon of the 30th of April.

There were three distinct streams of activity during this visit.

Review and Future Planning

The AUPHA visitors, with S. Fraser and H. Allen of ASC, engaged in a review of the current status of the effort and targeting directions for future efforts. This began on the 28th of April with a discussion with Dr. M. Holding Cobham of HSIP with subsequent further discussions between ASC and AUPHA.

Dr. Cobham arranged a meeting for the 7th of May with Parliamentary Secretary Peter Bunting to further pursue the issues under consideration.

To assure coordination, Bergwall and Holmberg then had dinner on the 28th with Jack Galloway of University Research Corporation who was in Kingston for other portions of the Management Review.

This visit had been planned for the last week of April to facilitate the previously planned Management Review of HSIP. That review had evolved into a by-component structure. B. Brown of AID Jamaica had indicated the primary focus of the

"management review" function of this visit should be to agree on future work to complement and extend the current effort.

On the 29th the ASC/AUPHA team met with AID. Building on the previous discussions with Dr. Holding Cobham, agreement was reached that an additional project effort should be undertaken which will focus on building the capacity of the Administrative Staff College. This will prepare ASC to be of assistance with any of the variety of possible futures which may evolve within the Ministry of Health. Subsequently, the ASC/AUPHA team met to plan the development of this proposal.

Holmberg and Bergwall then shared the results of these activities with J. Galloway on the afternoon of the 30th of April.

Development of Courses 3 and 4

Work on the overall design of Courses 3 and 4 was undertaken on all three days. On both the 29th and 30th there were meetings of the full instructional team for Course 3 in preparation for the start of the course on Tuesday the 4th of May in Mandeville.

Review of Course 2.

On the 29th of April the full instructional team for course 2 met to review the course. General conclusions were reached on ways of strengthening the course.

Work assignments were prepared for the development, by team members, of various aspects of the documentation and review of the course. After these efforts, the team will meet again (probably in late May or early June) to complete the review and revision of the course.

Meetings outside ASC

- Wednesday 28 April 1993 at HSIP. Dr. M. Holding Cobham, S. Fraser and H. Allen of ASC, and H. Holmberg of AUPHA. From 8:40am to 10:05am.
- Wednesday 28 April 1993. Dinner including J. Galloway of URC, and D. Bergwall and H. Holmberg of AUPHA.
- Thursday 29 April 1993 at US AID Jamaica. Betsy Brown and Cheryl Davis-Ivey of AID. S. Fraser and H. Allen of ASC. D. Bergwall and H. Holmberg of AUPHA. 1:15pm to 2:35pm.

Hjlt

1-May-93

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Final

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TRIP REPORT

Working in Jamaica: 21 - 22 April 1993

To: Karen Nurick, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Traveler:

Hopkins Holmberg, RedPine & University of New Hampshire

Purposes of the Visit

Holmberg was to attend the third (final) module of the Course 2, Client Service Systems.

Activities

Holmberg arrived in Kingston on the evening of the 20th of April. Wednesday and Thursday the 21st and 22nd were spent in Mandeville as part of the instructional team offering the final module of the second course. Holmberg departed Kingston early in the morning of the 23rd of April.

Course 2, Module 3.

The projects pursued by the participating teams between the second and third modules were efforts to correct some patient dissatisfaction which was detected in the surveys conducted during the previous interim period. All hospitals had made good progress during the interim; some had made major progress although the projects were designed to mature in longer periods of time. The signal event may have been a hospital which was concerned with its hot meals being cold when they were served to the patients. The hospital had a supply of hot food trolleys which had been condemned as un-repairable twenty years ago. With about an hour of work on each trolley, the defective wiring was repaired and the trolleys were put back into service.

A major focus of this module led to the participating teams defining a list of operating indicators that they all wish to be commonly (therefore, comparatively) and publicly used to measure them. The measurement will begin on the first of May and the first results will be available in June.

The process of evolving these measures revealed many of the difficult situations faced by these hospitals. For instance, one hospital has 0.16 Hours of RN staffing for Nursing Units available for each patient-day of care.

An end-of-course evaluation instrument was completed by each participant. Given the number of questions, it was not tabulated prior to Holmberg's departure from Mandeville. An eye-ball review indicated the results reported are consistent with those on previous evaluations.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 21 - 22 Apr 1993

The ASC Senior Consultant, H. Allen, conducted a brief review of where people are in the programme of four courses, as this mid-point with the end of Course 2. The comments volunteered were very positive. The group is eager to return in early May for the start of Course 3.

Hjkd

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TRIP REPORT

Working in Jamaica: 6 - 7 April 1993

To: Karen Nurick, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Traveler:

Hopkins Holmberg, RedPine & University of New Hampshire

Purposes of the Visit

Holmberg was to attend the second module of the Course 2, Client Service Systems.

Activities

Holmberg arrived in Kingston on the evening of the 5th of April. Tuesday and Wednesday the 6th and 7th were spent in Mandeville as part of the instructional team offering the second module of the second course. Holmberg departed Kingston early in the morning of the 8th of April.

Course 2, Module 2.

The second Module began with reports on the surveys of patient satisfaction which had been interim projects at the nine participating hospitals. During these two days the reports of dissatisfaction were turned into projects for the next interim period. Each participating hospital has designed an effort to overtly attack, during the 13 interim days, a problem which holds down patient satisfaction.

This module experienced, in total, one hour of SMO attendance. Falmouth Hospital, which had a two member team during the first module and the first day of this module, was not present on the second day.

The instructional team demonstrated performance consistent with the very satisfactory level achieved in the first module.

The end of module evaluation, as before, found the module and all members of the instructional team receiving scores above 4 on a five point scale where 5 is "excellent." Only the facilities of the Hotel received average marks below 4. In the portion of the evaluation instruments where there was room for suggesting improvements, only one instrument had any markings; that one said "we're saturated!" This comment meets the perception of the instructional team: this course has been loading substantial amounts of content and material on the participating teams. The very positive response is reassuring.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 6 - 7 Apr 1993

The instructional team completed plans for the third, and final module. They plan a full day in late April to review and revise the course and prepare for subsequent offerings.

Hjfy

TRIP REPORT

Working in Jamaica: 16 - 17 March 1993

To: Nicholas Studzinski, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Traveler:
Hopkins Holmberg, RedPine & University of New Hampshire

Purposes of the Visit

Holmberg was to work with the other members of the instructional team for Course 2, Client Service Systems, on the development of the Course.

Activities

Holmberg arrived in Kingston on the evening of the 15th of March. Tuesday the 15th and Wednesday the 16th of March were spent at the Administrative Staff College working the Jamaican members of the instructional team for Course 2, H. Hewitt, W. Segree, and H. Allen.

Course 2: Client Service Systems

The instructional team completed the design for the Client Service Systems Course which begins in Mandeville on Wednesday the 24th of March 1993. A copy of the course overview is being distributed with this trip report. The team will next meet on Tuesday the 23rd of March at the Administrative Staff College to complete final preparations for Module 1 of the Course and refine the development of material for the subsequent Modules.

Course 1: Management Development

While Holmberg was at the Administrative Staff College he had the opportunity to review the end-of-course evaluation forms prepared by the Course participants. On a scale of 1 to 6, with 6 being most favorable, all items on the course, its design, the instructors, and the value and relevance of the course received marks which fell between 5 and 6, with the majority of the marks being 6. Only certain items related to the hotel and food service received lower marks.

CEO Workshop

The CEO Workshop had an objective of bonding the hospital CEOs as an effective resource toward the solution of problems. The CEO's held a meeting on the 15th of March which vigorously ran past the scheduled time, and scheduled to reconvene later in the week to complete the work they have planned. The bonding of this group into an effective and positive force appears to be proceeding with greater strength than had been hoped.

TRIP REPORT

Working in Jamaica: 1 - 5 March 1993

To: Nicholas Studzinski, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Travelers:

David Bergwall, Florida International University
Hopkins Holmberg, RedPine & University of New Hampshire
Ralph Lewis, Florida International University
Joe Cook, Florida International University

Purposes of the Visit

Bergwall and Holmberg were to work with H. Allen of the Administrative Staff College to conduct the CEO Workshop to be held on March 3-4, to organize the Training of Trainers session to be held on the 5th of March, to work with instructors for Course 2, and to make further progress on the selection of instructors and design of Courses 3 and 4.

Lewis and Cook were to conduct the Training of Trainers session on the 5th of March.

Activities

Four AUPHA visitors were in Kingston during the 1st week of March 1993. D. Bergwall, and H. Holmberg arrived on the evening of the 28th of February. R. Lewis and J. Cook arrived during the afternoon of the 3rd of March. All departed on the morning of the 6th of March.

Course 2: "Client Service Systems"

The instructional team for this course includes Mrs. H. Hewitt, and Dr. W. Segree from Jamaica, and Prof. Hopkins Holmberg from AUPHA. They met for a few hours on Monday the 1st of March, and again met from 10am to 4:30pm on Tuesday the 2nd of March. Substantial progress was made in preparing Course 2 utilizing materials previously prepared.

The team will again be meeting at ASC on the 16th and 17th of March. An ambitious work schedule was prepared for the activities of the team members prior to that two day working session.

The team will then next meet on Tuesday the 23rd of March in final preparation for the offering of the first module of the course in Mandeville on the 24th and 25th of March. The subsequent two modules will be on the 6 and 7 of April and on the 21 and 22 of April.

Subsequent Courses

Recruitment of instructors has been completed for the third and fourth courses. Final selection will be completed in the near future. Likewise, recruitment of the international faculty trainers for those two courses has been completed and final selection is about to be completed.

Working meetings between instructors and international faculty trainers has been tentatively scheduled to begin in March.

Efforts to secure appropriate integration between courses continue. For instance, one of the instructors for Course 3 plans to join the instructional team for Course 2 when they meet in Kingston on the 16th and 17th of March.

CEO Workshop

The CEO Workshop, a joint effort of ASC, AUPHA, and PAHO occurred at the Terra Nova Hotel on the 3rd and 4th of March 1993. The immediate evaluation of that event involved a group discussion recorded by H. Allen and observations made by staff of the sponsoring agencies.

The CEO Workshop met its objectives. The group of 5 CEOs have found a common bond, have begun exercising themselves as a group which is supportive of their individual activities, and have a specific, and remarkably detailed, agenda for future action: their next meeting will be within two weeks.

Training of Trainers

The first module of "Vibrant Training", the Training of Trainers effort for ASC staff and others who are, or may be, involved in this Management Training program was held at ASC from 9am to 5pm on Friday the 5th of March. The faculty from Florida International University were Professor Ralph Lewis, Director of the Academy for the Art of Teaching, and Professor Joe Cook of the School of Education.

The compilation of evaluations at the end of the day indicated substantial general satisfaction and provided some clues which can help refine the design for the second module. The second module is scheduled for the same group at ASC on the 6th and 7th of May 1993.

Looking Forward

Holmberg will arrive in Kingston on the 15th of March and depart on the morning of the 18th of March to spend two additional days working with the instructors for Course 2.

Holmberg will return to Kingston on the evening of the 22nd of March to spend the 23rd of March working with the Course 2 instructors, and to spend the 24th and 25th of March in Mandeville during the first two day module of Course 2.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 1- 5 Mar 1993

Holmberg will arrive in Kingston on the evening of the 5th of April to attend, on the 6th and 7th of April, the second two day module of Course 2.

Holmberg will arrive in Kingston on the 20th of April to attend the final two day module of Course 2 in Mandeville on the 21st and 22nd of April.

Related Information

Meetings outside the Administrative Staff College

Wednesday the 3rd of March 1993, at 7:30am, D. Bergwall and H. Holmberg met with Dr. M. H. Cobham at the HSIP Offices until 8:15am.

Review of Progress under the Draft Work Plan

Phase I: Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant.

Accomplished.

Task 2: Recruit and hire HSIP Training Coordinator.

Accomplished.

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Complete. Text to be distributed.

Task 4: Assess MOH management training needs related to this project.
Complete. Report dated 13 October. There is an ongoing dimension to this effort.

Task 5: Completion of final training capacity development plan.
The Plan is complete; the paper is in final draft.

Task 6: Recruit and retain in-country faculty.
Faculty for the first two courses have been selected. Recruitment has been completed for faculty for the last two courses. Final selection will be completed in the 2nd week of March 1993.

Task 7: Recruit and retain international faculty trainers.
Professor Fried, for "Management Development", and Professor Holmberg, for "Client Service Systems" are currently in service. Recruitment of international faculty trainers for the final two courses is completed; final selection will be completed by the end of the 3rd week of March; the first visits of these faculty trainers to work with the Jamaican faculty for these courses will be scheduled at the same time.

Task 8: Develop initial course curricula.
The scheme of 4 related courses exists. The first course is in process. The second course is currently being actively developed. The final two courses will be the subject of meetings of the instructional teams toward the end of March 1993.

Task 9: Identify and obtain resource materials and equipment.
This is now an ongoing process. Materials are now being delivered on a regular basis.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 1- 5 Mar 1993

Task 10: Train Trainers.

The first of two modules of "Vibrant Training", the Training of Trainers Course specifically developed for this effort was held on Friday the 5th of March 1993. The second module is scheduled for the 5th and 6th of May 1993.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses. *The schedule for the first offering of the four courses is firm and the participants have completed three of 12 modules.*

Task 12-A: Implement first series of courses.

The first course is completed. The second course will begin in late March. The subsequent two courses will follow, in scheduled sequence.

Task 12-B: Design and Implement CEO Workshop.

This multi-agency, cooperative, activity occurred during this week on the 3rd and 4th of March 1993.

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

There are three components to the evaluation.

- *Individual and group attitudes and behaviors: being developed with the courses. The instrument has already been utilized twice.*
- *Performance of units of the Ministry: implicitly a responsibility of the Ministry / HSIP. Mr. D. Taylor has taken a leadership role in this issue. We have found some macro indicators which are able to identify hospitals which are subjectively thought to be performing well. Mr. David Taylor of PAHO, who is taking the lead on this form of evaluation, had an additional draft paper for consideration during this week.*
- *There is a module-by-module evaluation process for instructors and course presentations which has been implemented.*

We continue to be on schedule.

Hhxc

TRIP REPORT

Working in Jamaica: 23 - 25 March 1993

To: Nicholas Studzinski, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Traveler:

Hopkins Holmberg, RedPine & University of New Hampshire

Purposes of the Visit

Holmberg was to work with the other members of the instructional team for Course 2, Client Service Systems, on the development of the Course, and then to attend the first module of the course.

Activities

Holmberg arrived in Kingston on the evening of the 22nd of March. Tuesday the 23rd was spent at the Administrative Staff College working the Jamaican members of the instructional team for Course 2 making final preparations for the offering of Course 2. Wednesday and Thursday the 24th and 25th were spent in Mandeville as part of the instructional team offering the first module of the second course. Holmberg departed Kingston early in the morning of the 26th of March.

Course 1: Management Development

The first major activity in the offering of Course 2, was reporting by the participating teams on the current status of the improvement exercises that had been started as part of Course 1. In general there is continuing progress; in some cases, the participants have been pleasantly surprised by substantially exceeding their objectives.

The progress report of the Cornwall Regional Hospital noted the number of crises the Hospital had weathered during the month since the end of Course 1. They explicitly underscored the importance of the skills and working relationships developed in Course 1 in helping them to deal with the crises they had faced. In particular, the first course had developed a functioning top management team which was crucial to meeting the difficulties.

Falmouth Hospital, which was supposed to participate in Course 1, but did not, sent a partial team to attend Course 2 based on the recommendations of participants in Course 1.

Course 2: Client Service Systems

The first Module of Course 2 occurred. There was a painful irony in this Course, focusing on the core functions in health services delivery, having no Physicians in attendance. The top management teams which are all

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MEMORANDUM

To: Dr. M. H. Cobham, HSIP
From: H. Allen, ASC; D. Bergwall & H. Holmberg, AUPHA
Date: 19 February 1993
RE: Interim Report - Debrief prior to departure.

Overview of the Visit

Four AUPHA visitors have been in Kingston during the 3rd week of February 1993. D. Bergwall, J. Chowka, and H. Holmberg arrived on the evening of the 15th of February. R. Lewis arrived on the afternoon of the 16th of February. Bergwall and Lewis departed on the afternoon of the 18th of February; Chowka and Holmberg will depart on the afternoon of the 19th of February.

The primary focus of the trip was on work between the AUPHA visitors and their Administrative Staff College (ASC) counterparts. The visit is viewed as having been very successful.

- Course 1 "Management Development", has completed two of its three modules. Thus far the reviews are positive.
- Course 2 "Client Service Systems" is well into development with a meeting this morning between the international faculty trainer, Holmberg, and the instructors, Dr. R. Stevens, and Mrs. H. Hewitt. They will be working again on Monday and Tuesday the first and second of March.
- The final two courses will have their instructors selected during the first week of March. The international faculty trainers and the instructors will meet to work on these courses during the 4th week of March.
- The evaluation scheme is on track. If time permits during this de-brief it may be useful to discuss some interesting questions.
- The CEO Workshop is designed and is ready to be presented on the 3rd and 4th of March.
- Training of Trainers has been designed during this visit. A one day session will be held on the 5th of March and will be followed by a two day session which will probably be on the 6th and 7th of May.
- Acquisition of Materials has been facilitated by Chowka being involved in this trip. If time permits during this de-brief we would like to explore some administrative issues related to this program of acquisition.
- Computers and Software were also a subject of Chowka's visit. This effort was necessarily limited because the computers and software, ordered some months ago, still have not been received by ASC.

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Review of Progress under the Draft Work Plan

Phase I: Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant.
Accomplished.

Task 2: Recruit and hire HSIP Training Coordinator.
Finally accomplished!

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.
Complete. Text to be distributed.

Task 4: Assess MOH management training needs related to this project.
Complete. Report dated 13 October. There is an ongoing dimension to this effort.

Task 5: Completion of final training capacity development plan.
The Plan is complete; the paper is in final draft.

Task 6: Recruit and retain in-country faculty.
Faculty for the first two courses have been selected. Faculty for the remaining two courses are to be selected during the first week of March 1993.

Task 7: Recruit and retain international faculty trainers.
Professor Fried, for "Management Development", and Professor Holmberg, for "Client Service Systems" are currently in service. Selection of international faculty trainers for the last two courses is now on underway; we plan on those trainers being in Jamaica during the fourth week of March.

Task 8: Develop initial course curricula.
The scheme of 4 related courses exists. The first course is in process. The second course is under development. The final two courses will be the subject of meetings of the instructional teams during the fourth week of March 1993.

Task 9: Identify and obtain resource materials and equipment.
This is in process. Chowka's participation in this visit has established a base for expediting these processes.

Task 10: Train Trainers.
The scheme for formal Training of Trainers has been designed during this trip. The first session is scheduled for the 5th of March. A second, two day, session is tentatively scheduled for the 6th and 7th of May.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Report - Debrief of Visit 16 - 19 Feb 1993

The schedule for the first offering of the four courses is firm and the participants have completed two of 12 modules.

Task 12-A: Implement first series of courses.
The first course is in process. The subsequent three courses will follow, in scheduled sequence.

Task 12-B: Design and Implement CEO Workshop.
This multi-agency, cooperative, activity is on schedule for the 3rd and 4th of March 1993.

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

There are three components to the evaluation.

- *Individual and group attitudes and behaviors: being developed with the courses. The instrument has already been utilized twice.*
- *Performance of units of the Ministry: implicitly a responsibility of the Ministry / HSIP. Mr. D. Taylor has taken a leadership role in this issue. We have found some macro indicators which are able to identify hospitals which are subjectively thought to be performing well. Further discussions were held during this visit to further this process.*
- *Additionally, there is a module-by-module evaluation process for instructors and course presentations which has been implemented.*

We are on schedule. Soon the first courses will be completed and the process of revising the course design and materials in preparation for a subsequent offering will then be undertaken.

Issues

1. We have no issues to raise at this debriefing session.

Hhrd

TRIP REPORT

Working in Jamaica: 16 - 19 February 1993

To: Nicholas Studzinski, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Travelers:

David Bergwall, Florida International University
Hopkins Holmberg, RedPine & University of New Hampshire
Juliet Chowka, AUPHA
Ralph Lewis, Florida International University

Purposes of the Visit

Bergwall and Holmberg were to work with H. Allen of the Administrative Staff College towards the completion of the design of courses 2 through 4. They were also to prepare materials for the CEO Workshop to be held the first week of March, and to meet with ASC staff to develop the Training of Trainers sessions scheduled for the first week of March. There were to participate in the identification and selection of library and other training material for the ASC.

Chowka was to work on the arrangements for the acquisition of library and other training materials for the ASC. She was also to begin the initial training of the ASC staff on the use of computers and software.

Lewis was to meet with ASC staff to develop and coordinate the training of trainers session.

Activities

Four AUPHA visitors were in Kingston during the 3rd week of February 1993. D. Bergwall, J. Chowka, and H. Holmberg arrived on the evening of the 15th of February. R. Lewis arrived on the afternoon of the 16th of February. Bergwall and Lewis departed on the afternoon of the 18th of February; Chowka and Holmberg departed on the afternoon of the 19th of February.

The primary focus of the trip was on work between the AUPHA visitors and their Administrative Staff College (ASC) counterparts. The visit is viewed as having been very successful.

Schedule

A very constructive debriefing meeting was held on Friday the 19th of February including Dr. D. Ashley. During that meeting agreement was agreed on a device for vetting prospective instructors through consultation of H. Allen with Dr. M.H.Cobham.

A major issue encountered was the schedule of the courses. While the first course has been going well, there was concern that the attendance of Senior Medical Officers was not at the same standard as that for the other participants. A proposed solution was to move from the present scheme of 2 days in the course followed by the remainder of two weeks back at the work site. The proposed alternative was 2 days of work in the course followed by the remainder of four weeks back at the work site. With this new schedule, a second cohort of participants could begin pursuing the course of study in the near future. Thus the load of effort and expenditure would remain, effectively, unchanged.

This change was proposed to the first cohort of participants when they assembled for Course 1 - Module 3 on the following Monday. They were very strongly opposed. As a result, the every two-weeks format will be continued. Course 2 will be delayed 2 weeks to allow the SMO's time to clear their schedules. Course 2 will now begin on the 23rd of March 1993. The first series of courses, as currently scheduled, will now be completed in early July.

The strength of feeling of the participants about the value of the courses, as revealed in their strong opinions, was pleasantly received information.

Course 1: "Management Development"

The second module of this course had been offered in the previous week. This visit presented an opportunity for Bergwall and Holmberg to review the progress of that course with relevant ASC staff and others. The view continues to be very positive. A list of items that can be improved in future offerings of the course, and in other courses in the sequence, was begun.

Course 2: "Client Service Systems"

Holmberg is serving as the North American faculty trainer for this course. With Allen of ASC, prospective Jamaican faculty members have been selected and work between Holmberg and the two faculty members has begun. A tentative outline for the Course has been developed and materials have been prepared.

During the last week of February this trio will be working individually according to the assignments which have been developed. The trio will meet again for two days on the 1st and 2nd of March to complete the course design and complete all aspects of the first module which will be offered in Mandeville starting in March. Holmberg is scheduled to be present for each module. Attached to his visit for the first two modules will be time to work with the instructors on the content planned for the subsequent module.

Subsequent Courses

A schedule has been developed with ASC for final selection of the instructors for Courses 3 and 4 during the next visit of AUPHA workers in

the first week of March. A tentative schedule has been developed for the first meetings of the North American faculty trainers for these two courses with the Jamaican instructors during the fourth week of March. The North Americans will stop in Miami for orientation by Bergwall before proceeding on to Kingston. Holmberg will be involved with introducing the instructional teams for those courses in Kingston and assuring they fully comprehend the need for training, as previously established, and the tone and character of the program of courses as established in the first two courses.

Course and Program Evaluation

Further discussions were held with Mr. David Taylor of PAHO who is overseeing the work on the Macroscopic evaluation efforts for this program. Progress was made in defining macroscopic evaluation indicators.

CEO Workshop

Final coordination was undertaken on the arrangements for the "CEO Workshop" to be held at the Terra Nova Hotel in Kingston on the 3rd and 4th of March 1993. This is a joint effort which includes ASC and AUPHA, plus PAHO, HSIP, and other technical assistance contractors. A discussion was held with the facilitator for the Workshop, Mr. T. Edwards, and arrangements were made for exchanging final materials and programme information, and making comments thereon, during the last week of February.

Training of Trainers

Bergwall and Lewis worked with Miss S. Fraser, Principal-Director of the Administrative Staff College to evolve the design for the Training of Trainers. A single day session will be held at ASC on the 5th of March which will be followed by a two day session which will probably be held on the 6th and 7th of May.

Acquisition of Materials

Chowka was able to work with relevant ASC staff to facilitate the selection, acquisition, and delivery of relevant library and other training materials to strengthen ASC. She was also able to meet with Cheryl Davis-Ivey of US AID who assists in facilitating delivery.

Computers and Software.

Chowka was also able to work with relevant ASC staff on computer configurations and software. This effort was necessarily limited because the computers, ordered some months earlier, still have not been received by ASC.

Looking Forward

Professor Fried will attend the third module of the first course, on the 22-23 of February.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 16-19 Feb 1993

Holmberg will return to Kingston on the evening of the 28th of February.

The 1st and 2nd of March will be spent with the instructional team for Course 2. The 3rd and 4th of March will be spent participating in, and serving as a resource to, the CEO Workshop. The 5th of March will be spent with the Training of Trainers event.

Bergwall will return to Kingston on the evening of the 28th of February. The 1st and 2nd of March will focus on work with Allen of ASC in final selection of instructors for courses 3 and 4. The 3rd and 4th of March will be primarily devoted to the CEO Workshop and the 5th of March will be spent with the Training of Trainer event.

The first day of the Training of Trainers event will be on Friday the 5th of March. The leaders of this session will be Dr. Ralph Lewis and Dr. Joe Cook of Florida International University.

The proposed change in the schedule of the courses led to a rearrangement of our travel schedules. Details are being completed as this report is prepared for distribution.

Related Information

Meetings outside the Administrative Staff College

- Wednesday, 17 February 1993, 7:30 am to 8:10 am. At HSIP Offices. Dr. M. H. Cobham with Bergwall and Holmberg.
- Wednesday, 17 February 1993, 4:30 pm to 5:10 pm. At PAHO Offices. Mr. D. Taylor with Bergwall, Holmberg, Chowka, and Lewis.
- Thursday, 18 February 1993, 5:00 pm to 6:15 pm. At Wyndham Hotel. Ms. Cheryl Davis-Ivey of US AID with Chowka and Holmberg.
- Friday, 19 February 1993, 8:30 am to 10:00 am. At HSIP Offices. Allen, Holmberg, and Chowka with instructors for Course 2.
- Friday, 19 February 1993, 10:00 am to 11:18am. At HSIP Offices. Debriefing meeting: Holmberg, Chowka and Allen with Dr. D. Ashley, Dr. M. H. Cobham, Mr. D. Taylor, Mr. D. Prince, and Mrs. Davis, the new HSIP Training Coordinator.

Review of Progress under the Draft Work Plan

Phase I: Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant.
Accomplished.

Task 2: Recruit and hire HSIP Training Coordinator.
Finally accomplished!

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.
Complete. Text to be distributed.

Task 4: Assess MOH management training needs related to this project.
Complete. Report dated 13 October. There is an ongoing dimension to this effort.

Task 5: Completion of final training capacity development plan.
The Plan is complete; the paper is in final draft.

Task 6: Recruit and retain in-country faculty.
Faculty for the first two courses have been selected. Faculty for the remaining two courses are to be selected during the first week of March 1993.

Task 7: Recruit and retain international faculty trainers.
Professor Fried, for "Management Development", and Professor Holmberg, for "Client Service Systems" are currently in service. Selection of

international faculty trainers for the last two courses is now on underway; we plan on those trainers being in Jamaica during the fourth week of March.

Task 8: Develop initial course curricula.
The scheme of 4 related courses exists. The first course is in process. The second course is under development. The final two courses will be the subject of meetings of the instructional teams during the fourth week of March 1993.

Task 9: Identify and obtain resource materials and equipment.
This is in process. Chowka's participation in this visit has established a base for expediting these processes.

Task 10: Train Trainers.
The scheme for formal Training of Trainers has been designed during this trip. The first session is scheduled for the 5th of March. A second, two day, session is tentatively scheduled for the 6th and 7th of May.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses.
The schedule for the first offering of the four courses is firm and the participants have completed two of 12 modules.

Task 12-A: Implement first series of courses.
The first course is in process. The subsequent three courses will follow, in scheduled sequence.

Task 12-B: Design and Implement CEO Workshop.
This multi-agency, cooperative, activity is on schedule for the 3rd and 4th of March 1993.

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

There are three components to the evaluation.

- *Individual and group attitudes and behaviors: being developed with the courses. The instrument has already been utilized twice.*
- *Performance of units of the Ministry: implicitly a responsibility of the Ministry / HSIP. Mr. D. Taylor has taken a leadership role in this issue. We have found some macro indicators which are able to identify hospitals which are subjectively thought to be performing well. Further discussions were held during this visit to further this process.*
- *Additionally, there is a module-by-module evaluation process for instructors and course presentations which has been implemented.*

We are on schedule. Soon the first courses will be completed and the process of revising the course design and materials in preparation for a subsequent offering will then be undertaken.

Hhrf

TRIP REPORT

Working in Jamaica: 26 - 27 January 1993

To: Nicholas Studzinski, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Travelers:

David Bergwall, Florida International University
Hopkins Holmberg, RedPine & University of New Hampshire

Purposes of the Visit

The focal point of this trip was to participate in the opening of the first module of the first course to be held at the Mandeville Hotel on the 26th and 27th of January 1993.

Activities

Two AUPHA visitors were in Kingston during the 4th week of January 1993: D. Bergwall and H. Holmberg. They both arrived late on Monday evening the 25th of January and traveled immediately to the Mandeville Hotel. They left Mandeville on the evening of Wednesday the 27th of January and departed Kingston early on Thursday morning the 28th of January.

The course began, on time, at the Mandeville Hotel with a 1 hour formal opening ceremony addressed by representatives of: the Administrative Staff College (Sadie Fraser), PAHO (Sam Aymer), AID (Cheryl Davis-Ivey), AUPHA (Bergwall), and the Ministry of Health (Dr. D. Ashley). The course then moved into real implementation.

At the end of the first day the two AUPHA visitors had an end-of-day debriefing with the Instructors, the Coordinator (H. Allen of ASC), and David Taylor of PAHO. The essence of the debriefing was: it had gone well. No changes for the next day were found necessary. No items were thought of, to that time, which should be recorded for revision of this first day prior to successive offerings of the course.

Generally, the opening day of the course had successfully engaged the participating groups. There was evidence that groups which were incomplete had gotten on the telephone and urged missing member(s) to come earlier than planned. There was also evidence of individuals who had planned to depart prior to the end of the scheduled day who stayed well beyond their anticipated departure. The quality of participation by those present was judged strong; there was evidence, during the day, of some of the barriers within participating management teams were, at least for the day, being broken down.

At the end of the two day module participants completed a brief end-of-module evaluation. On a scale of 1 to 5, with 5 being "the best", the module and both of its instructors achieved scores about 4.5.

The general level of participation on the second day was intense. It was evident from the discussion and the body-language of the participants that the ideas were both challenging and, at times, uncomfortable. The participating teams seemed well invested in the projects they had designed to begin desired changes in their hospitals during the two weeks before the start of the second module of the course.

While the participants were being challenged, there was evidence the participants recognized the value of this uncomfortable process. Physician participants, who earlier declared their intention to leave early, had stayed to the end of the module.

The Ministry of Health, in selecting the Hospitals to participate, had selected this group on a geographic basis; they all came from the western half of the country. The participating teams began exploring inter-hospital problems and possibilities for cooperation. This was especially reflected in smaller hospitals, and the larger hospitals on which they depend, beginning a dialogue toward identifying and solving their common problems.

Only one of the invited hospitals, Falmouth, was not represented. We understand this represented reluctance on the part of two team members which acted to hold back the third member of the team. Ministry of Health officers noted this absence; the course remains open for their participation starting with the second module.

Additionally, the time in Mandeville allowed a number of other activities to be accomplished by the AUPHA visitors.

In meetings with David Taylor of PAHO, further progress was made toward the Macroscopic Evaluation of this effort. This builds upon a meeting held during the 2nd week of January. A control group of, roughly similar, hospitals has been selected to be compared with the participating hospitals. Indexes have been provisionally developed which successfully identify the hospital which Ministry of Health officers regard has having the most successful management. The most recent data available is for the year 1991. The slowness of collection and publication of data may limit the usefulness of this evaluation approach; at the current speed, 1993 data will apparently not be available through the Ministry until late 1994 or early 1995

Additionally, progress was made on the CEO Workshop, a joint activity of a number of agencies. The design is now final. The basic logistical arrangements have been made. Invitations, and the participation of several Ministry of Health officials remains to be confirmed. This activity will bring together the new CEOs and facilitate their being a constructive colleague group. All the principal assistance contractors intend to attend: URC/LAC, AUPHA, and Touche Ross Management Consultants.

In working with ASC staff, the arrangements for evaluation of individual modules were completed and were first utilized. Further work was done on scheduling the Training of Trainers and designing the list of participants. Work was done toward insuring the mid-February efforts on the further development of Courses 2-4 would go smoothly.

Looking Forward

Professor Fried anticipates attending both the second and third modules of the first course, on the 10-11 and 22-23 of February.

We currently plan for Holmberg to be in Kingston during the week of the 15th of February to work with H. Allen and others on courses 2-4.

Bergwall, and Ralph Lewis of the FIU Academy for the Art of Teaching will be here for a few days during that same mid-February week to focus on preparing for the Training of Trainers.

Chowka of AUPHA is targeted for being in Kingston during the week of the 15th of February to work on arrangements for acquiring library resources and to assist with training in the use of computers and information technology.

We currently are considering the first Training of Trainers event being offered on the 5th of March. This will involve Bergwall, Holmberg, Dr. Lewis, and, perhaps, Dr. Joe Cook.

The CEO Workshop is currently planned for Kingston on the 3rd and 4th of March. Bergwall and Holmberg will be in Kingston to participate.

Hhkd

TRIP REPORT

Working in Jamaica: 12 - 15 January 1993

To: Nicholas Studzinski, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Travelers:

David Bergwall, Florida International University
Bruce Fried, University of North Carolina
Hopkins Holmberg, RedPine & University of New Hampshire

Purposes of the Visit

Professor Fried was to deliver a variety of training materials to the instructors for Course 1 and to work through the final content of Course 1 anticipating the January 26 beginning of the Course.

Professors Bergwall and Holmberg were to work with Administrative Staff College staff to continue development of the content for Courses 2, 3 and 4; to continue the process of identifying local and North American trainers for these courses; to develop the plans for the training workshop to be held in late February or early March 1993, and to work on the evaluation component of the project.

Activities

Three AUPHA visitors were in Kingston during the 2nd week of January 1993: D. Bergwall, B. Fried, and H. Holmberg. They began Tuesday morning the 12th of January (Holmberg), Wednesday morning the 13th of January (Bergwall), and Thursday morning the 14th of December (Fried) and they all departed on Friday the 18th of January at 3:00pm.

The trip primarily focused on work between the AUPHA visitors and their ASC counterparts.

This trip, in early January 1993, marked the mid-point in the current efforts by AUPHA. Those efforts began in June of 1992 and are to end in July of 1993. A meeting was scheduled between D. Bergwall and H. Holmberg and USAID staff to allow mid-term reporting and review; an earthquake in Kingston closed the AID building and cancelled the meeting.

Course 1: "Management Development"

B. Fried concentrated his efforts on working with instructors S. Fraser and K. Brown on finishing the detailed development of Course 1, "Management Development", which will be offered starting in late January 1993. This included delivery, by Fried, of a wide variety of final materials for the course.

At the end of the visit, all involved seemed confident about preparation for the first module of that course which will begin in Mandeville on the 26th of January 1993.

Selection of Participants

Participants for the first offering of the Programme got their invitations after Dr. B. Wint signed the invitations in early January. These were faxed to participants and have been the subject of follow-up by H. Allen. In a meeting with Dr. D. Ashley on Wednesday the 13th of January, Dr. D. Goffe took on the task of assuring appropriate attendance. At 12:12 a 5.3 Richter Scale Earthquake hit the Caledonia Road Building and ended the meeting.

Design of subsequent courses

A scheme for relating the information in the last three courses was developed. Plans have been made for meeting with prospective instructors in Mandeville on the 26th of January.

CEO Workshop

For some months one concern has been the need to develop a "CEO Workshop" which will serve to build the strength of the new Hospital Chief Executive Officers who are moving into service under two different Projects. This effort is logically strongly related to the AUPHA and ASC efforts, but is not explicitly in the terms of reference for AUPHA. Appropriate steps will be taken which will formally include it in our terms of reference without requiring any expansion of budget.

Significant progress was made in developing the CEO Workshop design. This included a productive meeting with Mr. David Taylor at PAHO, fax communication with Mr. Craig Bennett of Touche-Ross Consulting in London, and a telephone conversation with Mr. Bennett while meeting with Mr. Taylor. This effort will include PAHO, IDB-Touche Ross, URC-LAC in Washington, and ASC and HSIP, and AUPHA.

Tentatively, the Workshop will be held on the 1st and 2nd of March. AUPHA and ASC will provide some of the presenters who will be involved in the Workshop.

Training of Trainers

Training of Trainers is now tentatively scheduled for the 3rd and 4th of March 1993. This ToT event will involve Ralph Lewis and Joe Cook of the Academy for the Art of Teaching at Florida International University. It is anticipated Ralph Lewis will briefly travel to Kingston in the middle of February to do the necessary on-site preparation for this event. This ToT will be for instructors selected for the four courses being offered, and for others on the staff of the ASC.

Evaluation

The evaluation scheme for the both the first course, and the entire programme of courses has been moved to the stage of final draft and will be in place for the first course meeting on the 26th of January 1993. This includes a scheme for "macro" (long term, based on Ministry of Health data) evaluation which focuses on Mr. David Taylor of PAHO; a "micro" (attitudes and perceptions of participants, measured at various points) evaluation which will be administered by ASC and evaluated jointly by ASC and AUPHA, and a scheme of end-of-module and end-of-course evaluations which will be administered by ASC and will be a basis for mid-term and after course revisions.

Issues awaiting resolution

On Friday morning the 15th of January, prior to our de-briefing meeting, interviews were held for the HSIP Training Coordinator position. We hope this individual will be on duty at an early date.

We now enter a very busy time when we will both be offering a course while we are still developing the subsequent courses. We enter this period with confidence; the ability demonstrated by the ASC/AUPHA joint effort to stick to schedule during the last half year has given us confidence in our ability to successfully continue going forward.

Looking Forward

Bergwall and Holmberg will be in Jamaica for the opening of the first course, in Mandeville, on the 26th and 27th of January. They will arrive the evening of the 25th of January and will depart early in the morning on the 28th of January. There is no de-brief meeting planned for this visit.

Fried anticipates attending both the second and third modules of the first course, on the 10-11 and 22-23 of February.

We currently plan for Holmberg to be in Kingston during the week of the 15th of February to work with H. Allen and others on courses 2-4. Details of this trip should be resolved by the 1st of February.

Tentatively Bergwall, and Ralph Lewis of the FIU Academy for the Art of Teaching will be here for a few days during that same mid-February week to focus on preparing for the Training of Trainers.

Chowka of AUPHA is currently, also, targeted for being in Kingston during the week of the 15th of February to work on arrangements for acquiring library resources and to assist with training in the use of computers and information technology.

We currently are considering the Training of Trainers events being offered on the 1st and 2nd of March. This will involve Bergwall, Holmberg, Dr. Lewis, and Dr. Joe Cook.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 12-15 Jan 1993

The CEO Workshop is currently planned for Kingston on the 3rd and 4th of March. Bergwall and Holmberg will be in Kingston to participate.

Related Information

Meetings outside the Administrative Staff College

Wednesday, 13 January 1993, 11:00am - 12:13pm. At the Ministry of Health in the office of Dr. D. Ashley. Dr. D. Ashley, H. Allen, D. Bergwall, H. Holmberg. Subsequently: Dr. D. Goffe and Dr. M. Cobham.

Wednesday, 13 January 1993, 3:30pm. At US AID Offices. [Meeting did not occur; building closed in aftermath of earthquake at 12:12.]

Thursday, 14 January 1993, 10:55am - 12:45pm. At PAHO offices. D. Taylor, H. Allen, D. Bergwall, and H. Holmberg. Also, on the phone during a portion of the meeting: C. Bennett of Touch Ross Consulting in London.

Friday, 15 January 1993, 11:30am - 12:30pm. At the Health Systems Improvement Project Offices. Dr. C. Moody (Chair), Dr. M. Cobham, D. Prince, D. Taylor, B. Fried, H. Allen, D. Bergwall, H. Holmberg.

Review of Progress under the Draft Work Plan

Phase I: Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant.

Accomplished!

Task 2: Recruit and hire HSIP Training Coordinator.

Apparently, interviews are being conducted on the morning of the 14th of January; we look forward to this additional capability.

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Complete. Text to be distributed.

Task 4: Assess MOH management training needs related to this project.
Complete. Report dated 13 October. There is an ongoing dimension to this effort.

Task 5: Completion of final training capacity development plan.
Discussions held during the 3rd week of December should lead to completion of plan during January; problems in meeting with USAID during this visit will delay this report until January. Some of the administrative arrangements for purchasing and delivery of materials need to be completed.

Task 6: Recruit and retain in-country faculty.
First course faculty are participating in development of the course. Discussions on faculty for Courses 2-4 have been held with Allen,

Bergwall and Holmberg. Encounters with prospective instructors are planned for the last week of January while Course 1 - Module 1 is held in Mandeville.

Task 7: Recruit and retain international faculty trainers. Professor Fried, relevant to the first course, participated in this visit. Selection for subsequent courses is in process.

Task 8: Develop initial course curricula. The scheme of 4 related courses exists. The first course has been completed during this visit using the design developed during the last visit. The next three courses have been considered during this visit and are the subject of ongoing effort.

Task 9: Identify and obtain resource materials and equipment. This is in process. It will continue to be pursued by Allen and Bergwall for the remainder of the project. It is anticipated that a future visit will include Juliet Chowka of AUPHA who will focus on this process, which has been developing slowly. Journals have been ordered and a number of titles have already been delivered.

Task 10: Train Trainers. Discussed during this visit. The current target is for this effort to occur in late February or March 1993 after the identification of all trainers. Trainers from the Academy for the Art of Teaching at Florida International University have agreed to provide this training. We expect arrangements to be made final by late January.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses. The participants list developed in December led to invitations signed by Dr. Wint in early January. Dr. Goffe and Ms. Allen are currently securing commitments from participants.

The first course will begin on the 26th of January, maintaining a target set in June of 1992. By current schedule the first offering of the Programme of four courses will be completed on the 30th of June 1993, as scheduled.

Task 12: Implement first series of courses. Target for first series is the 4th through 26th weeks of 1993. That target was established in September: we are still on schedule toward those dates.

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

As discussed in the debriefing meeting on 22 October, there are two components to the evaluation.

- Individual and group attitudes and perceptions: being developed with the courses.*

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Reports - Trip Report: 12-15 Jan 1993

- *Performance of units of the Ministry: implicitly a responsibility of the Ministry / HSIP. During the debrief on 22 October it was agreed Mr. D. Taylor would take a leadership role in this issue.*

Mr. Taylor is taking responsibility for the "macro" evaluation based on Ministry data. ASC and AUPHA have developed both the measurement of individual and group attitudes and perceptions, and a post-module and post-course evaluation of course presentation.

MEMORANDUM

To: Dr. C. Moody, HSIP
From: H. Allen, ASC; D. Bergwall & H. Holmberg, AUPHA
Date: 15 January 1993
RE: Interim Report - Debrief prior to departure.

Overview of the Visit

Three AUPHA Visitors have been in Kingston during this week: D. Bergwall, B. Fried, and H. Holmberg. They began Tuesday morning the 12th of January (Holmberg), Wednesday morning the 13th of January (Bergwall), and Thursday morning the 14th of December (Fried) and they are all departing on Friday the 18th of January at 3:00pm.

The primary focus of the trip has been on work between the AUPHA visitors and their ASC counterparts.

- B. Fried concentrated his efforts on working with instructors S. Fraser and K. Brown on finishing the detailed development of Course 1, "Management Development", which will be offered starting in late January 1993. This included delivery, by Fried, of a wide variety of final materials for the course.
- The evaluation scheme for the both the first course, and the entire programme of courses has been moved to the stage of final draft and will be in place for the first course meeting on the 26th of January 1993. This includes a scheme for "macro" (long term, based on Ministry of Health data) evaluation which focuses on Mr. David Taylor of PAHO; a "micro" (attitudes and perceptions of participants, measured at various points) evaluation which will be administered by ASC and evaluated jointly by ASC and AUPHA, and a scheme of end-of-module and end-of-course evaluations which will be administered by ASC and will be the basis for mid-term and after course revisions.
- Participants for the first offering of the Programme got their invitations after Dr. B. Wint signed the invitations in early January. These were faxed to participants and have been the subject of follow-up by H. Allen. In a meeting with Dr. D. Ashley on Wednesday the 13th of January, Dr. D. Goffe took on the task of assuring appropriate attendance. During the meeting Dr. Ashley indicated her intention to shake up resistance to attendance. At 12:12 a 5.1 Richter Scale Earthquake hit the Caledonia Road Building and ended the meeting.

As this is drafted on the evening of the 14th of January, approximately 20 participants are confirmed.

- Significant progress was made in developing the CEO Workshop design which will, now, be offered in early March. This included a productive meeting with Mr. David Taylor at PAHO, fax communication with Mr. Craig

Bennett of Touche-Ross Consulting in London, and a telephone conversation with Mr. Bennett while meeting with Mr. Taylor. This effort includes PAHO, IDB-Touche Ross, ASC and HSIP, and AUPHA.

- The AUPHA effort started in June of 1992 and is to end in the middle of 1993. This visit was at a mid-point in that period and a mid-point review meeting was scheduled with relevant USAID staff. Unfortunately, the earthquake arrived three hours earlier and closed the AID offices for the remainder of the 13th and 14th of January.

Review of Progress under the Draft Work Plan

Phase I: Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant.
Accomplished!

Task 2: Recruit and hire HSIP Training Coordinator.
Apparently, interviews are being conducted on the morning of the 14th of January; we look forward to this additional capability.

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.
Complete. Text to be distributed.

Task 4: Assess MOH management training needs related to this project.
Complete. Report dated 13 October. There is an ongoing dimension to this effort.

Task 5: Completion of final training capacity development plan.
Discussions held during the 3rd week of December should lead to completion of plan during January; problems in meeting with USAID during this visit will delay this report until January. Some of the administrative arrangements for purchasing and delivery of materials need to be completed.

Task 6: Recruit and retain in-country faculty.
First course faculty are participating in development of the course. Discussions on faculty for Courses 2-4 have been held with Allen, Bergwall and Holmberg. Encounters with prospective instructors are planned for the last week of January while Course 1 - Module 1 is held in Mandeville.

Task 7: Recruit and retain international faculty trainers.
Professor Fried, relevant to the first course, participated in this visit. Selection for subsequent courses is in process.

Task 8: Develop initial course curricula.
The scheme of 4 related courses exists. The first course has been completed during this visit using the design developed during the last visit. The next three courses have been considered during this visit and are the subject of ongoing effort.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Interim Report - Debrief of Visit 12 - 15 Jan 1993

Task 9: Identify and obtain resource materials and equipment.
This is in process. It will continue to be pursued by Allen and Bergwall for the remainder of the project. It is anticipated that a future visit will include Juliet Chowka of AUPHA who will focus on this process, which has been developing slowly. Journals have been ordered and a number of titles have already been delivered.

Task 10: Train Trainers.
Discussed during this visit. The current target is for this effort to occur in late February or March 1993 after the identification of all trainers. Trainers from the Academy for the Art of Teaching at Florida International University have agreed to provide this training. We expect arrangements to be made final by late January.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses.
The participants list developed in December led to invitations signed by Dr. Wint in early January. Dr. Goffe and Ms. Allen are currently securing commitments from participants.

The first course will begin on the 26th of January, maintaining a target set in June of 1992. By current schedule the first offering of the Programme of four courses will be completed on the 30th of June 1993, as scheduled.

Task 12: Implement first series of courses.
Target for first series is the 4th through 26th weeks of 1993. That target was established in September: we are still on schedule toward those dates.

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

As discussed in the debriefing meeting on 22 October, there are two components to the evaluation.

- *Individual and group attitudes and perceptions: being developed with the courses.*
- *Performance of units of the Ministry: implicitly a responsibility of the Ministry / HSIP. During the debrief on 22 October it was agreed Mr. D. Taylor would take a leadership role in this issue.*

Mr. Taylor is taking responsibility for the "macro" evaluation based on Ministry data. ASC and AUPHA have developed both the measurement of individual and group attitudes and perceptions, and a post-module and post-course evaluation of course presentation.

Issues

The project is on schedule. There are no significant outstanding issues at the moment.

Upcoming AUPHA Activity

Bergwall and Holmberg will be in Jamaica for the opening of the first course, in Mandeville, on the 26th and 27th of January. They will arrive the evening of the 25th of January and will depart early in the morning on the 28th of January. There is no de-brief meeting planned for this visit.

Fried anticipates attending both the second and third modules of the first course, on the 10-11 and 22-23 of February.

We currently plan for Holmberg to be in Kingston during the week of the 15th of February to work with H. Allen and others on courses 2-4. Details of this trip should be resolved by the 1st of February.

Tentatively Bergwall, and Ralph Lewis of the FIU Academy for the Art of Teaching will be here for a few days during that same mid-February week to focus on preparing for the Training of Trainers.

Chowka of AUPHA is currently, also, targeted for being in Kingston during the week of the 15th of February to work on arrangements for acquiring library resources and to assist with training in the use of computers and information technology.

We currently are considering the Training of Trainers events being offered on the 1st and 2nd of March. This will involve Bergwall, Holmberg, Dr. Lewis, and Dr. Joe Cook.

The CEO Workshop is currently planned for Kingston on the 3rd and 4th of March. Bergwall and Holmberg will be in Kingston to participate.

Hhgd

MEMORANDUM

To: Dr. C. Moody, HSIP
From: H. Allen, ASC; D. Bergwall & H. Holmberg, AUPHA
Date: 18 December 1992
RE: Interim Report - Debrief prior to departure.

Overview of the Visit

Three AUPHA Visitors have been in Kingston during this week: D. Bergwall, B. Fried, and H. Holmberg. They began Tuesday morning the 15th of December and are departing on Friday the 18th at 8:15 am (Fried) and 3:00pm (Bergwall and Holmberg).

The primary focus of the trip has been on work between the AUPHA visitors and their ASC counterparts.

- B. Fried concentrated his efforts on working with S. Fraser and K. Brown on the detailed development of Course 1, "Management Development", which will be offered starting in late January 1993. This process often involved the additional participation of H. Allen, D. Bergwall, and H. Holmberg.

The result is a vivid common vision of the flow of the course and the development of a detailed outline of the sequenced content of the course. The instructors and Professor Fried will again meet during the week of the 11th of January to bring together the assembled materials, and to rehearse and refine the design of the course.

- A meeting at the Ministry of Health on Tuesday afternoon the 14th of December, chaired by Dr. B. Wint, has led to resolution of the list of participants for the first offering of the programme of four courses. Some new CEO's will be included in the first offering of the Programme. A brief discussion of the possibilities of a CEO training workshop was held at the end of the meeting.
- Allen, Bergwall and Holmberg made substantial progress in further development of courses 2-4.
- Discussions were held between Allen, Bergwall and Holmberg with regard to Training of Trainers, Evaluation, and the requirements for further development of ASC's training capacity.

Review of Progress under the Draft Work Plan

Phase I: Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant.

Accomplished!

Task 2: Recruit and hire HSIP Training Coordinator.
Apparently not yet accomplished.

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Complete. Text to be distributed.

Task 4: Assess MOH management training needs related to this project.
Complete. Report dated 13 October. There is an ongoing dimension to this effort.

Task 5: Completion of final training capacity development plan.
Discussions held during the 3rd week of December should lead to completion of plan during January. Some of the administrative arrangements for purchasing and delivery of materials need to be completed.

Task 6: Recruit and retain in-country faculty.
First course faculty are participating in development of the course. Discussions on faculty for Courses 2-4 have been held with Allen, Bergwall and Holmberg.

Task 7: Recruit and retain international faculty trainers.
Professor Fried, relevant to the first course, participated in this visit. Selection for subsequent courses is in process.

Task 8: Develop initial course curricula.
The scheme of 4 related courses exists. The first course has been substantially refined during this visit. The next three courses have been considered during this visit and are the subject of ongoing effort.

Task 9: Identify and obtain resource materials and equipment.
This is in process. It will continue to be pursued by Allen and Bergwall for the remainder of the project.

Task 10: Train Trainers.
Discussed during this visit. The tentative target is for this effort to occur in January or February 1993 after the identification of all trainers. This may need to be done in multiple sessions.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses.
Substantial progress was made with the meeting at the Ministry on the 15th of December. Details of the schedule and the list of participants are being worked out between H. Allen and M. Berry.

Task 12: Implement first series of courses.
Target for first series is the 4th through 26th weeks of 1993. That target was established in September: we are still on schedule toward those dates.

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

As discussed in the debriefing meeting on 22 October, there are two components to the evaluation.

- *Individual and group attitudes and behaviors: being developed with the courses.*
- *Performance of units of the Ministry: implicitly a responsibility of the Ministry / HSIP. During the debrief on 22 October it was agreed Mr. D. Taylor would take a leadership role in this issue.*

Issues

1. Employment of HSIP Training Coordinator. Tasks that would be done this individual are falling on H. Allen. She is likely to become overloaded in January.
2. The responsibility for a possible CEO Workshop needs to be clarified.

Hhbb

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TRIP REPORT

Working in Jamaica: 15 - 18 December 1992

To: Nicholas Studzinski, USAID LAC/DR/HPN
Betsy Brown, USAID Jamaica
Cheryl Davis-Ivey, USAID Jamaica

AUPHA Travelers:

David Bergwall, Florida International University
Bruce Fried, University of North Carolina
Hopkins Holmberg, RedPine & University of New Hampshire

Purposes of the Visit

The primary purpose of the trip was to work with the Administrative Staff College (ASC) to finish preparation of the first course and to prepare for its implementation. The related purpose was to make progress on all other portions of the project.

Activities

Three AUPHA Visitors were in Kingston during the 3rd week of December 1993: D. Bergwall, B. Fried, and H. Holmberg. They arrived on Monday evening and began work on Tuesday morning the 15th of December. On Friday the 18th of December B. Fried departed at 8:15am and D. Bergwall and H. Holmberg departed at 3:00pm.

The primary focus of the trip focused on work between the AUPHA visitors and their ASC counterparts.

Course 1: "Management Development"

B. Fried concentrated his efforts on working with the instructors for the "Management Development" course by working with the instructors: S. Fraser and K. Brown. This process involved detailed development of the course and its materials on an hour-by-hour basis.

At times this trio were joined by H. Allen, D. Bergwall, and H. Holmberg to review and critique the progress being made by the instructor team.

The result is a vivid common vision of the flow the course and the development of a detailed outline of the sequenced content of the course. At the end of the week, HSIP was given an 8 page overview of the content and sequencing of the course covered by a one page overview table of the course.

During the interim period, B. Fried is assembling the course materials which were selected during the December meetings. The instructors and Professor Fried will again meet during the week of the 11th of January to

bring together the assembled materials, and to rehearse and refine the design of the course.

Selection of Participants

In a meeting on the 15th of December, chaired by Dr. Barry Wint, ASC and AUPHA were able to bring Dr. Wint up to date on the status of the project and indicate the difficulty which had been encountered in finding a designation of the participants for the first offering which is to start in late January 1993.

Despite there being another meeting at the Ministry which he was to be attending, Dr. Wint stayed in the meeting for more than two hours until all background questions were resolved and the hospitals from which the first participants were to be drawn were designated.

In the subsequent days this list was refined and was at a state for Dr. Wint to sign letters of invitation to each participant (which were to be faxed to the participants).

Design of subsequent courses

H. Allen, D. Bergwall, and H. Holmberg focused effort on the further development of courses 2 through 4. Particular focus was put on exploring how best to implement the difficult task of the 2nd course "Client Service Systems" which, at base, must successfully change the participants view of a "patient" who can be expected to be patient, to a "client" who should be expected to be impatient. There was further informal consultation with Dr. Cobham on possible participants who could meet particular specifications.

Holmberg will be devoting additional work to courses 2 - 4 between visits. Allen, Bergwall, and Holmberg will continue work on these courses during a January visit.

A name for the Programme

Over time we have designed the scheme of courses, defined their content, and given them names. But we have not definitively given a name to the programme of four courses. During this trip, with the designation of participants, it was necessary to conclude a title for the programme.

"BUILDING VIBRANT ORGANIZATIONS: Effective Management of Health Delivery Systems" was adopted as the title for the programme of four courses.

CEO Workshop

During the process of pursuing designation of participants for the first offering of the programme, one possibility was to focus on those hospitals that are receiving Chief Executive Officers in the near future; an alternative possibility was to avoid those hospitals. In case not all the CEO hospitals were included in the first offering of the Programme, it was recognized it

would be useful to have some introductory meeting(s) for the new CEOs. ASC and AUPHA have volunteered to assist in this process.

Further discussion during the December visit has concluded this will be done under the framework of a memorandum prepared in November by H. Allen and H. Holmberg. A two day "CEO Workshop" is tentatively slated for February; D. Taylor, H. Allen, D. Bergwall, and H. Holmberg will further develop this workshop during a January visit.

Training of Trainers

"Training of Trainers" has been an item on our agenda. During this trip the work of Professor Fried with the instructors of the course on "Management Development" was, in part, a fulfillment of the task of providing training for trainers.

H. Allen, D. Bergwall, and H. Holmberg spent time examining the objectives to be fulfilled by the Training of Trainers activities and defining alternative means of fulfilling those objectives. The solution found involves continuing to bring in North American counterparts, like Professor Fried, who are directly relevant to particular courses, and to hold a session for all instructors and relevant ASC staff that utilizes relevant staff from a University based "Academy for Teaching" from a North American University. D. Bergwall will work on these plans in the interim. It is possible an appropriate individual from North America may visit Kingston in January to further develop the plans for Training of Trainers.

Evaluation

A portion of the time of H. Allen, D. Bergwall, and H. Holmberg was spent on further developing the evaluation scheme for the project. Interim work will be conducted before a January visit.

In the January visit there will be a resolution of the evaluation schemes. The January visit is to result in a final version of the instruments which are expected to be used at the first course meetings as a baseline for the attitudes and perceptions of the participants.

Also in January, there is to be a meeting with Mr. D. Taylor of PAHO to work on the design of the "macro" evaluation which will use organizational and national data available from the Ministry of Health and other similar sources.

Materials

Discussions were continued which focus on the securing of appropriate materials and equipment for generally strengthening the capacity of ASC and for delivering this series of four courses. Progress was made both on listing the materials to be secured and on the administrative arrangements for ordering and delivering the materials and equipment. We understand the computer equipment being secured for ASC is on order and delivery is hoped for early in 1993.

Issues awaiting resolution

Many activities are in process and there is both a schedule for their resolution and people assigned to the tasks.

One issue remains a concern to the AUPHA visitors and yet is beyond their direct reach. This was explicitly cited at the De-Briefing meeting held on the 18th of December. The issue is the employment of an HSIP Training Coordinator. This position will compliment the work of the ASC Health Management Training Senior Consultant.

At present H. Allen is serving as the ASC Senior Consultant and is responsible for all details regarding this programme. In January this will find her occupying two very full-time positions: preparing all details for the arrival of the first participants for the first course, and working on the development of courses 2 through 4.

Looking Forward

All participants in the December work have assignments between the end of this visit and the second week of January 1993. This includes, for ASC: H. Allen, S. Fraser, and K. Brown; and for AUPHA: D. Bergwall, B. Fried, and H. Holmberg.

In the second week in January Bergwall, Fried, Holmberg, and perhaps one other individual will again visit Kingston to carry out the tasks sketched above. Subsequently, in late January Bergwall will journey to Kingston to participate in the first days of the first course. We anticipate he will be joined by the Chair of the Board of AUPHA to mark the start of formal instruction under this effort.

Related Information

Meetings outside the Administrative Staff College

Tuesday, 3 December 1992, 3:00pm - 5:05pm. At the Ministry of Health. Dr. Barry Wint (Chair), S. Fraser, M. Berry, B. Fried, H. Holmberg, C. Davis-Ivey, D. Bergwall, H. Allen, D. Ashley, L. Brown.

Wednesday, 16 December 1992, 9:00am. At the Health Systems Improvement Project Offices. Dr. C. Moody (Chair), M. Cobham, H. Allen, D. Bergwall, H. Holmberg.

Friday, 18 December 1992, 11:00am - 12:00 noon. At the Health Systems Improvement Project Offices. Dr. C. Moody (Chair), M. Cobham, H. Allen, D. Bergwall, H. Holmberg.

Review of Progress under the Draft Work Plan

Phase I: Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant.

Accomplished!

Task 2: Recruit and hire HSIP Training Coordinator.
Apparently not yet accomplished.

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Complete. Text to be distributed in January 1993.

Task 4: Assess MOH management training needs related to this project.
Complete. Report dated 13 October. There is an ongoing dimension to this effort.

Task 5: Completion of final training capacity development plan.
Discussions held during the 3rd week of December should lead to completion of plan during January. Some of the administrative arrangements for purchasing and delivery of materials need to be completed.

Task 6: Recruit and retain in-country faculty.
First course faculty are participating in development of the course. Discussions on faculty for Courses 2-4 have been held with Allen, Bergwall and Holmberg.

Task 7: Recruit and retain international faculty trainers.
Professor Fried, relevant to the first course, participated in this visit. Selection for subsequent courses is in process.

Task 8: Develop initial course curricula.
*The scheme of 4 related courses exists.
The first course has been substantially refined during this visit. The next three courses have been considered during this visit and are the subject of ongoing effort.*

Task 9: Identify and obtain resource materials and equipment.
This is in process. It will continue to be pursued by Allen and Bergwall for the remainder of the project.

Task 10: Train Trainers.
Discussed during this visit. The tentative target is for this effort to occur in January or February 1993 after the identification of all trainers. This may need to be done in multiple sessions.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses.
Substantial progress was made with the meeting at the Ministry on the 15th of December. Details of the schedule and the list of participants are being worked out between H. Allen and M. Berry.

Task 12: Implement first series of courses.
Target for first series is the 4th through 26th weeks of 1993. That target was established in September: we are still on schedule toward those dates.

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

As discussed in the debriefing meeting on 22 October, there are two components to the evaluation.

- *Individual and group attitudes and behaviors: being developed with the courses.*
- *Performance of units of the Ministry: implicitly a responsibility of the Ministry / HSIP. During the debrief on 22 October it was agreed Mr. D. Taylor would take a leadership role in this issue.*

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MEMORANDUM

To: Dr. C. Moody, HSIP
From: H. Allen, ASC & H. Holmberg, AUPHA
Date: 20 November 1992
RE: Interim Report - Debrief prior to Holmberg departure.

Review: Visit expectations compared to accomplishments

In this successful visit we have made good progress on all three elements planned for the visit. Holmberg arrived on the evening of Monday the 16th of November and departs early afternoon on Friday the 20th of November.

The bulk of our time has been at the Administrative Staff College in working sessions of H. Allen and H. Holmberg augmented by frequent participation from S. Fraser. On Wednesday the 18th we participated in a very useful meeting at HSIP which cleared, or started to clear, a number of outstanding issues.

There were three major elements of this visit:

1. Continue Development of Course 1

Professor Bruce Fried of the University of North Carolina's School of Public Health has been committed to work, in detail, with the faculty for the first course. He is scheduled to be at ASC during the 3rd week of December 1992.

Faculty have been tentatively selected for the first course. These selections will be confirmed in the next two weeks.

Additional progress has been made in editing the text of the first exercise to be used in this course. The second of the two exercises will be developed by the course instructors in cooperation with Prof. Fried.

A large number of details, including issues of the tone of the course have been discussed.

2. Begin Development of Courses 2 through 4

Substantial progress has been made in outlining the content and structure of the next three courses. There have been preliminary discussions of criteria for selecting instructors for these courses.

3. Advance other elements of the Project

The meeting at HSIP on Wednesday the 18th made major progress in resolving the issue of participants in the first sequence of course offerings.

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H. Allen will work with L. Brown to resolve the list. The text of the actual invitation materials has been drafted.

In a collateral issue: a possible design for the "Orientation" session for new CEOs is under discussion between ASC and Mr. Taylor of PAHO.

Prof. Bergwall plans to join Prof. Fried in visiting ASC during the 3rd week of December to give attention to other issues.

We have the names of our four courses as if we had the names for four chapters of a book; but, we've not had an equivalent to a title for the book. We've been awkwardly using "the four courses". In the last few days we've been looking for a short, descriptive, compelling title. The search has not ended. The current working title is:

Building Vibrant Organizations: Using Your Experience

Review of Progress under the Draft Work Plan

Phase I: Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant.

Accomplished!

Task 2: Recruit and hire HSIP Training Coordinator.

Apparently not yet accomplished.

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Complete. Text is with Dr. Bergwall - for his December visit.

Task 4: Assess MOH management training needs related to this project.
Complete. Report dated 13 October. There is an ongoing dimension to this effort.

Task 5: Completion of final training capacity development plan.
Now to be completed between Dr. Bergwall and ASC during the 3rd week of December.

Task 6: Recruit and retain in-country faculty.
Now relevant to the 1st course. ASC is pursuing.

Task 7: Recruit and retain international faculty trainers.
Professor Fried will visit in December to work with faculty of the first course. Prof. Bergwall is now searching for appropriate individuals for subsequent courses.

Task 8: Develop initial course curricula.
*The scheme of 4 related courses exists.
The first course is in sufficient detail for the faculty to work on detailed design in December. The next three courses are in an outline which is growing at a satisfactory pace.*

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Task 9: Identify and obtain resource materials and equipment.
Already begun and ongoing. Still need to work out the details of the purchasing/payment device. For further consideration with Prof. Bergwall in December.

Task 10: Train Trainers.
To be discussed in December. The tentative target is for this effort to occur in January 1993.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses.
Substantial progress was made with the meeting at HSIP on the 18th of November. Details of the schedule and the list of participants are to be worked out between H. Allen and L. Brown.

Task 12: Implement first series of courses.
Target for first series is the 4th through 26th weeks of 1993. That target was established in September: we are still on schedule toward those dates.

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

As discussed in the debriefing meeting on 22 October, there are two components to the evaluation.

- *Individual and group attitudes and behaviors: being developed with the courses. Further progress on the evaluation instruments has been made during this visit.*
- *Performance of units of the Ministry: implicitly a responsibility of the Ministry / HSIP. During the debrief on 22 October it was agreed Mr. D. Taylor would take a leadership role in this issue.*

Issues

1. Employment of HSIP Coordinator. These tasks are currently falling on H. Allen.
- o Isn't it pleasant to have such a brief list!

Hgww

MEMORANDUM

To: Dr. C. Moody, HSIP
From: Hop Holmberg, AUPHA
Date: 22 October 1992
RE: Interim Report - Debrief prior to Holmberg departure - in outline form

Focus of Visit: Contents of First Course

A successful visit. In two days of focused work, H. Allen and H. Holmberg (with a half-day from D. Prince) have produced a "preliminary view" of the contents of the first course.

This is complete to this degree: further progress cannot be made until the instructors are selected and become involved.

Review of Progress under the Draft Work Plan

Phase I: Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant.

Not yet accomplished. Understand it may be concluded in this week.

Task 2: Recruit and hire HSIP Training Coordinator.
Apparently not yet accomplished.

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Complete. Text is with Dr. Bergwall - to be distributed.

Task 4: Assess MOH management training needs related to this project.
Complete. Report dated 13 October. There is an ongoing dimension to this effort.

Task 5: Completion of final training capacity development plan.
Awaiting ASC Coordinator appointment; has not been a barrier. Draft paper with Dr. Bergwall.

Task 6: Recruit and retain in-country faculty.
Now relevant to the 1st course. To be done by ASC.

Task 7: Recruit and retain international faculty trainers.
Now relevant to the 1st course. In hands of Dr. Bergwall; he has already approached one person. We are looking for a second.

(over)

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Task 8: Develop initial course curricula.
*The scheme of 4 related courses exists.
We now have reasonable detail on structure of the 1st course.
In next month, move to more detail on subsequent three courses.*

Task 9: Identify and obtain resource materials and equipment.
Already begun and ongoing. Still need to work out the details of the purchasing/payment device.

Task 10: Train Trainers.
Too early to begin.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses.
*At 1 October meeting we proposed: Triumvirates from 6 to 8 non-CEO hospitals. Awaiting response from Ministry.
Proposed first dates for first on-campus period: Monday 25 January 1993 through Wednesday 27 January 1993.*

Task 12: Implement first series of courses.
Target for first series is the 4th through 26th weeks of 1993.

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

For evaluation:

- *Individual and group attitudes and behaviors: being developed with the courses.*
- *Performance of units of the Ministry: implicitly a responsibility of the Ministry / HSIP.*

Issues

1. Appointment of staff - perhaps quickly solved.
2. Identification of participants and agreement to schedule.
Target: Minister to open course 9am on Monday 25 January.
3. Develop evaluation of participant behaviors / attitudes
4. Development of overall scheme for evaluating changes in performance of units of the Ministry.

Hgqr

MEMORANDUM

To: Dr. C. Moody, HSIP, MoH, Jamaica
From: Hopkins Holmberg, AUPHA
Date: 13 October 1992
RE: Needs Assessment - Health Management Training

STATUS: This is a "nearly-final" report. The report is correctly labeled "final", but as work continues on developing and offering relevant courses, the assessment process will be ongoing. This ongoing effort will continue searching for information which can further contribute to the training effort. It will also be aimed at detecting changes which occur within the Ministry of Health and its environment.

Introduction

This is a report of the effort to assess the need for management training within the Ministry of Health. It is based on visits to Jamaica by David Bergwall and Hop Holmberg starting 21 July and ending 25 July (Bergwall) and 31 July (Holmberg), and a second set of visits beginning on 23 September and ending on 25 September (Bergwall) and 1 October (Holmberg).

This assessment was made within the framework of AUPHA's "Draft Work Plan" dated 11 June 1992 for "Management Training Program in Support of The Ministry of Health Management Reform in Jamaica."

Phase I of that plan focuses on "Develop Project Capacity". It has two components. Each involves recruitment and hiring of a full time staff member in Jamaica.

Phase II of that plan focuses on "Training Assessment and Plan". It includes three tasks:

- » Task 3: Assess ASC and in-country health management training capacity related to this project.
- » Task 4: Assess MOH management training needs related to this project.

The text describing Task 4 said:

Identification of categories of individuals to be trained including needs by category, length of training, and format most appropriate to each. Specific topics and levels of coverage will also be addressed.

This report is the result of the completion of Task 4.

- » Task 5: Completion of final training capacity development plan.

Ministry of Health Management training needs

What is *relevant* Management Training for the Ministry of Health? Virtually any form of management training may be useful. However, resources for management training are far from unlimited. To maximize the productivity of those resources requires a review of the situation of the Ministry as a whole and a sampling of the situation at its care facilities.

Between the efforts of AUPHA, the diverse series of activities being undertaken by University Research Corporation, and the efforts being pursued under the IDB Project and Touche Ross, the Ministry's Central Office and its care giving capabilities could be overwhelmed by orientation, systems development, systems installation, and training efforts. In this light it is especially important that the management training be carefully targeted to assure it creates a base for positive change and avoids adding confusion to the situation.

1. Background

The Ministry of Health is the primary provider of care for Jamaicans. The estimates we encountered seemed to indicate about 80% of the people are primarily dependant upon the Ministry for care.

There appears to be a robust private sector of care which includes those who are engaged full-time in providing private care. It also includes doctors who are employed by the Government and are given the opportunity for a limited amount of private practice which can occur in their government offices.

Some practitioners suggest a majority of Jamaicans regularly use the private practice sector, especially for relatively routine care. When care becomes expensive, and is beyond the capacity of the patient's private resources, the patient then depends upon the services of the Ministry.

The overall establishment of the Ministry is not, by comparison with other nations, large. Hospital resources of the Ministry are roughly at the level of 1 bed per 1,000 people. Ambulatory visits to the Ministry's capabilities are at about 0.8 visits per capita per annum. The budget of the Ministry is at a level of US\$ 25 per capita per annum. This level is below that of many developing nations with substantially lower levels of national income. Thus, the proportion of National income spent through the Ministry of Health is well below that in many other nations.

Jamaica has, in recent years, experienced substantial inflation and the impact of structural adjustment. The Ministry of Health is one of very few parts of Government which have experienced at least small increases in its budget instead of major decreases (measured in Jamaica Dollars). In real terms the budget is shrinking rapidly; in recent months Certificates of Deposit have been reflecting devaluation paying annual rates in excess of 50%. An important portion of the Ministry's budget is for materials which must be imported. With a budget which is relatively stable in terms of Jamaican dollars, the rapid inflation means the proportion of the Ministry's budget which is needed for imports grows rapidly.

a) The Care Establishment

There are two care establishments in the Ministry. One for Primary Care and one for Hospital, including outpatient, care. The two function in substantially different ways.

The Primary Care establishment is a product of the 1970's and 1980's. Although it has a relatively small contact with the public it has had a substantial impact on the health of the population. Levels of incidence of disease in the population have substantially changed in a positive direction with the creation of the Primary Care establishment.

The Primary Care service seems to have a sense of mission. It has some managers who attempt to review performance against objectives and to re-target the use of resources to assure effectiveness.

The Hospital sector generally seems to lack this sense of mission and direction. It has been managed by the use of the traditional British Triumvirate system: a Chief Doctor, a Matron, and an Administrator. Jamaica may be the last part of the Commonwealth to use this arrangement. When a hospital system comes under severe stress, this triumvirate system invites assigning responsibility for failure to others rather than finding and adopting constructive courses toward change.

The Hospital sector has been under stress. Inflation has cut the real resources available. Beyond shortages of materials, a major impact has been in the relative decline of the wages of nursing staff relative to what they can command in the United States and other nations. This had led to a major exodus of staff. Actual staffing at 1/3rd of the level of establishment is not-uncommon.

Severe staff shortages and shortages of materials can easily lead to lengthening of stays and thus a decline in the capacity to admit patients.

The growing problems of the Ministry have now begun to impact the Primary Care Sector. Personnel shortages have a negative impact. Primary Care is losing budget to the hospitals.

b) Change in the Ministry of Health

Change must come to the Ministry of Health. The current course is widely recognized as unsatisfactory. Substantial attention has been focused on the need to change. The current efforts of AUPHA and URC fall within the Health Sectors Initiatives Project and the assistance of USAID to change the situation.

The HSIP initiative has articulated the effective resistance to change found in the Ministry of Health. Well intended reforms have been planned and scheduled for implementation -- and have not occurred. In such cases lack of finance cannot be cited as the problem.

In the Ministry's central office and in its care giving sites there is an immense amount of non-moving inertia and resistance to change.

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Assessment of Management Development Needs of MoH

The distinctive problems of the Ministry of Health are compounded by the problems of Jamaica's Civil Service which are not unique to the Ministry of Health. The Civil Service is oriented toward job security and stability and to uniformity of policy across the country to the exclusion of flexibility to the needs of a particular service or to the unique demands of rendering service at a specific site.

When visiting the field we find, repeatedly, no lack of talent in the people. Instead we find human talent which is stifled by the forces of central government. This is a central government that specializes in narrow, vertical, communication and fails to embrace all workers and provide an open flow of information which is both horizontal and vertical. It is a central government which creates powerful conflicting demands on workers in the fields and lets the workers in the fields resolve these conflicts, instead of resolving them centrally; the central units do not seem to view themselves as serving those who serve patients.

Uniformity within the Governmental service reflects itself in the charts of accounts used by Hospitals. They are geared to accounting for disbursements of public funds but not to providing information which facilitates defining what is effectiveness and then managing to enhance effectiveness.

One residual asset of traditional approaches seems to be a strong medical records tradition which leads from care sites to very substantial central repositories of information. This asset needs to be given a contemporary flexibility so its knowledge of counting and classifying events can be utilized in care facilities which need to start counting new phenomena as part of securing change.

These many problems impact directly on the efforts to provide change within the Ministry of Health. A major reform which is being pursued is to replace the Triumvirate management of Hospitals with Chief Executive Officers who will have both the authority and responsibility, within the guidance of Boards, to manage hospitals.

This reform has encountered difficulties. At one time the CEO's were to be hired before the start of 1992. The new target for installing 8 CEO's seems to be January 1993.

One of the problems in securing CEO's is their compensation. Inflation has led to a substantial decline in the value of public sector salaries. By one estimate, the salary which is available within the Ministry of Health is at about 10% of the level of compensation which might be paid to a Vice-President of one of the many Insurance Companies found in Jamaica.

It is possible, using project funds and the auspices of PAHO as an employing agency, to hire at a higher salary, but such a salary can only be sustained for a period of two years. The change which must be undertaken at some of the larger hospitals will require the vigorous efforts of a dedicated CEO for a minimum of four years.

Thus the reform of installing CEO's has problems in implementation and sustainability.

2. Management Training Needs

Given the environment of the Ministry, what is the nature of the Management training needed within the Ministry?

In pursuit of this task we have talked with many observers both within and without of the Ministry and have visited care sites and talked with staff in three of the five regions anticipated for organizing services on a map dated 20 February 1991. This review has included both the Hospital Service and the Primary Care Service.

a) Corporate Culture

There is no easy and quick technical fix that can be made to reverse the course of the Ministry's services. The changes which are needed to avoid continued deterioration, let alone to begin the recovery, of the health services are much more profound.

There needs to be a dramatic change in the entire culture of the Ministry of Health and of each of its service capabilities. Efforts must be made to craft and install constructive corporate cultures.

Any lesser solution will fail. It will not be adequate to teach a few sophisticated management skills to a set of individuals. There has been a series of ongoing inputs to people in the service; positive change has not resulted.

Although we are using "management training" as the device for intervention, unlike most training, our objective is *not* simply the enhancement of the skills of *individuals*. Individuals, properly trained, will have little chance of bringing about the cultural change that is needed to put these services on a positive course.

Instead, we must aim our training at *groups* of people with each group being a set of colleagues who are drawn out of one care setting or service. In the context of having operated hospitals with a triumvirate, achieving a change in the corporate culture will require all legs of that triumvirate to be represented. That participation will be necessary whether there is, or is not, someone who is designated as "Chief Executive Officer." Aiming at groups will also assist in dealing with the a problem of management depth which faces much of the Health Services.

For those who have not had the benefit of encountering the concept of corporate culture, here is some elaboration. Beginning in the late 1970's it became apparent that some organizations, especially service oriented organizations, were able to make *profound* positive changes within a limited number of years. The character of these profound changes has come to be viewed as a change in the "corporate culture". There is an emerging literature on the subject. Among organizations that are case examples of change in corporate culture is British Airways. (Among organizations that did not change in culture are a number of airlines that are no longer flying!) The author of this report has personal experience with having catalyzed a

change in corporate culture in a non-governmental teaching hospital in Nairobi in the 1980's.

An important component of a constructive culture in a service organization is a perspective on the relationship between supervisors and subordinates that may seem radical to some. Older perspectives focus on "the boss." There is an assumption that the subordinate exists to serve the supervisor. Contemporary, effective, service organizations know that perspective is wrong; instead, clients are served by workers and supervisors exist to serve the workers.

In resources expended and in results secured, overtly changing corporate culture is vastly superior to all alternatives. It can massively enhance productivity, reduce bureaucracies, and reduce the layers in an organization. An important result of a change in corporate culture is its persistence. A good CEO can improve an organization and then leave and have it fall back to old habits. When a good CEO uses the tools of changing the corporate culture, the organization has persistent new habits even after the departure of the catalyst CEO.

b) Ongoing, Self-guiding management development.

For the Jamaican Ministry of Health, there is a strong, mutually causative, relationship between Corporate Culture and Management Development.

- Management development, taught to groups drawn from working settings, is a viable route to create multiple new constructive corporate cultures.
- If constructive corporate cultures are created in this environment, they will mandate there being ongoing management development to assist in continuing the cultural adaptation and to assist the organizations in building their management depth and in continuing adaptation.

Management training should be an evolving process which continually adapts to meet the needs of the environment. It should evolve as the organizations it serves are evolving. Organizations which have benefited from such management training will band together to insist there continue to be appropriate management training available.

As part of this Management Training effort there should evolve a constituency which is organized as an advisory body which will provided continued guidance to those who are providing Management Development Training, and will take necessary actions to assure the training capability continues to be alive and serving.

c) Management Development as the subject of Management Development

In people and organizations it is relatively easy to make a single, narrow, well designed change, within a complex framework of people and organizations. People have a perspective and stability which allows a single change. Changing virtually everything, which is necessary in the Ministry and its care giving sites, is much more difficult. People lose perspective

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when everything changes at once. Although massive change is needed, efforts toward massive change can frequently lead to no change.

Massive positive change in the Ministry and its care giving sites will require stability over time in policy and personnel to allow bringing about the necessary changes. In the framework of this stability, large numbers of members of the staff will have to be re-oriented, retooled, and re-motivated to attack and cure the problems faced in their work. The need to develop managers, with a new and positive orientation, goes well below the top level of even a small care site.

The core subjects that can be addressed in management development efforts offered at the Administrative Staff College might include: Personnel Management, Financial Management, Information Systems, Quality Assurance, and others. Among the extended list of possible topics which can be addressed in management development, "Management Development" has special characteristics which argue toward it being the very first subject which should be offered.

Management Development is one of the concerns of active and effective managers. The development of a rich set of people at each care giving site who view themselves as managers (and thus as serving the workers who serve the clients) is a necessary element to secure massive change.

It makes little sense to offer other subjects until there has been a focused offering of an explicit course in Management Development. Without the further development of people within the care sites, courses on Financial Management, and Supplies Management, etc. will be of little use.

Overtly addressing Management Development as the first component of a program of Management Development provides an ideal platform for encountering the issue of change in a corporate culture. Focusing on management development drives the logic of the course into asking what makes an effective organization which leads to the need for a cultural change. When teams of senior officers from a care site address management development as a subject, the importance of their collective behavior as a model for their subordinates will be highlighted.

Other attempts at Management Development, are unlikely to directly reach to some of those who may most need to be developed as managers. This includes those with some professional stature but no managerial preparation such as the technical heads of laboratories, physiotherapy, radiography, etc. Even more importantly, it includes those who have neither preparation nor stature: chief orderly, housekeeper, linen room supervisor, laundry manager, and chief sanitation worker.

d) The impact of this approach

The three sections immediately above suggest the appropriate approach to Management Training, primarily for the Ministry's hospital establishment, under HSIP should aim directly at changing the Corporate Culture of the Ministry and its care sites, it should lead to an ongoing and self-guiding capability in management development, and it should have Management

Development as the first, and most important, offering of the management development courses.

This is in direct support of other components of HSIP. This is a strategy which is distinctively supportive of the efforts toward decentralization. The greatest threat to improvement of the Ministry and its services is the failure of Decentralization.

Decentralization needs to involve massive change in the behavior of the Ministry of Health, and of other Ministries. The practices of the Ministry of Public Service may pursue many possible national objectives. But, they run contrary to the efforts to develop an effective and cost-efficient health service.

Experience in a number of nations which are attempting to have active programs in Cost Recovery indicates strong, and benefiting, local management is a key to effective Cost Recovery.

Cost Containment and enhancement of efficiency are targets which can only be reached on a minimum level without a positive, strong, corporate culture which includes a pervasive management skill.

Divestment and privatization can become ineffective and even the source of public scandal if the core care giving institutions do not have strong and vibrant management cultures. Generally, the virtue of "contracted services" is the fact of there being a well thought through contract; the act of contracting the services frequently leads to developing the detailed performance criteria that were missing when the service was not contracted. Developing that rich perspective on the detailed performance criteria requires a strong corporate culture. Within the framework of that culture the primary virtue of divestment and privatization is eliminating the personnel and financial systems of the public sector.

e) Implications for HSIP training

This approach and style of Management Development has implications for other HSIP training.

With a strong cultural base developing in institutions and a focused attention to management development within the institutions, much of the training which may have been envisioned as being offered centrally can be offered within the institutions. This, at once, can reduce cost and increase the breadth of the impact of the training.

This can allow an approach to preparation of material that can maximize outside the benefit from outside resources. Outsiders can be used to work with core trainers to assist in the preparation of basic materials and courses and, possibly, in early offerings of centrally offered courses. The actual, widespread, training can be done by relevant Jamaicans.

Many of the other efforts of HSIP can focus on the development of relevant in-country experts in vital areas such as Quality Assurance, and Cost Recovery, and similar areas. These individuals can be the mainstay of

central training in those areas and can be available, as needed, to respond to the requests of care sites or self-formed groups of care sites for assistance in training.

To reinforce the desired behaviors, all of the Consultants who come to HSIP from URC or AUPHA need to display beliefs and behaviors which are supportive of the behaviors we expect of managers within the Ministry.

3. Structuring the Management Training

The need of the Ministry of Health, and its care giving capabilities, to undergo massive changes in corporate culture leads provides guidance to structuring the management training.

a) The audiences

The objective of the management training is to facilitate massive change in the culture of the Ministry and its capabilities. Thus, those who must be included in the training are the senior officers of the components of the Ministry.

From Hospitals, this means the Triumvirates. From Hospitals that are given CEO's, this means the CEO plus the (previous) Triumvirate.

When there is a decision on the structure of the new Regions and Regional Offices, then it will be possible to specify, in detail, who should be involved. It will involve the senior-most two to six people in each of the regional offices.

With the new regional offices designed it will be possible to also determine who should come from the Primary Care Service in the field. Those involved should be analogous in responsibility to the Hospital CEO's and Hospital Triumvirates.

The Ministry's Central Office is also being redesigned. When that redesign is completed it will be possible to designate who should be audiences for the training.

In all cases, the emphasis must be on the training of people as *teams* who normally work together; the object is to use the teams as the agents for substantial cultural change.

b) The courses

The initial course will be labeled "Management Development". This allows exploring "what is Management?", and "what is an effectively managed service?" It is meant to be the basis for giving groups of individuals both the will and the way to begin to change the culture of their organizations. A distinct result of this effort will be a substantially enhanced concern for the development of the managerial abilities of their employees.

AUPHA/ASC MANAGEMENT DEVELOPMENT
Assessment of Management Development Needs of MoH

The "Management Development" course is designed to begin a process of change. The remaining courses need to provide the perspectives and skills necessary to bring about that change. After considering a number of alternatives we have come to a sequence of three additional courses which embrace the additional content which we think is needed. The three additional courses would be:

- » "Client Service Systems" will focus on the core technologies of a health service.
- » "Support Service Systems" will focus on the wide range of activities which are needed to support client service.
- » "Resource Systems" will focus on the resources necessary to make both the direct and support service systems possible.

The grouping of skills and perspectives implicit in this design of courses seems, to experienced instructors in health care management, to be a constructive grouping which allows the instructors to cluster related materials, and it provides a useful set of foci for the participating groups.

c) The format

We explicitly want to take the entire senior group, as a unit, out of a setting for this management training. Removing the entire triumvirate from a hospital is very difficult for the hospital. It cannot be done for prolonged periods of time. The format adopted for the training must minimize the length of the periods the senior group is gone.

The training needs to be viewed as brief, intense, periods where the group is away from their normal work setting, and the subsequent period when that group is back at the work setting and able, as part of their work, to implement based on the immediately previous training period. We are focusing on the group; even though the group is out of the classroom, they can continue to work, hopefully in new ways, as a group.

Typically, the group from a given setting (like the triumvirate from a Hospital) would come to a training setting and be one of 6 to 10 groups or a period of two, sometimes three, days. They would then return to their normal work for the remainder of a two week period.

A "course" would involve three periods "on campus" with two intervening periods back at the worksite.

For the first offering of these courses, starting in January 1993, a possible schedule for offering the first set of four courses is:

AUPHA/ASC MANAGEMENT DEVELOPMENT
 Assessment of Management Development Needs of MoH

Weeks	Course	Module	
4-5	1	1	Start during the week of 25 January
6-7	1	2	"Management Development" Course
8-9	1	3	
10-11	2	1	
12-13	2	2	"Client Service Systems" Course
14-15	2	3	
16-17	3	1	
18-19	3	2	"Support Service Systems" Course
20-21	3	3	
22-23	4	1	
24-25	4	2	"Resource Systems" Course
26	4	3	Finish during the week of 28 June

The schedule above presumes a group will start with the first course and will proceed through the fourth course, in direct sequence, over a period of 23 weeks. This is the preferred sequence.

The base assumption should be that the group begins and completes any one course.

It is preferred that they continue on, in sequence, to the next courses. However, the structure of the courses needs to be sufficiently flexible to *not require* individuals to take the entire 23 weeks sequence. If a group has a major problem after, say, the second course, they can come back at a later date and take the third and fourth courses.

4. The first cohort

Who should be the *first* groups to undertake this sequence of management training?

The current schedule calls for the training to begin in January of 1993. By current estimate, the CEO's who are planned for eight hospitals should, also, be starting in January of 1993; these are especially troubled hospitals. Perhaps these CEO's and their Triumvirates should be the first eight groups to go through this management training.

After careful thought, we would recommend the CEO group *not* be the first group to go through the courses. Perhaps most of the CEO's will be new to their hospitals and to the work groups of senior officers of those hospitals. They need to become familiar with their hospitals and their senior colleagues, before they come into the management training program.

There needs to be a careful and effective orientation for the new CEOs. The combined ASC/AUPHA management training capability should be able to constructively contribute to this orientation. One objective of that contribution would be to focus the new CEOs on what will happen in the courses they will be taking, with a group of other senior staff from their

AUPHA/ASC MANAGEMENT DEVELOPMENT
Assessment of Management Development Needs of MoH

hospitals, in the future. This will allow them, when appropriate, to think:
"That can wait until we take the ASC management Training Program."

Hospitals are the major problem in the provision of direct services by the Ministry. It is appropriate that at least the first offering of these courses be directed at Hospitals. It makes good sense to select Triumvirates from hospitals that are *not* designated to get CEOs. These non-CEO Hospitals are the majority of the hospitals, yet they are not the direct target of other external programs.

This is a decision which must be made by the Ministry. As trainers, we can only recommend. However, this decision needs to be made in the near future. The suggestion made above was provided in a De-briefing meeting chaired by Acting Permanent Secretary of the Ministry of Health, Mrs. S. Keating, at 9am on the 1st of October 1992. Mrs. Keating indicated she would, in the next week, convene an appropriate meeting to address this issue.

MEMORANDUM

To: Dr. C. Moody, HSIP
From: Hop Holmberg
Date: 1 October 1992
RE: Interim Report - Debrief prior to Holmberg departure
(in Outline form)

1. Background

2. Review of Progress under Draft Work Plan

Phase I: Acquire Relevant Staff - problem grows with time

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country training capacity
Complete. Report will be submitted next week.

Task 4: Assess MOH management training needs related to this project.
Virtually complete. Report will be submitted next week.

Note: this will be ongoing during the project.

Task 5: Completion of training capacity development plan

Substantial process. Awaits ASC coordinator. Will have interim paper next week. Will continue developing during project as resource faculty are in Jamaica.

Phase III: Training Capacity Development

Task 6: Recruit and retain in-country faculty

Task started with identification of potential trainers and training organizations.

Task 7: Recruit and retain international faculty trainers

Task started.

Task 8: Develop initial course curricula

Task begun. Overall curriculum outline is in first draft stage. Holding, temporarily, awaiting appointment of appropriate local staff.

Task 9: Identify and obtain resource materials and equipment.

Task begun with computer resource order and initial list of books and journals desired by ASC.

Task 10: Train trainers

Too early to begin.

Phase IV: Course Implementation

Task 11: Identify participants and schedule first series of courses

Initial concepts developed. To be discussed at this debrief. Needs appointment of local staff.

Task 12: Implement first series of courses

Targeted for January 1993; first group should complete entire series about June 1993. Target is 4th through 26th weeks of 1993.

(see over)

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2. Review of Progress under Draft Work Plan - continued

Phase V: Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.
Evaluation is being designed along with course structure.

3. Issues:

Appointment of relevant staff
Coordination with IDB/Touche Ross and URC
Resolve Initial Offering Schedule and Participants

4. Looking Forward

1st two weeks of October

Holmberg at desk in Boston Half-time. Hope to work by Fax and E-Mail. Need someone to work with.

3rd Week of October

Holmberg to arrive evening of 19th for three days at ASC.

Hgms

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MEMORANDUM

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From: Hop Holmberg
Date: 1 October 1992
RE: Interim Report - Debrief prior to Holmberg departure
(in Outline form)

Review of Progress under Draft Work Plan

Phase I: Acquire Relevant Staff - still problems

Phase II: Training Assessment and Plan

Task 3: Assess ASC and in-country training capacity

Close to complete - target: by next Thursday.

Task 4: Assess MOH management training needs related to this project.

Close to complete - final visits during this trip.

Note: this will be ongoing during the project.

Task 5: Completion of training capacity development plan

In process. Awaits ASC coordinator. Will have interim paper. Will continue developing during project as resource faculty are in Jamaica.

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Issues:

Appointment of relevant staff

Coordination with Touche Ross and URC

Articulation of activities with IDB

A preliminary view of the possible courses.

Starting Point - and Sequencing of Student Groups

CEO's - Starting in January - Provide contribution to Orientation

First cohort would be Triumvirates from non-CEO Hospitals

In subsequent offerings have a mix:

CEO's and Triumvirate Members from CEO Hospitals

Others from all of Ministry - Head Office, Primary Care, Regional
Offices, etc.

"Course" Structure

Broad Perspective

Opening Course - Management Development - with orientation to what
Management is, and isn't

Subsequent Courses - "Management of Quality Health Care Systems"

Client Service Systems

Support Service Systems

Resource Systems

Organization of Individual Courses

Preparatory Phase (not for first course)

Module "on campus"

Two (or 3) weeks back at work - including assignments and exercises

Module on campus

Two (or 3) weeks back at work - including assignments and exercises

Module on campus

(into preparatory phase for next course)

Some of the structure for the first course

(Management Development)

Opening theme: "Not just training but something that works" -- this
"course" is going to change your life, and your care giving
capacities, for the better. Not so much a "course" but an
experience that will make things different.

Early effort - thaw the relationship within triumvirate - create
openness to new relationships.

Programmed role playing of problems being encountered on a nursing
unit. This leads to assignment for interim period - implementing a
problem solving exercise with staff on one or more nursing units.

During time back at work - they are expected to undertake the
exercise.

Also: Diaries

Also: Measurement of change

Mentoring

After first group - previous group students become mentors.

For first group: use resource people from North America

Relationship to other activities being undertaken

The last three courses (Client, Support, Resources) are integrative of
the variety of materials, systems, and perspectives being presented
by URC and Touche Ross.

There should be integration. There is no mandated sequence (can
have URC or Touche Ross before or after).

MEMORANDUM

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From: David Bergwall and Hop Holmberg
Date: 25 September 1992
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(in Outline form)

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There should be integration. There is no mandated sequence (can have URC or Touche Ross before or after).

MEMORANDUM

To: Dr. C. Moody, HSIP, MoH, Jamaica
CC: Betsy Brown, USAID-Jamaica, Health, Nutrition, and Population
David Bergwall, Florida International University (for AUPHA)
From: Hopkins Holmberg, AUPHA
Date: 31 July 1992
RE: Needs Assessment - Health Management Training
Trip Report

OVERVIEW: An assessment has been conducted of the needs for management training in support of HSIP and the assessment of training resources has begun.

In face of the painful situation of the Ministry of Health and its hospitals an effort to overtly change the corporate culture of the Ministry and its hospitals is recommended as the only approach which offers real hope.

Training should be aimed at groups of individuals from hospitals, not at individuals, to secure this change in corporate culture. The subject of the initial training should be Management Development, a recognition of the importance of Management Development in changing the organizations.

Introduction

This is a preliminary report of the effort to assess the training capacity and needs for management training for the Ministry of Health. It is based on visits to Jamaica by David Bergwall and Hop Holmberg starting 21 July and ending 25 July (Bergwall) and 31 July (Holmberg).

This visit was made within the framework of AUPHA's "Draft Work Plan" dated 11 June 1992 for "Management Training Program in Support of The Ministry of health Management Reform in Jamaica."

Phase I of that plan focuses on "Develop Project Capacity". It has two components. Each involves recruitment and hiring of a full time staff member in Jamaica. The first is a Health Management Training Senior Consultant at the Administrative Staff College; the second is a Training Coordinator at HSIP. As of our arrival in Kingston, both tasks were being pursued but hiring had not occurred for either position.

Phase II of that plan focuses on "Training Assessment and Plan". This visit by Bergwall and Holmberg focused in that area. This phase will be completed with a visit by Bergwall which is envisioned for the second half of August.

- Task 3 involves assessing ASC and other in-country management training capacity related to this project.

That task has been directly addressed in this visit. Work will continue at ASC. The remainder of this task will be completed in Bergwall's visit in August.

- Task 4 involves assessing MOH management training needs related to this project.

That task has been directly addressed in this visit to Jamaica. This report, completed hours after the last trip to visit health facilities, is the first report on that effort. This content will be refined using comments from reviewers and further reflection.

- Task 5 involves the completion of the final training capacity development plan.

That task, and the completion of the two previous tasks, will be the focus of Bergwall's visit in August.

Phase III involves "Training Capacity Development". This will be undertaken starting in mid-September. It serves as the base for Phase IV "Course Implementation" which is scheduled for mid-November 1992 through the end of June 1993. Phase V, evaluation, will also be done during the months April through June 1993.

At present this effort is on schedule and has not encountered any obstacles which threaten it falling behind schedule. Hiring of the Senior Consultant in Health Management Training and the HSIP Training Coordinator before Bergwall's visit in August will be important to keeping the effort on schedule.

A. Ministry of Health Management training needs

What is relevant Management Training for the Ministry of Health? Virtually any form of management training may be useful. However, resources for management training are far from unlimited. To maximize the productivity of those resources requires a review of the situation of the Ministry as a whole and a sampling of the situation at its care facilities.

Between the efforts of AUPHA and the diverse series of activities being undertaken by University Research Corporation, the Ministry's Central Office and its care giving capabilities could be overwhelmed by orientation, systems development, systems installation, and training efforts. In this light it is especially important that the management training be carefully targeted to assure it creates a base for positive change and avoids adding confusion to the situation.

1. Background

The Ministry of Health is the primary provider of care for Jamaicans. The estimates we encountered seemed to indicate about 80% of the people are primarily dependant upon the Ministry for care.

There appears to be a robust private sector of care which includes those who are engaged full-time in providing private care. It also includes doctors who are employed by the Government and are given the opportunity for a limited amount of private practice which can occur in their government offices.

Some practitioners suggest a majority of Jamaicans regularly use the private practice sector, especially for relatively routine care. When care becomes expensive, and is beyond the capacity of the patient's private resources, the patient then depends upon the services of the Ministry.

The overall establishment of the Ministry is not, by comparison with other nations, large. Hospital resources of the Ministry are roughly at the level of 1 bed per 1,000 people. Ambulatory visits to the Ministry's capabilities are at about 0.8 visits per capita per annum. The budget of the Ministry is at a level of US\$ 25 per capita per annum. This level is below that of many developing nations with substantially lower levels of national income. Thus, the expenditure per capita is well below that in many other nations.

Jamaica has, in recent years, experienced substantial inflation and the impact of structural adjustment. The Ministry of Health is one of very few parts of Government which have experienced increases in its budget as measured in Jamaica Dollars. In real terms the budget is shrinking rapidly; in recent months Certificates of Deposit have been reflecting devaluation paying annual rates in excess of 50%. An important portion of the Ministry's budget is for materials which must be imported. With a budget which is relatively stable in terms of Jamaican dollars, the rapid inflation means the proportion of the Ministry's budget which is needed for imports grows rapidly.

a) The Care Establishment

There are two care establishments in the Ministry. One for Primary Care and one for Hospital, including outpatient, care. The two function in substantially different ways.

The Primary Care establishment is a product of the 1970's and 1980's. Although it still has a relatively small contact with the public (less than 1 visit / person / annum) it has had a substantial impact on the health of the population. Levels of incidence of disease in the population have substantially changed in a positive direction with the creation of the Primary Care establishment.

The Primary Care service seems to have a sense of mission. It has some managers who attempt to review performance against objectives and to re-target the use of resources to assure effectiveness.

The Hospital sector generally seems to lack this sense of mission and direction. It has been managed by the use of the traditional British Triumvirate system: a Chief Doctor, a Matron, and an Administrator. Jamaica may be the last part of the Commonwealth to use this arrangement. When a hospital system comes under severe stress, this triumvirate system invites assigning responsibility for failure to others rather than finding and adopting constructive courses toward change.

The Hospital sector has been under stress. Inflation has cut the real resources available. Beyond shortages of materials, a major impact has been in the relative decline of the wages of nursing staff relative to what they can command in the United States and other nations. This had led to a major exodus of staff. Actual staffing at 1/3rd of the level of establishment is not-uncommon.

Severe staff shortages and shortages of materials can easily lead to lengthening of stays and thus a decline in the capacity to to admit patients.

The growing problems of the Ministry have now begun to impact the Primary Care Sector. Personnel shortages have a negative impact. Primary Care is losing budget to the hospitals.

b) Change in the Ministry of Health

Change must come to the Ministry of Health. The current course is widely recognized as unsatisfactory. Substantial attention has been focused on the need to change. The current efforts of AUPHA and URC fall within the Health Sectors Initiatives Project and the assistance of USAID to change the situation.

The HSIP initiative has articulated the effective resistance to change found in the Ministry of Health. Well intentioned reforms have been planned and scheduled for implementation -- and have not occurred. In such cases lack of finance cannot be cited as the problem.

In the Ministry's central office and in its care giving sites there is an immense amount of non-moving inertia and resistance to change.

The distinctive problems of the Ministry of Health are compounded by the problems of Jamaica's Civil Service which are not unique to the Ministry of Health. The Civil Service is oriented toward job security and stability and to uniformity of policy across the country to the exclusion of flexibility to the needs of a particular service or to the unique demands of rendering service at a specific site.

When visiting the field we find, repeatedly, no lack of talent in the people. Instead we find human talent which is stifled by the forces of central government. This is a central government that specializes in narrow, vertical, communication and fails to embrace all workers and provide an open flow of information which is both horizontal and vertical. It is a central government which creates powerful conflicting demands on workers in the fields and lets the workers in the fields resolve these conflicts instead of

resolving them centrally; the central units do not seem to view themselves as serving those who serve patients.

Uniformity within the Governmental service reflects itself in the charts of accounts used by Hospitals. They are geared to accounting for disbursements of public funds but not to providing information which facilitates defining what is effectiveness and then managing to enhance effectiveness.

One residual asset of traditional approaches seems to be a strong medical records tradition which leads from care sites to very substantial central repositories of information. This asset needs to be given a contemporary flexibility so its knowledge of counting and classifying events can be utilized in care facilities which need to start counting new phenomena as part of securing change.

These many problems impact directly on the efforts to provide change within the Ministry of Health. A major reform which is being pursued is to replace the Triumvirate management of Hospitals with Chief Executive Officers who will have both the authority and responsibility, within the guidance of Boards, to manage hospitals.

This reform has encountered difficulties. At one time the CEO's were to be hired before the start of 1992. As of the end of July 1992, no CEO has been hired.

One of the problems in securing CEO's is their compensation. Inflation has led to a substantial decline in the value of public sector salaries. By one estimate, the salary which is available within the Ministry of Health is at about 10% of the level of compensation which might be paid to the Vice-President of an Insurance Company.

It is possible, using project funds and the auspices of PAHO as an employing agency, to hire at a higher salary, but such a salary can only be sustained for a period of two years. The change which must be undertaken at some of the larger hospitals will require the vigorous efforts of a dedicated CEO for a minimum of four years.

Thus the reform of installing CEO's has problems in implementation and sustainability.

2. Management Training Needs

Given the environment of the Ministry, what is the nature of the Management training needed within the Ministry?

The specific task description on assessing MOH management training needs said:

Identification of categories of individuals to be trained including needs by category, length of training, and format most appropriate to each. Specific topics and levels of coverage will also be addressed.

In pursuit of this task we have talked with many observers both within and without of the Ministry and have visited care sites and talked with staff in three of the five regions anticipated for organizing services on a map dated 20 February 1991. This review has included both the Hospital Service and the Primary Care Service.

a) Corporate Culture

There is no easy and quick technical fix that can be made to reverse the course of the Ministry's services. The changes which are needed to avoid continued deterioration, let alone to begin the recovery, of the health services are much more profound.

There needs to be a dramatic change in the entire culture of the Ministry of Health and of each of its service capabilities. Efforts must be made to craft and install constructive corporate cultures.

Any lesser solution will fail. It will not be adequate to teach a few sophisticated management skills to a set of individuals. There has been a series of ongoing inputs to people in the service; positive change has not resulted.

Although we are using "management training" as the device for intervention, unlike most training, our objective is not the enhancement of the skills of individuals. Any one individual, properly trained, will have little chance of bringing about the cultural change that is needed to put these services on a positive course.

Instead, we must aim our training at groups of people with each group being a set of colleagues who are drawn out of one care setting or service. In the context of having operated hospitals with a triumvirate, achieving a change in the corporate culture will require all legs of that triumvirate to be represented. That participation will be necessary whether there is, or is not, someone who is designated as "Chief Executive Officer." Aiming at groups will also assist in dealing the a problem of management depth which faces much of the Health Services.

For those who have not had the benefit of encountering the concept of corporate culture, some elaboration. Beginning in the late 1970's it became apparent that some organizations, especially service oriented organizations, were able to make profound positive changes. The character of these profound changes has come to be viewed as a change in the "corporate culture". There is an emerging literature on the subject. Among organizations that are case examples of change in corporate culture is British Airways. (Among organizations that did not change in culture are a number of airlines that are no longer flying!) The author of this report has personal experience with having catalyzed a change in corporate culture in a non-governmental teaching hospital in Nairobi in the 1980's.

An important component of a constructive culture in a service organization is a perspective on the relationship between supervisors and subordinates that may seem radical to some. Older perspectives focus on "the boss." There is an assumption that the subordinate exists to serve the

supervisor. Contemporary, effective, service organizations know that perspective is wrong; instead, clients are served by workers and supervisors exist to serve the workers.

In resources expended and in results secured, overtly changing corporate culture is vastly superior to all alternatives. It can massively enhance productivity, reduce bureaucracies, and reduce the layers in an organization. An important result of a change in corporate culture is its persistence. A good CEO can improve an organization and then leave and have it fall back to old habits. When a good CEO uses the tools of changing the corporate culture, the organization has persistent new habits even after the departure of the catalyst CEO.

b) Ongoing, Self-guiding management development.

For the Jamaican Ministry of Health, there is a strong, mutually causative, relationship between Corporate Culture and Management Development.

- To create multiple new constructive corporate cultures in this environment (which includes ambiguity over the existence, role, and compensation of hospital CEO's) the viable route to change is management development in groups.
- If constructive corporate cultures are created in this environment, they will mandate there being ongoing management development to assist in continuing the cultural adaptation and to assist the organizations in building their management depth and in continuing adaptation.

Management training should be an evolving process which continually adapts to meet the needs of the environment. It should evolve as the organizations it serves are evolving. Organizations which have benefited from such management training will band together to insist there continue to be appropriate management training available.

As part of this Management Training effort there should evolve a constituency which is organized as an advisory body which will provided continued guidance to those who are providing Management Development Training, and will take necessary actions to assure the training capability continues to be alive and serving.

c) Management Development as the subject of Management Development

In people and organizations it is relatively easy to make a single, narrow, well designed change, within a complex framework of people and organizations. People have a perspective and stability which allows a single change. Changing virtually everything, which is necessary in the Ministry and its care giving sites, is much more difficult. People lose perspective when everything changes at once. Although massive change is needed, efforts toward massive change can frequently lead to no change.

Massive positive change in the Ministry and its care giving sites will require stability over time in policy and personnel to allow bringing about

the necessary changes. In the framework of this stability, large numbers of members of the staff will have to be re-oriented, retooled, and re-motivated to attack and cure the problems faced in their work. The need to develop managers, with a new and positive orientation, goes well below the top level of even a small care site.

The core subjects that can be addressed in management development efforts offered at the Administrative Staff College include: Personnel Management, Financial Management, Information Systems, Quality Assurance, and others. Among the extended list of possible topics which can be addressed in management development, "Management Development" has special characteristics which argue toward it being the very first subject which should be offered.

Management Development is one of the concerns of active and effective managers. The development of a rich set of people at each care giving site who view themselves as managers (and thus as serving the workers who serve the clients) is a necessary element to secure massive change.

It makes little sense to offer other subjects until there has been a focused offering of an explicit course in Management Development. Without the further development of people within the care sites, courses on Financial Management, and Supplies Management, etc. will be of little use.

Overtly addressing Management Development as the first component of a program of Management Development provides an ideal platform for encountering the issue of change in a corporate culture. Focusing on management development drives the logic of the course into asking what makes an effective organization which leads to the need for a cultural change. When teams of senior officers from a care site address management development as a subject, the importance of their collective behavior as a model for their subordinates will be highlighted.

Other attempts at Management Development, are unlikely to directly reach to some of those who may most need to be developed as managers. This includes those with some professional stature but no managerial preparation such as the technical heads of laboratories, physiotherapy, radiography, etc. Even more importantly, it includes those who have neither preparation nor stature: chief orderly, housekeeper, linen room supervisor, laundry manager, and chief sanitation worker.

d) The impact of this approach

The three sections immediately above suggest the appropriate approach to Management Training, primarily for the Ministry's hospital establishment, under HSIP should aim directly at changing the Corporate Culture of the Ministry and its care sites, it should lead to an ongoing and self-guiding capability in management development, and it should have Management Development as the first, and most important, offering of the management development courses.

This is in direct support of other components of HSIP. This is a strategy which is distinctively supportive of the efforts toward

decentralization. The greatest threat to improvement of the Ministry and its services is the failure of Decentralization.

Decentralization needs to involve massive change in the behavior of the Ministry of Health, and of other Ministries. The practices of the Ministry of Public Service have merit toward pursuing many possible national objectives. But, they run contrary to the efforts to develop a effective and cost-efficient health service.

Experience in a number of nations which are attempting to have active programs in Cost Recovery indicates strong, and benefiting, local management is a key to effective Cost Recovery.

Cost Containment and enhancement of efficiency are targets which can only be reached on a minimum level without a positive, strong, corporate culture which includes a pervasive management skill.

Divestment and privatization can become ineffective and even the source of public scandal if the core care giving institutions do not have strong and vibrant management cultures. Generally, the virtue of "contracted services" is the fact of there being a well thought through contract; the act of contracting the services frequently leads to developing the detailed performance criteria that were missing when the service was not contracted. Developing that rich perspective on the detailed performance criteria requires a strong corporate culture. Within the framework of that culture the primary virtue of divestment and privatization is eliminating the personnel and financial systems of the public sector.

e) Implications for HSIP training

This approach and style of Management Development has implications for other HSIP training.

With a strong cultural base developing in institutions and a focused attention to management development within the institutions, much of the training which may have been envisioned as being offered centrally can be offered within the institutions. This, at once, can reduce cost and increase the breadth of the impact of the training.

This can allow an approach to preparation of material that can maximize outside the benefit from outside resources. Outsiders can be used to work with core trainers to assist in the preparation of basic materials and courses and, possibly, in early offerings of centrally offered courses. The actual, widespread, training can be done by relevant Jamaicans.

Many of the other efforts of HSIP can focus on the development of relevant in-country experts in vital areas such as Quality Assurance, and Cost Recovery, and similar areas. These individuals can be the mainstay of central training in those areas and can be available, as needed, to respond to the requests of care sites or self-formed groups of care sites for assistance in training.

To reinforce the desired behaviors, all of the Consultants who come to HSIP from URC or AUPHA need to display beliefs and behaviors which are supportive of the behaviors we expect of managers within the Ministry.

B. ASC and in-country health management training capacity

The second task pursued during this visit was "Task 3" in the AUPHA Draft Work Plan of 11 June 1992 "Assess ASC and in-country health management training capacity related to this project."

The related project description was:

"This task includes identification of training institutions, inventories of training books and materials, identification of educational equipment and technologies, physical space. Lists of potential trainers by subject and current training abilities will also be started." Responsibility for this task is ASC and AUPHA. The task is to end by the 30th of August 1992.

1. Administrative Staff College

We have had three meetings with members of the ASC staff and have, additionally, had one ASC staff member join in an assessment visit to Kingston Public Hospital. The staff we have encountered are cooperative, serious, deliberative and enthusiastic. A number of them have backgrounds in, or related to, organizational development which makes them very suitable for the training which is envisioned.

The ASC is supposed to have a staff position added explicitly for this project. The individual is to be labeled "Health Management Training Senior Consultant." As of the end of the visit, this position had not been filled.

We have begun the process of ASC performing a self-appraisal. This calls upon them to gather together existing documentation, extend it, and cohere it into a useful package. The initial steps were performed orally with Bergwall and Holmberg and served as an introduction to the capabilities of ASC.

ASC has a number of private sector training links. These will need to be further explored. They appear to offer additional ability to bring in the tones of management within the private sector which are desired in the public sector even when public sector activities are not to be divested.

Our preliminary review indicates ASC is a serious and able Management Development capability that can ably serve as the base for this Management Training Program. In the absence of the Senior Consultant in Health Management Training, other members of the staff have been very helpful.

There are a number of ways in which ASC can be strengthened for participation in this training program and to serve as the basis for relevant ongoing management training for the Health Services in Jamaica. These will be more clearly articulated when ASC completes its own self-appraisal exercise.

With ASC we have concluded there is a need for strengthening them by providing a microcomputer capability. There will need to be a strengthening of the library resources of journals, books, and, audio and video recordings. In discussions with the staff we have jointly identified a need for selected staff to get an exposure to a contemporary management training site with a full range of relevant support services. ASC staff are further articulating this need.

To compliment ASC's capabilities, we will need to find individuals who have both relevant teaching and technical skills in relevant health areas such as Quality Assurance.

2. Other capabilities

ASC is the core capability with which we intend to work. Thus their self-assessment comes first. In cooperation with them, we anticipate, during an August visit by Dr. Bergwall, exploring other relevant capabilities which can be called upon by an effort based at ASC.

These will include higher education institutions such as the University of the West Indies, the College of Arts, Sciences, and Technology, and it will include the prospectively relevant private sector capabilities to which ASC is connected.

MANAGEMENT TRAINING PROGRAM IN SUPPORT OF
THE MINISTRY OF HEALTH MANAGEMENT REFORM IN JAMAICA

DRAFT WORK PLAN
6/11/92

The work plan provides twelve months support and technical assistance in health management training to the Jamaican Ministry of Health HSIP project supported by USAID. This is focused on the development of sustainable institutional capacity in health management training to meet the needs of persons who will play pivotal roles in the proposed decentralized structure of the Ministry of Health; namely headquarters, regional, secondary care, and primary care management teams.

ACTIVITIES

All activities will be undertaken with the guidance and direction of the designated Ministry of Health officials including the HSIP office.

The activities of this project will be accomplished in five phases over the next twelve months. The specific phases and related tasks follow:

Phase I - Develop Project Capacity

Task 1: Recruit and hire ASC Health Management Training Senior Consultant

Description: This position is critical for the project to move forward. ASC needs the capacity to adequately participate in later project activities. This individual must have a health management focus.

Responsible: PAHO with ASC. (AUPHA assistance)

Target Dates:

Begin: In progress

End: July 15, 1992

Task 2: Recruit and hire HSIP Training Coordinator

Description: Because this individual will coordinate all training it would be preferable to have their involvement from the onset of the project.

Responsible: PAHO with HSIP.

Target Dates:

Begin: In progress

End: July 15, 1992

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AUPHA/ASC MANAGEMENT DEVELOPMENT
Draft Working Plan (June 1992)

Phase II - Training Assessment and Plan

Task 3: Assess ASC and in-country health management training capacity related to this project.

Description: This task includes identification of training institutions, inventories of training books and materials, identification of educational equipment and technologies, physical space. Lists of potential trainers by subject and current training abilities will also be started.

Responsible: ASC and AUPHA

Target Dates:

Begin: June 8, 1992
July 20, 1992 - August 7, 1992 AUPHA assessment visit

End: August 30, 1992

Task 4: Assess MOH management training needs related to this project.

Description: Identification of categories of individuals to be trained including needs by category, length of training, and format most appropriate to each. Specific topics and levels of coverage will also be addressed.

Responsible: MOH, ASC and AUPHA

Target Dates:

Begin: June 8, 1992
July 20, 1992 - August 7, 1992 AUPHA assessment visit

End: August 30, 1992

Task 5: Completion of final training capacity development plan.

Description: This document will be based on the above assessments and will guide the training development and implementation.

Responsible: AUPHA with ASC and MOH approval

Target Dates:

Begin: August 1, 1992
End: September 15, 1992

AUPHA/ASC MANAGEMENT DEVELOPMENT
Draft Working Plan (June 1992)

Phase III - Training Capacity Development

Task 6: Recruit and retain in-country faculty

Description: Based on the above plan, the current faculty database of MOH and ASC and other training institutions, the most appropriate faculty for each of the courses will be identified and recruited to participate in the project.

Responsible: ASC with AUPHA assistance

Target Dates:

Begin: September 15, 1992

End: October 30, 1992

Task 7: Recruit and retain international faculty trainers

Description: Based on the plan AUPHA will use its network to identify the most appropriate international faculty trainers to participate in the project.

Responsible: AUPHA

Target Dates:

Begin: September 15, 1992

End: October 30, 1992

Task 8: Develop initial course curricula

Description: Curricula will be developed for training courses in the following target areas:

- Executive Development
- Personnel Management
- Health and Management Information Systems
- Financial Management
- Supplies/Inventory and Drug Management

Curriculum will be developed jointly by AUPHA international trainers, in-country trainers, and ASC staff in consultation with MOH. International trainers will each spend two to three weeks in-country working on curriculum and training methods. Each will be in-country for the first presentation of the course and will again return for a one week follow up assessment and course revision. Courses will be developed sequentially to allow later courses to benefit from the experience gained in earlier ones. The initial courses will be completed in time for the February 1993 implementation target date. The final courses may not be completed until later in the project.

Responsible: AUPHA, MOH and ASC

Target Dates:

Begin: September 15, 1992

End: January 31, 1993

AUPHA/ASC MANAGEMENT DEVELOPMENT
Draft Working Plan (June 1992)

Task 9: Identify and obtain resource materials and equipment.

Description: AUPHA will assist ASC and MOH to develop a list of appropriate training resources including books, literature, cases, teaching equipment, etc. This list will be updated and expanded throughout the project. ASC will be responsible for furnishing need materials.

Responsible: ASC with MOH and AUPHA support

Target Dates:

Begin: September 15, 1992

End: March 31, 1993

Task 10: Train trainers

Description: The training process will begin with curriculum development (Task 8). This will be a continuous process taking training methods and skills development into consideration from the initial design of the courses through the final evaluation process. A special seminar on training methods will be scheduled prior to the course implementation phase.

Responsible: AUPHA with ASC assistance

Target Dates:

Begin: October 1, 1992

Mid January, 1993 - Seminar on Training Methods

End: June 30, 1993

Phase IV - Course Implementation

Task 11: Identify participants and schedule first series of courses

Description: AUPHA will assist MOH and ASC to develop criteria for selection of participants in the courses. Selection of participants for specific courses will be the responsibility of MOH.

Responsible: MOH with ASC and AUPHA assistance

Target Dates:

Begin: November 15, 1992

End: March 31, 1993

AUPHA/ASC MANAGEMENT DEVELOPMENT
Draft Working Plan (June 1992)

Task 12: Implement first series of courses

Description: ASC will coordinate the arrangements and timing of course offerings including logistics and participant materials preparation. AUPHA will assist ASC in developing guidelines for course offerings.

Responsible: ASC with AUPHA assistance

Target Dates:

Begin: February 1, 1993

End: June 30, 1993

Phase V - Evaluation

Task 13: Evaluate post-project in-country health management training capacity related to this project.

Description: AUPHA will prepare an evaluation with the assistance of MOH and ASC. This will focus on the adequacy of the courses and will assess the degree to which in-country training capacity has been enhanced by this project. Final course materials will be reviewed and recommendations for course revisions and future offerings will be presented.

Responsible: AUPHA with MOH and ASC assistance

Target Dates:

Begin: April 1, 1993

End: June 30, 1993

AUPHA/ASC MANAGEMENT DEVELOPMENT
Assessment of Management Training Capacity

ASC Training Capacity Statement

BACKGROUND

The attached document is the narrative statement of the Administrative Staff College with regards to its training capacity as of September 1992. The attachments to this document have been removed to conserve space. The document is an important part of the statement on the assessment of the ASC Management Development Capability and the Plan to enhance the ASC Capacity statements found earlier in this document. Because this is ASC's own statement of capacity it is included under this Tab as a supporting document to the project.

Ministry of Public Service

ADMINISTRATIVE STAFF COLLEGE

TRAINING CAPACITY

SEPTEMBER 1992

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ASSESSMENT OF A.S.C. TRAINING CAPACITY

Introduction

There are two (2) Administrative Staff Colleges in Jamaica - Jamaica Constabulary Force Staff College and the Government/public sector staff college - Administrative Staff College which is a division of the Ministry of the Public Service.

Established in 1978, the College (MPS) sits at the apex of a pyramid of training and development institutions created to serve the needs of the public sector workforce - managerial, professional, technical, administrative and office support. The other institutions are the Secretarial College which specialises in Training in secretarial and clerical skills. **Mandeville Training Centre** - a multi-disciplinary institution, offering courses in Time Management; Personnel Functions; Stenography/Typing; Stress Management; Fundamentals of Management; Planning for Retirement; Basic Accounting. **Finance & Accounting College of Training** - offers courses in Financial Management, Accounting, Inventory Control, Report Writing, Budgeting.

The focus of the Administrative Staff College is on the development needs of senior and executive managers, the systems and organisations they manage and the environment which influences them and which in turn they must seek to influence. The promotion of a modern achievement - oriented management ethos, a pro-active management stance and the courage and innovation in problem solving is an important objective of the College.

Mission Statement

The Mission of the College is to prepare senior level public sector personnel for leadership roles and to assist in creating the appropriate environment for those leaders to operate in.

In fulfilling its mission, the College provides the following outputs and services -

- . professional project management services;
- . training courses in General Management and Project Management;
- . technical assistance to public sector agencies;
- . consulting and advisory services to other agencies;
- . training packages and materials;
- . studies and recommendations on administrative improvement.

RESOURCES

The Director/Principal of the College is Miss Sadie Fraser, L.L.B. (London), Attorney at Law; M.Sc. (Applied Behavioral Science) The Johns Hopkins University.

Members of the Academic Staff are:

Mr. Desmond Cameron

HNC; Diploma in Economic Development; M.Phil (Management) Bradford University - Certificates - Training of Trainers, Case Writing. (Has specific health management experience)

Mr. Reginald Budhan

B.Sc. (Agriculture & Economics)

Certificates in Project Management - University of the West Indies (U.W.I.) and Bradford University)

Pursuing MBA - University of the West Indies (U.W.I.).

Mrs. Hedy Isaacs

M.Sc. - Manchester University

B.Sc. (Economics & Management Studies) - University of the West Indies (U.W.I.)

Mrs. Lorna Love

B.A. (History & Economics) University of the West Indies (U.W.I.);

Certificates in HRM; Manpower Planning; Training of Trainers for Supervisory Development; Training Officers Development Programme.

Mr. Clyde Stewart

Pursuing M.A. (Education Administration) West Indies College

B.A. - West Indies College

Training Officers Development Programme Certificate.

Miss Hyacinth Allen

B.A. (Hons) History - University of West Indies (U.W.I.)

Diploma in Education U.W.I.

Diploma in HRD - I.M.P.

Training of Trainers Certificate - CARICAD

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British Technical Co-operation Officer

Mr. John Nice

M.A. (Organisational Studies)

B.Sc. (Economics)

(See Cvs for further details). - Annex . Because of the relationship which exists between A.S.C., F.A.C.T., Secretarial and Clerical College and Mandeville Training Centre, the College has access to the academic resources of those institutions as well. (See CVs for staff of Secretarial and Clerical College, F.A.C.T., and Mandeville Training Centre staff). In addition A.S.C. has an adjunct faculty. (listing attached) - Annex .

Training Equipment

Training equipment are modest - OHP TV/VCR, Camcorder. However, economic constraints have not allowed the College to benefit from the improved technology in these areas. If the College could be equipped with editing facilities it would allow for a more effective use of TV/VCR in evaluation. The offerings on the management development programmes would be significantly enriched with some current films/video cassette on management. Likewise self learning kits for managers e.g. CAT (Computer Aided Training) would enhance course presentation.

Linkages

The College has linkages with a number of organisations - international, regional and local. These include the University of Bradford's Project Planning Centre; Commonwealth Programme for

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Applied Studies in government of the Commonwealth Secretariat; Project Administration Training Unit (PATU) Caribbean Development Bank; International Centre for Public Enterprises in Development Countries (ICPE); Caribbean and Latin American Centres for Development Administration (CARICAD & CLAD) Association of International Schools of Administration (AISIA) Professional relationships are also established with the major local public/private sector institutions - College of Arts, Science & Technology (CAST), University of the West Indies (UWI), Jamaica Institute of Management (JIM), Institute of Management & Production (IMP), Private Sector Organisation of Jamaica (PSOJ), School of Nursing; West Indies School of Public Health. A.S.C., has membership in Jamaica Association for Training and Development (JATAD); Jamaica Institute of Management (JIM).

Faculty members have been participants in development programmes at Bradford University, also at seminars, workshops and training courses sponsored by CLAD & CARICAD. These linkages represent available sources that can be tapped into when the need arises. Relationship with private sector organisations allows for first hand experience of a different approach to management which is vital in view of the government's decision that all its agencies must function efficiency, 'effectively and productively' in a market-driven economy. Links with Schools of Nursing and West Indies School of Public Health provide the College with professional expertise/source of knowledge; statistical information on the national health service.

OPERATIONS

The operations of the College can be viewed from the perspective of -

- (a) Major Programmes offered
- (b) Course details
- (c) Instructional capacity
- (d) Accreditation

(a) The Annual schedule of courses for A.S.C. covers: General Management; Project Management; Supervisory Management; Industrial Relations; Personnel Management; Job Classification; Retirement Workshop; Orientation Workshop; Graduate New Entrant Training. In addition, workshops are organised and convened in response to specific client needs.

Staffing of courses depend on the nature of the programme - but a typical one week course could utilise 1 - 5 faculty members e.g. a specialised topic like Job Classification would involve 1 or 2 faculty members while a programme like supervision could use 5 or more persons to lead specific sessions. In the planning stage of course offerings, there is usually no provision for contact time with students before or after the course, but the classroom involves 6 hr/day or 30 hr/wk., contact time. However, occasionally e.g. workshop re Organisational Performance Improvement - some contact time at the workplace is necessary. Week-end residential workshop - off site, would involve 3 - 4 faculty members.

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(b) A typical class size is 25 - 30, with a minimum of 15. The size of the class is determined by the type of programme and the methodology used. Most courses are conducted on site but the College is not averse to off campus offerings. Preparation time for a new course is usually calculated at 3/4:1 - hours of preparation time per hour of classroom time.

Regular classes start at 9:00 a.m. and continue through to 5:00 p.m. with a two hour lunch break. The minimum lead time for preparation of course materials is 2 weeks. Students are expected to do extensive work outside class hours. A variety of methods (approaches) are utilised to evaluate course/curricula. They include:

- . manager/client response to the proposed programme before implementation;
- . participants response to questionnaires at the end of a course and sometimes at a later date;
- . Examinations - Tests/Projects Assignments.
- . Personal evaluation by faculty staff.

The College has canteen facilities, so students can purchase lunch at the canteen. The College assists students (usually from other W.I. islands) to find suitable accommodation. The decision on course content is worked out between A.S.C. and the client agency. The final product is based on needs survey carried out by A.S.C. and discussions with the client agency - it is a joint decision.

Formal links are established between A.S.C. and public sector organisations viz: Permanent Secretaries Board; Heads of Government Department Conferences; Human Resources Management Officers Association. There are also informal links through requests from Divisional Directors in the Public Service.

In keeping with its stated policy to deliver management training according to the development needs of the individual, the organisations and system they manage and the environment in which they operate, A.S.C. has no scheduled periods to revise routinely offered courses. Instead revision takes place in response to changes in clients needs, systems, procedures, environment, legislation and technology - the curricula are under constant review.

Some course offerings are specially geared towards promotion on the job e.g., Industrial Relations; Training Officers' Programme; Project Management; Personnel Management. Other courses can lead to promotion but are not specifically tailored for promotion.

While A.S.C. recognises the importance of conducting regular surveys to ascertain the extent and usefulness of transfer of learning to the work environment, it is necessary to point out that to date, the College's activities in "impact evaluation" need to be improved.

(c) The total instructional capacity of the College in terms of space, consists of two (2) training rooms with a seating capacity of 30 and 20 persons. However, it is possible for this to be

expanded by utilising additional space at F.A.C.T. and Secretarial College as a prior arrangement has been established with these two institutions for such a situation. However, A.S.C. would need to contract additional staff well in advance of proposed dates for the courses and reserve the needed space at an early date.

(d) A.S.C. awards certificates on the basis of participation and merit. At present, there is no formal accreditation but these certificates are accepted locally by other institutions e.g., C.A.S.T., U.W.I. They are also highly regarded in the region and have high commercial value with Public Utility companies.

Administrative Staff College
September 1992

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CEO WORKSHOP
March 3-4, 1993

INTRODUCTION

A proposed activity in support of the introduction of CEO's into the Jamaican Ministry of Health is a special session focused on the development needs of the new CEO's. The primary purpose of this activity is to help the CEO's take control of their own professional development. A second purpose is to make the best use of the training being provided under the projects of PAHO, IDB-Touche Ross, LAC\HNS, ASC and HSIP, and AUPHA.

Being a CEO is inherently a lonely job. Even in settings where there is overt economic competition, CEOs of hospitals in other countries frequently become colleagues to one another. Such natural collegueship will be useful in this setting. One objective of this initial session is to provide the CEO's with the opportunity to plan to meet periodically in the future.

This session was originally thought to be an orientation. Instead of "Orientation" the proposed title is "CEO Workshop". "CEO Workshop" is a more neutral term. "Orientation" implies that someone is telling them about their job. Workshop implies that the CEO's will be working as a group. Further, they could choose to schedule additional workshops and to set their own agenda. An "orientation" is usually a one time meeting.

OBJECTIVES

The proposed objectives for this Workshop are as follows:

1. To bring together the CEO's to share their common problems and experiences in order create a networking environment in which they can support each other.
2. To create a professional bond among the group which can act to enhance the image of CEO's and to promote their role and development. This activity should also assist the development of managers who aspire to the CEO role.
3. To discuss the common training and development needs of the CEO's. To establish priority areas for training and consultation.
4. To review the training resources available from PAHO, IDB-Touche Ross, LAC\HNS, ASC and HSIP, and AUPHA. To match these resources to the needs identified and to better coordination of training programs to be provided.

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**AUPHA/ASC MANAGEMENT DEVELOPMENT
CEO Workshop Proposal**

5. To build additional motivation and enthusiasm within the CEOs at an early stage of their incorporation into the hospital system.
6. To provide practical advise on the role of the CEO including examples of success and failure from individuals who have extensive experience in difficult hospitals. To provide some role modeling.

WORKSHOP STRUCTURE

The Workshop is proposed as a two day function held in a residential setting, probably in Kingston. The objective of facilitating bonding of the CEOs dictates this format. By scheduling the workshop for two consecutive working days, the CEOs have the evening of the first day for additional informal interaction. To assure that they do get together for the evening, it make sense to have a late afternoon session and an early evening cocktail event involving various MOH officials plus those who are facilitating the Workshop. This session can be built around a motivational presentation to which the MOH officials would also be invited. The non-CEOs can then depart following the cocktail hour while the CEOs attend a dinner meeting.

The First Day

The workshop will use a skilled facilitator. The first session will get people to understand one another and allow people to identify with having common problems. This might involve getting each individual to present information such as:

- Who am I?
- Here's a view of my Hospital.
- Here are my problems.

It is possible that there could be an "advanced assignment" to have each CEO prepare a presentation (20 minutes maximum before discussion) about their hospital.

The facilitator could then move the gathering on to other issues: How do you feel about your jobs? What are your biggest commonly held problems? Where is your biggest satisfaction in work? And, implicitly, does it help you to know your CEO peers share similar views?

As they move toward the mid-afternoon of the first day, the discussion needs to become focused on the question: what is it that you, collectively, want to do in the future? What is your agenda? This would be designed to carry in to the informal discussion of the evening and the agenda of the second day.

The needs discussion would close in the mid-afternoon, perhaps 4:00 or 4:30 pm. The CEOs would then break for an hour and return for a 5:30pm motivational presentation. This would be a feature of the first day. Senior managers from the Ministry of Health would be invited to attend this presentation and to stay for refreshments and informal discussion following. An objective of this format is to provide appropriate networking between the

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**AUPHA/ASC MANAGEMENT DEVELOPMENT
CEO Workshop Proposal**

CEOs and the central MOH managers. Because 4 of the 5 new CEOs are women, it is suggested that a successful female manager be invited to make the 30 minute presentation with a motivational tone. (A person such as Gloria Knight would be asked to fill this role.)

The CEOs would depart the session to attend a evening meal and short evening session focused on CEO coping skills. This session would review basic stress management techniques. The remainder of the evening is designed to encourage continued informal discussion among the CEO group.

The Second Day

The morning of the second day will focus on the "role models" who have experience to discuss the process of being a CEO. The focus of this segment would be to assure the participants they are not unique, and that people have had success in such situations. The session will discuss alternative ways to deal with issues, and will share the results of using some of these alternatives. To the degree possible the "role models" will react to the issues identified in the first day's discussions. (Holmberg of AUPHA is appropriate model for this session.) A second role model, a successful female hospital CEO from somewhere in North America will also be asked to participate in this session. The session will consist of presentations by the role models followed by discussion sessions focusing on the Jamaican CEO's needs and problems.

In the afternoon a review and discussion of training to be offered by PAHO, IDB-Touche Ross, ASC and HSIP, LAC/HNS, AUPHA and others will be held. This will allow to the CEOs to suggest priorities and content to the course designers. An explicit discussion of the needs perceived by the CEOs, for themselves and for their employees, will be conducted. The session will provide a forum for the various providers of training to coordinate their efforts as well.

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**AUPHA/ASC MANAGEMENT DEVELOPMENT
CEO Workshop Proposal**

SCHEDULE

The following is a proposed schedule for the Workshop:

TIME	Wednesday, March 3, 1993	Thursday, March 4, 1993
Morning	<ul style="list-style-type: none"> • Informal opening over coffee • Review of Workshop goals • CEO presentations 	<ul style="list-style-type: none"> • Strategies that Work: Experienced CEO's • Practical discussion and advice session
Lunch	<ul style="list-style-type: none"> • Informal Discussion 	<ul style="list-style-type: none"> • Informal Discussion
Afternoon	<ul style="list-style-type: none"> • Exercise to identify common issues and needs • Set an agenda of needs • 4:30 break • 5:30 Presentation with MOH managers • 6:00 Refreshments 	<ul style="list-style-type: none"> • Training plans for the future: ASC IDB LAC\HNS PAHO MOH • Discussion of Training priorities • 5:00 adjourn
Dinner	<ul style="list-style-type: none"> • 7:00 CEO's and facilitator 	
Evening	<ul style="list-style-type: none"> • CEO Exercise • Informal Discussion 	

RESOURCES

The CEO Workshop is a cooperative efforts among the various participants in the MOH HSIP project, including ASC, AUPHA, LAC\HNS, PAHO, IDB and Touche Ross. Specific resources to be brought to the Workshop are proposed as follows:

• ACS

The logistical elements of the Workshop will be coordinate by H. Allen and paid for out of the ASC funds allocated from the HSIP project. This will include hotel, meals, facilitator and copying of course materials. The Workshop is included in current ASC budgets.

• AUPHA

The design and preparation of the workshop presentations, consultation for the development of the Workshop sessions, and expert CEO's participation will be provided from AUPHA's project under USAID. These will be developed by D. Bergwall and H. Holmberg and will fall within the current budget from USAID, subject to approval of the project officer.

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**AUPHA/ASC MANAGEMENT DEVELOPMENT
CEO Workshop Proposal**

• **PAHO**

The participation of the CEO's, and coordination of the participants in the Workshop will be provided. As the formal employer of the CEO's PAHO will be a key coordinator of additional training and workshops which may be held in the future. D. Taylor will also participate in the design and delivery of the Workshop content.

• **IDB-TOUCHE ROSS**

As a major provider of training in the next several years, IDB-TR will participate in the delivery of the Workshop. They will be active observers seeking to incorporate the needs and priorities of the CEO's into their future course offerings. C. Bennett will provide this input and function.

• **LAC\HNS**

Personnel from the LAC\HNS project may participate in the workshop.