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EDUCATIONAL PROGRAMS FOR HEALTH MANAGEMENT:  
AN OVERVIEW\*

September 1972

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EDUCATIONAL PROGRAMS FOR HEALTH MANAGEMENT:

AN OVERVIEW\*

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\* This paper describes an overview of a two-year program, funded by the R.P. Wood Johnson Foundation, for the development of educational models for health workers and managers of health delivery institutions. Requests for further information should be directed to either Professors Richard Beckhard or Irwin Rubin, M.I.T. Sloan School of Management, 50 Memorial Drive, Cambridge, Mass. 02139

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## INTRODUCTION

### The Need

The growing need for better utilization of a variety of health workers in the delivery of comprehensive care is a significant aspect of the national concern surrounding health care delivery. Interdisciplinary health teams composed of physicians, nurses, social workers, family health workers, and lawyers, are emerging all over the country -- in out-patient departments, community health centers, and group practice clinics. One model for more effective utilization of health manpower is the team approach.

The need for help in assisting health workers in the worker-patient relationship is a related issue for increasing numbers of physicians, medical and nursing students, and health educators, in medical schools, health schools, and delivery institutions. The concern in this case is to develop a global, patient-oriented approach in the delivery of health care.

The need for training and education of health workers in the facilitation and management of change is a third growing area of concern to increasing numbers of health care managers, such as community health center directors, directors of health services and program directors of community medicine. Organization development and other planned change efforts are currently being implemented in many health centers. Increasing numbers of managers, directors, and specialists in delivery and educational institutions, specifically, community health centers, teaching hospitals, and health schools -- are seeking resources such as educational models and designs to help in the management of change efforts.

In response to these needs, a three-part project has been mounted under



the direction of Professors Beckhard and Rubin at the MIT Sloan School of Management. The creation of specific aids in the form of materials, curriculum plans and development programs for use by administrators and program planners in the three above-mentioned health settings are proposed by this project, which has been supported for the next two years by the Robert Wood Johnson Foundation.

#### Applying Knowledge and Experience from Other Settings to the Health Field

The behavioral and management sciences provide a body of knowledge which has been applied to individual and organizational effectiveness in other fields and is particularly relevant to these concerns in the health field. Specific areas which are applicable to the maximal development of skills and competence of health workers and managers are:

- a. knowledge and education in effective helping relationships,
- b. development of interpersonal competence and membership skills,
- c. conflict management,
- d. decision making and problem solving,
- e. types and effects of different managerial styles and management strategies,
- f. diagnosis of organization or client (patient) systems,
- g. organization development, and
- h. facilitation and management of change.

Several experiences indicate the potential usefulness of these educational methods for health care institutions: results obtained in improved organization and team effectiveness in a number of non-health settings, preliminary reactions from a variety of health professionals such as AAMC, and the positive



effects of our interventions in some health delivery institutions serve as evidence. Specifically in one urban health center, the effectiveness of the delivery system as a whole, as well as that of the primary care teams, was improved by a series of educational interventions with interdisciplinary health teams, middle management, and the center management. Hard data on a number of patients treated, efficiency and accuracy of records, etc., are impressive. Measures such as the turnover of personnel, the proportion of time spent on care delivery vs. housekeeping and team maintenance have changed significantly. A number of jobs have been "enriched" and people have moved up the organization more rapidly, increasing personal feelings of satisfaction at the institution. For example, a small group of Center employees have been trained as O.D. consultants to act as internal change agents in facilitating future interventions. While quality of care has been maintained and improved, quantity of care has significantly increased, without addition of staff.

Our experience in this and other settings indicates that it is necessary to mount and manage a planned change effort if these results are to be achieved. Organization leaders and health workers who are members of such groups need specific educational help to do this.

#### THE THREE SUB-PROJECTS: A BRIEF DESCRIPTION

##### Interdisciplinary Team Effectiveness Program

Neighborhood health centers, the National Health Service Corps, and other organizations are making increasing use of formally structured interdisciplinary teams of health workers to deliver comprehensive health care. Extensive research on the dynamics of small groups, our own experience with



task groups in a variety of settings, and our particular experience with health teams verifies that there are several potential barriers to effective team functioning. Problems like confusion over role responsibilities, decision-making based on educational and professional status vs. who had the best information, distorted information flow between team members, and a lack of clear and shared team goals are burdensome and dysfunctional to the team, draining energy which could be available to do the task. Records are misplaced, patients are "lost", apathy grows, and a negative cycle of events becomes operative, impairing the team's effectiveness and taxing member commitment.<sup>1</sup>

Because of these kinds of problems, critics of the team approach conclude that, as they suspected, teams cannot work effectively. Teams in any setting are confronted with a series of issues and problems, which, if not effectively managed, will operate to reduce the team's effectiveness. To assume that "nothing can be done about it" runs counter to a large and growing body of research and experience on the effectiveness of team development activities in a variety of settings including health care.<sup>2</sup> It is naive to assume that "simply by a calling a group a team, they will in fact behave like a team".

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<sup>1</sup>Fry, R. and Lech, B., "An Organizational Development Approach to Improving the Effectiveness of Neighborhood Health Care Teams: A Pilot Program." Sloan School, Masters Thesis, 1971.

Rubin, I. and Beckhard, R., "Factors Influencing the Effectiveness of Health Teams", Sloan School Working Paper No. 543-71, 1971.

<sup>2</sup>a. Fry and Lech, op. cit.  
b. Rubin and Beckhard, op. cit.  
c. Fifth Annual Report: Martin Luther King, Jr. Health Center, Bronx, New York.  
d. Parker, A.W., "The Team Approach to Primary Health Care," Monograph No. 3, Neighborhood Health Center Seminar Program: University of California, Berkeley, January, 1972.





In this program, Professor Irwin Rubin and his colleagues will produce a set of guidelines for institution administrators and development specialists on strategies for introducing team development efforts into health delivery and educational institutions. A series of learning modules or units will be developed to deal with identified aspects of team effectiveness for subsequent self-administration by health teams. Significant differences in the internal operating effectiveness of these teams can result and release energy for direct interface with patients. Development of a number of such modules, testing them in the field, and measurement of their effectiveness against team effectiveness criteria are planned.

Materials will be prepared by Dr. Rubin and his colleagues during the fall period. Next spring the team materials will be used in some test settings. In the summer of 1973, both materials and guidelines will be tested in two or three settings to assess their application under different circumstances. By fall of 1973 it is hoped that some major follow-up field tests will be possible.

#### Development of Internal Change Agents and Managers

The expressed need for education and training in managing change has been demonstrated by health institution administrators, who are more and more seeking assistance and management skills to help them manage the increasingly complex problems connected with today's environment. Physicians and other professional health workers are more and more taking over management positions in health care delivery institutions, particularly community health centers. The preparation for the post consists mostly of technical training, virtually no management training.

There are increasing calls for more education of teams of health workers. The SAMA report on "American Medical Education - the Student Viewpoint" makes



the following "major recommendations:"

1. Health care delivery should employ a multidisciplinary team of health professionals working to maintain health and prevent disease in communities, members of these teams should be trained together in health universities.
2. Decision making should be decentralized to include administration, students, and consumers...the management of educational institutions, curriculum administration, etc. requires skills in managing change, conflict, and problems.

There is a growing attention to the re-examination of medical school curricula with some movement toward selecting differentiated tracks for medical students after a core curriculum. Health care institution administrators, directors, personnel specialists, delivery team leaders, feel an increasing need to understand the processes involved in managing change.

The purpose of this sub-project, under the leadership of Professor Richard Beckhard, is to develop three specific curriculum programs:

- a. Development of internal change agents, consultants, organizational development specialists within a community health center from among health center staff.
- b. An adjunct program for use by a house staff in a teaching hospital.
- c. An educational program for use in medical, nursing, or other health schools.

To design these three curricula or programs we will, this fall, be recruiting a "class" of professional health workers to field-test preliminary material



and to participate in the development of the final programs. This "class" will be composed of physicians, nurses, dentists, social workers, and possibly other related health workers. During the spring of 1973, they will participate in a seminar or "course" using materials and formats which have been successfully aimed toward the delivery settings and educational settings to which this project relates. Next summer, working within interdisciplinary teams, the participants will work on change projects in community health centers, outpatient departments, a National Health Service Corps team, a group practice setting, and a teaching hospital. In the fall of 1973, the participants and staff will evaluate those elements of their formal learning experience which were applicable and used in their field change efforts. From this analysis will flow a better understanding of the "course content and method" necessary to train future change agents and managers in the two delivery and one education setting specified. Development of three separate curricula will proceed in the fall 1973 for field-testing in early 1974 in some health schools, community health centers, hospital settings, and perhaps a group practice setting.

#### Health Worker - Patient Relationship

The training of most health care professionals (e.g., doctors and nurses) has emphasized primarily clinical or treatment-oriented skills. The focus, in other words, has been on developing the requisite clinical knowledge to diagnose a disease and the technical skill to treat the disease once diagnosed. This knowledge and skill is and will clearly continue to be central to the delivery of health care.



The emergent focus of concern within the medical profession is on the patient and his total health care, as compared to the treatment of a particular disease. It has long been recognized within the medical profession that the more qualitative "human relationship" between the health worker and the patient is a significant component in the effective delivery of care. The relevance and importance of "bed-side manner" -- an aspect of what is meant here by a patient-oriented vs. disease oriented approach -- in the health worker-patient relationship, in other words, is not new. What is new is the acceptance of the idea that the development of certain "qualitative human skills" can be systematically taught rather than left to chance, or to personal identification with role models -- e.g., senior physicians in a teaching hospital.

Our own experience in other settings clearly demonstrates that interpersonal skills and attitudes can be systematically developed.<sup>3</sup> Recent work by Abercrombie,<sup>4</sup> Lerner,<sup>5</sup> and others confirms both the relevance of these issues to the delivery of health care and the premise that they can be developed in "classroom" settings.

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<sup>3</sup>Kolb, Rubin, and McIntyre, Organizational Psychology: An Experiential Approach, Prentice-Hall, 1971.

<sup>4</sup>Abercrombie, M.L.J., The Anatomy of Judgement, Penguin Books, London, England, 1960.

<sup>5</sup>Lerner, M.J., "Teaching Medical Behavioral Science: A Social Psychological Introduction," in Social Change: Ideas and Applications, Vol. 1, No. 4, 1971.





The interactions between a health worker and a patient represent an example of an interpersonal helping relationship. The interpersonal skills and attitudes necessary to make this kind of relationship an effective one have been documented in a variety of settings. Health workers will need new knowledge and skills from several areas of the behavioral sciences, such as effective interpersonal communication, active/empathic listening, dealing with personal (i.e., the health worker's) anxiety, in order to develop a more patient-oriented (as compared to disease-oriented) posture in their "helping relationships" with patients.

Program development in these areas, by Professor Rubin and his colleagues, is planned toward the latter part of 1973. Initial "experimental classes" will be composed of health workers directly concerned with the care of patients, i.e. doctors, nurses, nurses aides, etc., drawn from live settings: a community health center and a hospital staff.

The final materials, designed for self-administration, will be usable in "on-the-job" type training situations, and will also be tested for relevance and integration into the on-going curricula of health schools.

#### THE TRANSFER OF KNOWLEDGE

Each of the sub-projects described above represents an experiment directed toward meeting a specific set of health-care related needs. In addition to the specific content experiments upon which we will be working, we will also be participant-observers in an experiment in the process of transferring knowledge between two fields.

Our own project team is a core group of graduate students and staff from the Sloan School of Management. Close working ties will continue with an



interdisciplinary support group tied into the project, including the Dean of a medical college, the Director of a residency program in social medicine, a resident physician, and others. The advice, help and support of many other yet to be identified resources will also be important to the progress of these efforts. Experimental test sites for our team development and health worker-patient relationship educational modules will be particularly important. Participants in the program on managing planned change will have to be recruited from practicing health workers. Field projects will be located in delivery and educational institutions and will be working on real life organizational-improvement problems.

#### Utilization of Materials

It is planned that in each of the three specific programs in the project, further utilization of the materials will be initiated in a variety of health settings. It is also planned that methods will be developed for testing the utilization of all three sets of products in all three settings.





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