

**ASSESSMENT OF  
BASIC HEALTHCARE MANAGEMENT TRAINING**

**REPORT**



**AMERICAN INTERNATIONAL HEALTH ALLIANCE**

**March 2004**

## **Table of Contents**

Acknowledgments.....	3
List of Acronyms and Abbreviations.....	3
I. Executive Summary.....	4
II. Introduction.....	5
III. Objectives .....	6
IV. Methodology .....	6
V. Findings.....	9
VI. Conclusions.....	18
<u>Appendices</u>	
Appendix 1: Self-assessment Tool.....	19
Appendix 2: Examples of Participants' Projects Objectives .....	26
Appendix 3: Examples of Management Skills Used at Work .....	28
Appendix 4: Competencies Used Regularly by Participants .....	29
Appendix 5: Competencies Substantially Improved After the Workshop.....	30
Appendix 6: Examples of Competencies that Helped Trainees to Gain Respect.....	31
Appendix 7: Greatest Management Strengths .....	32

## **ACNOWLEDGMENTS:**

We would like to thank Bernardo Ramirez for his expertise and enormous contribution in development of the Basic Management Workshop assessment tool and in preparing analyses of the survey results. We would like to recognize Dan West from Scranton University, Mihran Nazaretian and Murad Kirakosyan from the American University of Armenia whose knowledge about the HME program contributed significantly to a design phase of the assessment. We are also grateful for the assistance of the alumni of the Basic Management Workshop in development of the survey questionnaire.

## **LIST OF ACRONYMS AND ABBREVIATIONS**

ACEHSA	Accrediting Commission of Education for Health Services Administration
AIHA	American International Health Alliance
AUA	American University of Armenia
AUPHA	Association of University Programs in Health Administration
BMW	Basic Management Workshop
CAR	Central Asia Region
CCHE	Canadian College of Health Service Executives
EHMA	European Healthcare Management Association
HME	Healthcare Management Education
JCAHO	Joint Commission on Accreditation on Healthcare
KSMA	Kyrgyz State Medical Academy
KSPH	Kazakh School of Public Health
NIH	National Institute of Health
NIS	New Independent States
PDCC	Possession of Defined Core Competencies
WWC	Women's Wellness Center

## **I. EXECUTIVE SUMMARY**

An assessment of the Basic Management Workshops (BMW) was conducted by AIHA in late 2003 with the purpose of examining the level of competencies and the application of newly-acquired skills by participants. In particular, the assessment was to determine the percentage of participants who use 70% of healthcare management core competencies. A self-assessment questionnaire was designed in line with current definitions of competencies and their use in evaluating performance. The questionnaire was the result of extensive consultations among experienced practitioners in health management education and healthcare in the NIS. A total of 24 competencies, grouped into 7 domains, were included. The response rate to the questionnaires was 47% of workshop participants.

For most respondents, the BMWs were not the only healthcare management training. In CAR and West NIS, a considerably higher percentage of respondents had attended other training than in the Caucasus and Russia. In most cases, the additional training followed the AIHA-sponsored training, suggesting the BMWs stimulated interest in other management training.

The Management Project was integral to the BMWs. Eighty-three percent of respondents were in the process of implementing projects or had completed projects. The projects were relevant to the functions of partnerships and covered, among others, Maternal and Child Care, Adolescent Health, Preventive Care, Management Information Systems, and Teaching and Training. Of the 54 respondents, 11 indicated that the projects led to such positive results as early detection and treatment of mental health conditions, development and dissemination of health communication materials, substantial increase in screening from 8% to 95% in 3 years, and development of faculty. The most frequently cited barrier to project implementation was insufficient funding. The projects were instrumental in developing the “change management” and “problem solving” competencies of participants.

On average, participants indicated that they use 50% of the competencies. Concerning the central question of the assessment, 39% of respondents were found to possess and use 70% of the core competencies. Participants from CAR had the highest figures with respect to these results. Across the regions, skills that have been critical to undertaking projects and managing facilities are communication, negotiation, problem solving, time management, planning, presentation, personnel management, monitoring, and change management. The improved health management competencies helped 78% of respondents gain greater respect among other staff and the institution. Thirty-four percent of respondents were promoted or had changed responsibilities and sixty-six percent of respondents were not promoted nor had changed responsibilities following training. There was no relationship between those promoted and those having 70% of core competencies after training.

About 60% of respondents had used learning resources provided through AIHA partnerships, including the Internet, to find medical information, interact with peer institutions, and analyze case studies. Respondents identified additional training needs in nursing management, faculty development, and drug and alcohol abuse counseling for adults. They also suggested that AIHA sponsor more cross-partnership and regionwide activities.

The BMWs enabled participants to gain new skills and apply these skills through projects at their institutions. The project provided a focus for using healthcare management competencies and practicing negotiation and communication skills. The program needs to review ways that the competencies can be more relevant to operational management needs of participants as well as review identified additional needs for training and cross-partnership activities.

## II. INTRODUCTION

The purpose of the Basic Management Workshops (BMWs) was for all participants to gain new management competencies and/or strengthen existing ones and to complete an individual project that would allow the trainees to put newly-acquired knowledge into practice. Participants from the same institution were encouraged to form a group and present a team project. Every team member was to have an opportunity to demonstrate his/her own skills and contribute to the overall project. The topics of the workshop were selected to give participants a clear understanding of healthcare management issues and to develop basic management competencies to run their facilities; implement specific partnership projects and activities; reorganize their staff, resources, and facilities; promote improvements in current activities; and initiate new projects.

The training methodology, new to most of the participants, used participatory and experiential elements and was intended to impart appropriate skills, which the trainees could use to coach their staff and promote new dynamics in the work environment. Using this modern methodology in the workshop allowed participants to practice new competencies in the classroom and to develop skills in such areas as communication, feedback, team development, leadership, decision making analysis, prioritizing, and negotiation.

One of the most important didactic elements of the workshop methodology was a presentation given by each participant on a specific project for which he/she designed and developed a plan during the course of the training. Partners could identify projects prior to the workshop or during the training with the help of peers and the workshop faculty. The participants committed themselves to carry out these projects upon return to work as a part of their partnerships' activities.

The objectives of the management training were expressed in terms of expected outcomes for the participants and by the end of the full series, each of the trainees was expected to:

- Define the basic functions of management and use that framework to bring meaning to what they do as managers.
- Explain a systems-based view of health services management—visualizing the health care system as a whole, the institution as a part of the system, and the manager's role and influence within the system.
- Apply leadership, interpersonal skills, and problem-solving methods, developed through active participation in workshop activities and dialogue, to the implementation of their individual projects.
- Employ a variety of planning, information, financial, and change management tools to assess the choices their organizations have in adapting to changing societal and health care circumstances.
- Implement an individual project in their home organization during the six to nine months following the workshop.

### *Module Series Sequence*

The order of training sessions supported the goals of the module series, with topics introduced at the point at which they supported participants in developing their individual projects. The BMW module sequence designed for a one-week workshop was as follows:

**Module 1:** Management, Leadership and Health Systems: Presented the theoretical framework for the entire workshop. It emphasized the management process, health systems and primary health care, leadership and its impact on the culture of the organization, systems thinking, and how to manage change.

**Module 2:** Planning and Marketing: Set the individual project in motion by introducing strategic and project planning, community planning, and marketing showing how to develop one's own project

plan. The plan provided a structure within which participants could place information from succeeding sessions.

**Module 3: Information Management with Application to Quality:** A first step in developing any project plan is collecting data, so this unit logically followed Module 2. It featured sessions on managing information and collecting data for program planning and other uses. It introduced the concept of quality management and the importance of outcome measurements as participants were beginning to contemplate their projects.

**Module 4: Human Resources Management:** Further developed participants' leadership skills, particularly in the role of supervisor. It covered recruitment and selection of employees, pay and benefits, evaluation and performance appraisal, and training and development. This session is intended to be offered before Module 5.

**Module 5: Team Building, Communications and Presentation Skills:** This session was placed later in the series to allow the participants to draw upon their shared experience in work groups during class discussions of team building and communications. The presentation skills segment prepared participants to conduct their own workshops in which they presented their individual projects.

**Module 6: Financial Management:** Offered information on financial planning and cost accounting. This session could be offered at any point after Module 3.

### **III. OBJECTIVES**

The purpose of the evaluation was to assess the outcomes and the level of success of the basic healthcare management courses that AIHA developed and offered to partners. AIHA designed a questionnaire to encourage workshop participants to reflect and report on the skills they gained through these workshops and how those skills are being applied by them today. Although AIHA recognizes these workshops were unlikely to be the only management training the partners received over the years, the evaluation aimed to appraise partners' level of confidence about their management expertise. The assessment was to identify the percent of partnership trainees who indicate possession and use of 70% of defined core management competencies that were taught in the workshops and that represent the basic set of skills considered important in healthcare management.

### **IV. METHODOLOGY**

The assessment of the basic healthcare management program took place between October and December of 2003. AIHA's monitoring and evaluation staff, with the assistance of a U.S. health management consultant, developed a standardized survey instrument which was translated into Russian and distributed among former health management trainees via e-mail. Out of 116 targeted partners, 54 (47%) returned completed self-evaluation forms to AIHA:

- 6 from West NIS (5 from Ukraine and 1 from Moldova);
- 8 from CAR (6 from Kazakhstan, 1 from Kyrgyzstan, and 1 from Uzbekistan);
- 22 from the Caucasus (13 from Azerbaijan, 4 from Georgia and 5 from Armenia); and
- 18 from Russia.

The Competencies Assessment Tool included five sections, entitled: contact information, management workshops attended, your management project, competencies development, and professional advancement (see Appendix 1).

### MANAGEMENT WORKSHOPS ATTENDED

In this section respondents were to indicate the number of AIHA management workshops they attended. They were also asked to report on other management training activities.

### YOUR MANAGEMENT PROJECT

Participants were asked to report on the status and outcomes of their projects as an indication of how well they had applied management competencies in a real-life situation. They were asked to describe the objectives of their projects, the achieved results, and lessons learned. In cases in which projects were not completed, the respondents were to provide the reasons for this; identify barriers they had encountered; and specify how they were overcome. Finally, the participants were asked to give specific examples of how the management competencies they learned during the workshop were used to implement the project.

### COMPETENCIES DEVELOPMENT

In this section AIHA defined a set of competencies and grouped them into seven domains. Respondents were asked to specify the level of expertise in each competence and give a brief example (especially if the respondent marked four or five on the scale) illustrating its use. This enabled AIHA to better understand what partners meant by each competency and gave valuable material to illustrate the final report. In addition, partners were asked to specify whether they possessed a specific competency before the AIHA workshop. If the answer was affirmative, they were to indicate if the competency had improved after the workshop and, if so, to what extent.

Development of definitions for competencies was one of the most time-consuming tasks of the evaluation design process. Several domains were considered, and those most closely related to the workshop content and those best reflecting the key management competencies were used. During the development process, AIHA's staff and the consultant reviewed several studies and definitions of competencies created by major international health administration education organizations, including the Association of University Programs in Health Administration (AUPHA)<sup>1</sup>; the Accrediting Commission of Education for Health Services Administration (ACEHSA)<sup>2</sup>; the European Healthcare Management Association (EHMA)<sup>3</sup>; the Canadian College of Health Service Executives (CCHE)<sup>4</sup>; the Joint Commission on Accreditation on Healthcare Organizations (JCAHO)<sup>5</sup>; and other related studies<sup>6</sup>.

The following are the 7 domains and 24 competencies included in the questionnaire:

DOMAIN	COMPETENCIES
1. Self Management	<ul style="list-style-type: none"><li>• Time management</li><li>• Effective meetings</li></ul>

<sup>1</sup> Association of University Programs in Health Administration. AUPHA. <http://www.aupha.org>

<sup>2</sup> The Accrediting Commission of Education for Health Services Administration ACEHSA. Criteria for Accreditation. <http://www.acehsa.org/>

<sup>3</sup> Philip C. Berman. Evaluating Health Care Management Programs & Schools of Public Health. Some experiences in Europe. The Journal of Health Administration Education. Vol 14 No. 1 Winter 1996. (pp55-69); European HealthCare Management Association. Healthcare Management Review Questionnaire. <http://www.ehma.org/>

<sup>4</sup> Professional Competencies for Canadian Healthcare Managers. Canadian College of Health Service Executives. Ottawa Canada. (4pp)

<sup>5</sup> Nancy Gorham Haiman. Competence in Hospitals. The Joint Commission on Accreditation on Healthcare Organizations (JCAHO). USA 2002 (149 pp)

<sup>6</sup> Reference 1: Kak Neeraj, Bart Burkhalter, and Merri-Ann Cooper. Measuring the Competence of Healthcare Providers. Quality Assurance Project. Issue Papers. Issue 1, Volume 2, July 2001. Bethesda, Maryland, USA. (28pp); Reference 2: Maria Irigoin et al. Mapping competencies for Communications, Development and Social Change: Knowledge, skills and attitudes in action. Based on a conference presented at the Rockefeller Foundation for Studies and Conferences in Bellagio, Italy. February 2002. CHANGE Project. Washington DC (83 pp)

	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Presentation skills</li> <li>• Feedback</li> <li>• Negotiation skills</li> </ul>
2. Planning and Assessment	<ul style="list-style-type: none"> <li>• Environment assessment (opportunities and threats)</li> <li>• Organization assessment (strengths and weakness)</li> <li>• Change management (force field analysis)</li> <li>• Problem identification (process analysis-cause effect)</li> <li>• Planning skills</li> <li>• Project management</li> </ul>
3. Organization	<ul style="list-style-type: none"> <li>• Principles of management</li> <li>• Principles of supervision</li> </ul>
4. Human Resources Management	<ul style="list-style-type: none"> <li>• Functions of personnel management</li> <li>• Performance management <ul style="list-style-type: none"> <li>○ Motivation and incentives; evaluation and supervision; training and development (coaching, experiential learning, group discussion, role playing)</li> </ul> </li> <li>• Team development and leadership (delegation and empowerment)</li> </ul>
5. Financial Management	<ul style="list-style-type: none"> <li>• Cost analysis (cost centers and step down process)</li> <li>• Budgeting</li> </ul>
6. Information and Decision Making	<ul style="list-style-type: none"> <li>• Principles of information management</li> <li>• Data collection and analysis</li> <li>• Principles of decision making <ul style="list-style-type: none"> <li>○ Resource allocation</li> </ul> </li> </ul>
7. Quality Management, Monitoring and Evaluation	<ul style="list-style-type: none"> <li>• Quality management</li> <li>• Basic concepts of monitoring</li> <li>• Basic concepts of evaluation</li> </ul>

Competencies represent a set of skills, knowledge, and attitudes necessary to perform a given job. On one side of the continuum, competencies can be defined as the minimum standard necessary to perform a job<sup>7</sup>, and from this perspective a competent individual is one who can perform a job adequately, at least at the minimally acceptable level. In contrast, “competency” has also been used to define “star” performers, those who excel over average or minimally acceptable performers.<sup>8</sup> For the purpose of this questionnaire AIHA defined competency as *the ability to perform a specific task in a manner that yields desirable outcomes.*

Competencies are typically grouped by domains and are divided by specific tasks. Ideally, the specific tasks should have defined performance standards and, in turn, serve to design a job description. In this questionnaire AIHA defined competencies based on the learning objectives of the Basic Management Workshops.

Competencies are assessed by scales, which are broad in the literature and include such scales as talking knowledge, working knowledge, comprehensive knowledge or minimum, satisfactory, or maximum

<sup>7</sup> Mulholland, J. 1994. Competency-based learning applied to nursing management. *Journal of Nursing Management* 2 (4):161-166. and Wright, Donna. 1998. *The Ultimate Guide to Competency Assessment in Healthcare*. 2nd ed. Eau Claire, WI: Professional Education Systems, Inc

<sup>8</sup> Stockman, James E. 1999. Building a Quality HR Organization at GE. *Human Resource Management* 38 (2):143-146.



competence.<sup>9</sup> Some of the authors chose terms that were perceived to be developmental and non-punitive, for example, novice (N), basic competence (B), and expert (E); and others proposed 5-level scales emphasizing a difference between theoretical knowledge and practical knowledge of the evaluated person: novice, advanced beginner, competent, proficient, and expert<sup>10</sup>. Finally, the Council on Linkages Between Academia and Public Health Practice adopted the three-level scale pertaining to public health competencies such as: 1) **aware** - basic level of mastery of the competency. Individuals may be able to identify the concept or skill but have limited ability to perform the skill; 2) **knowledgeable** - intermediate level of mastery of the competency. Individuals are able to apply and describe the skill; and 3) **proficient** - advanced level of mastery of the competency. Individuals are able to synthesize, critique, or teach the skill.

The scale that was developed for the purpose of this questionnaire is the following:

1 **I don't know:** means that the respondent does not know what that competency is about and has not used it.

2 **I have heard but don't use it:** means the respondent knows what the competency is about but does not have an opportunity to use it in his/her work.

3 **I have used it once:** means that the respondent has a basic level of understanding of the competency. Individuals are able to identify the concept or skill but don't know how to use it or have used it only once.

4 **I use it:** means that the respondent is able to apply and describe the skill.

5 **I can teach it:** means that the respondent is able to use consistently this skill and teach it to others.

#### PROFESSIONAL ADVANCEMENT

This section examined how much the participants have used health management competencies to advance in their jobs and professional career as well as in their relation with peers and colleagues. Respondents were requested to use specific examples to demonstrate how the health management skills influenced their performance at work. They were asked what they consider to be their greatest management strength or competency and how much they use other AIHA resources such as the Web page or the resource center.

In addition, respondents were asked for suggestions on information they would like to obtain from AIHA in relation to healthcare management and on AIHA's support which would further improve the work of the partnerships related to health management.

#### METHODOLOGY LIMITATIONS

AIHA could not track and conduct the assessment with all the attendees of the basic health management workshops. In addition, the influence on the response rate was limited and AIHA was dependent on cooperation from the respondents. The self-assessment methodology is inherently subjective, and therefore, the assessment may not fully represent the training outcomes.

## **V. FINDINGS**

The self-assessment survey was completed by 54 healthcare management trainees, of which ten are from Almaty and currently working on the faculty of local universities (6 from the Kazakh School of Public Health (KSPH), 1 from the Kyrgyz State Medical Academy (KSMA) in Bishkek, 1 from the American University of Armenia (AUA) in Armenia, and 1 from the National Institute of Health (NIH) in Georgia). These ten respondents, in addition to the Basic Management Workshop, participated in the training-of-trainers workshops and professional association meetings to improve training and management skills.

---

<sup>9</sup> Mirabile, Richard J. 1985. A Model for Competency-Based Career Development. *Personnel* 62 (4):30-8. and Pickett, Les. 1998. Competencies and Managerial Effectiveness: Putting competencies to Work. *Public Personnel Management* 27 (1):103-115

<sup>10</sup> Benner, P. 1984. *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. California: Addison-Wesley.

## WORKSHOPS ATTENDED

Most of the participants attended more than one management training program. For only 14 (26%) partners from Russia and the Caucasus, the AIHA management workshop was their only exposure to this knowledge area. In West NIS and CAR, all of the participants attended more than one workshop. In CAR all of the respondents were from the HME partnerships. The number of participants that attended management workshops outside AIHA or partnerships is much lower in Russia (33% of the participants) than in CAR, where 88% of the participants attended such workshops. In comparison, the percent of partners participating in external management workshops in the Caucasus was 45% and in West NIS 60%.

Out of 27 partners participating in external management courses, only 5 took them prior to AIHA's training. Almost all of these workshops were offered by training institutes as part of the traditional Soviet continuing education program. This suggests that participation in AIHA's management courses may have stimulated partners to explore further this topic and seek new opportunities for training.

Finally, 18 participants reported that they had taken Training-of-Trainers courses in management, which likely gave them practical skills to further replicate and disseminate their newly-acquired knowledge.

## MANAGEMENT PROJECTS

The selection and implementation of the Management Project was integral to the BMWs' teaching methodology. Forty-five participants (83%) reported their projects were either ongoing (61%) or already completed (19%). Thirteen respondents (24%) reported they were working on more than one project.

Five partners (two from Baku, two from Almaty, and one from Russia) did not specify the objectives of their projects. Two of the three respondents from the Republic Hospital in Baku may have been working on the same project jointly and did not re-write a description of their project. They did not report any barrier to implementation or provide the information requested for the project information section. A similar explanation may apply to the Russian partner. In the case of the two participants from Almaty, who are professors at the KSPH, they may not have viewed teaching activities as a separate management project.

Only one project with an objective to set up a computerized information center was reported as "not completed." The participant reported as a barrier lack of access to the Internet. Ten people did not specify the status of their project at all.

The topics chosen for the projects were very relevant to the priorities of each partnership. The following is a list of the main areas in which the projects were developed, with a few examples of individual objectives. More extended list of the projects can be seen in Appendix 2.

- Maternal and Child Care (9 Projects)
  - Increase in the number of women who breastfeed their children until 6 months of age by 5%.
  - Improve quality of prenatal care to pregnant women
- Adolescent Health (7 Projects)
  - Vaccination of adolescent girls against rubella in the Eastern Circle of the City of Moscow
  - Prevention of STIs among teenage girls; prophylaxis of abortions among teenagers
- Preventive Care (11 Projects)
  - Early detection of psychological problems and disorders using screening packages
  - Organization of the Healthy Lifestyles in a Primary Health Care [setting]
- Financial Management (3 Projects)

- Development and implementation of an effective reimbursement system for the personnel's labor in the general practice settings
- Development and implementation of an effective payment system for the general practitioners
- Management Information Systems (5 Projects)
  - Use of medical information systems in a Hospital's work
  - Development of the unified info media, its economic substantiation and optimization of costs under the deficit of resources
- Strategic Planning and Reorganization (5 Projects)
  - Implement an action plan for improving customer services, center's management and marketing
  - Organize work of the general practitioner's office
- Teaching and Training (8 Projects)
  - Conduct a dissemination workshop on health management issues in a primary healthcare setting for the health care providers of Narimanov district
  - Development of the Health Management Education teaching program (curricula) and faculty with an ultimate mission to improve the health of the population by improving the competency level of professionals and providing academic training in the field of healthcare management and administration

Eleven participants reported positive results and lessons learned from implementing projects. The successful outcomes included:

- reform of the healthcare system;
- improvement of quality of provided healthcare services
- reduction in infant mortality rate from 23.5% to 20.4%
- early detection and improved management of mental health conditions which led to a reduction in treatment duration and hospitalization rate;
- establishment of primary care;
- development and dissemination of handbooks, brochures, publications, and presentations;
- implementation of community awareness programs;
- improvement in screening from 8% in 2000 to 94.6% in 2003;
- training of a gynecologist and a laboratory physician;
- maintenance of quality control for Pap Smears; and
- development of faculty;

Only five respondents reported some problems related to project implementation. One project that required access to the Internet could not be executed because Internet connectivity was not available; another project was not finalized because the partner could not attend one of the scheduled workshops; the other three projects still have an ongoing status because of a shortage of computers required for the training process, lack of motivation among staff, or financial limitations.

To the question, "Please describe any barriers you encountered when implementing your project," the most common answer was related to "insufficient financing" or "lack of funding." Other frequent responses related to lack of understanding from the authorities, passive attitude and resistance of staff, and difficulty with persuading the population about new approaches. Less common barriers were a lack of sufficient office and medical equipment, diversity of opinions and interest among various groups, low professionalism of healthcare staff, and an inadequate system of legal protection for health care workers. Individual comments referred to lack of time, language barriers, improper location of the new entity, and setting overly broad objectives.

Some respondents provided specific examples of how they overcame or plan to overcome certain hurdles. For example:

- “Barriers were due to passive attitude of most Russians towards health related issues and disease prevention. These barriers can be overcome by organizing educational classes for patients.”
- “We experienced financial difficulties which we managed to overcome owing to the moral and financial support of the administration of the enterprise.”
- “We were experiencing both misunderstanding and rigidity in an attempt to embrace something new but we overcame barriers. This work helped us get better understanding of our personnel’s creative potential, which led to launching new programs.”
- “Overcoming barriers is the hardest part of my everyday work. Our staff helps solving them. Joint work makes people closer to each other and creates trust.”
- “Problems with financing. Partly we overcame them – we provided for-fee services to the population in order to get additional resources, and received grants and bonuses for the implementation of the project.”
- “It was difficult to persuade population of the WWC that breast cancer is not a death sentence. We managed to solve this problem by means of regular and methodical persuasion, presentation of statistical data, and successful case presentations.”
- “I’m using such skills as planning, assessment, self-management, organization and supervision, human resources management, financial management, etc.”
- “Lack of interest from a part of the Department of Education. Negotiations are in progress.”
- “Lack of understanding of the family medicine concept. Step-by-step we were able to prove that the project is of today’s necessity. To demonstrate our achievements we used our improving statistical data and promoted our project through the Ministry of Health.”

Examples of overcoming barriers are especially important because the BMWs emphasized a new “way of doing things”, innovation, and change, whereas implementation of the projects was subject to a considerable amount of resistance to change. One of the competencies measured in the questionnaire was “change management”, and more than 53% of the participants expressed a high level of expertise in this competency. Thirty-seven percent of them had not developed this competency before the workshop and 70% reported that this competency had greatly improved after the workshop. The evaluation of the “problem solving” competency produced similar numbers.

Respondents were asked to give examples of management skills they learned in the workshops that they were able to use in their projects and workplace. The examples they provided are very positive and corroborate that the new competencies helped participants to overcome obstacles emerging during the implementation of the projects. The following constitutes a good example of these learned competencies:

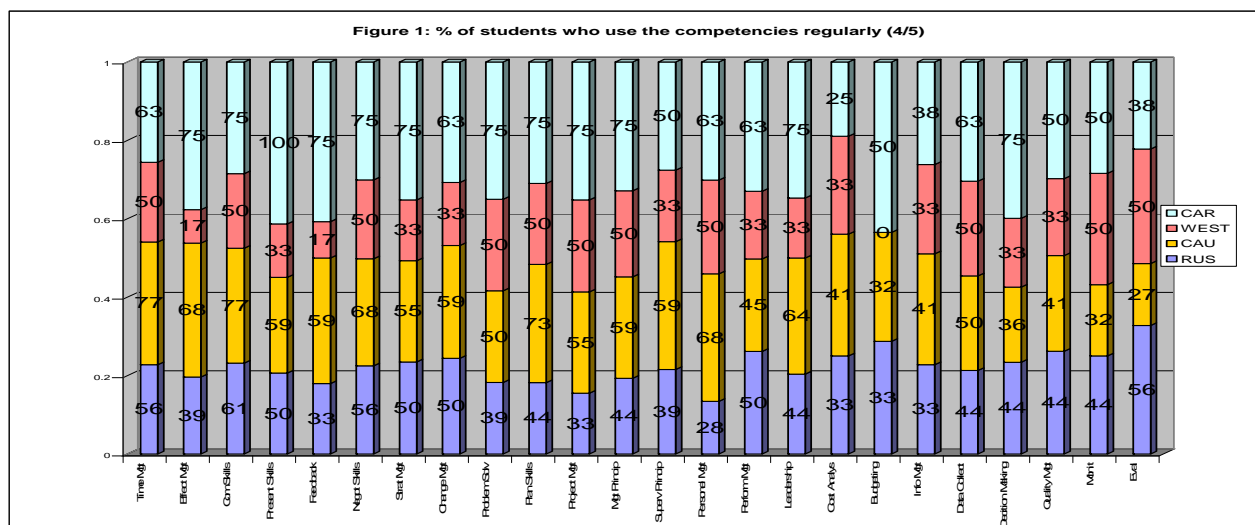
- “Thanks to the skills which we have been taught at the workshops I have learned to determine the goals and objectives based upon the problems. This knowledge is essential for development and writing projects, plans, and programs.”
- “Knowledge on strategic planning turned out to be especially helpful for me. I am using it in development of current and future action plans of the Polyclinic. I am trying to develop clear criteria for evaluating the yielded results.”
- “In my work, almost every day I am recollecting recommendations [given] at the St. Petersburg Workshop.”
- “Before the Workshop, I used traditional or behavioral methods to solve conflict situations. Now, after the training, I try to solve conflict situations using the interactive attitude.”
- “Experience gained through the seminars helped us to design and implement the program and to find donors; moreover, development and successful progress of our project is a result of knowledge we have acquired through the seminars.”

- “Thanks to the workshop on quality improvement we were able to develop a fundamentally new approach to staff education and improve work of not only separate services but also the Center as a whole.”
- “Knowledge of teambuilding (while organizing collaborative work of staff), peculiarities of innovations (while implementing an action plan for the internal management improvement), and leadership (while developing a taskforce for patient education) helped a lot.”

A more detailed list of examples is provided in Appendix 3.

## COMPETENCIES

The central element of the assessment was to evaluate 24 competencies related to the content of BMWs and the implementation of projects after the workshop. Figure 1 shows the percentage of students that use these competencies regularly, disaggregated by regions. More detailed data regarding the use of competencies is included in Appendix 4.



Most competencies are used frequently by more than 50% of the participants. The numbers are slightly lower in West NIS and higher in CAR. These results take into consideration levels 4 and 5 of expertise that represent a continuous use of the competency and the ability to teach it to others. If the responses of the 3<sup>rd</sup> level of expertise (basic level of understanding of the competency) are added, then the percentage increases to over 80% in most of the competencies.

Information Management, Cost Accounting, and Budgeting have the lowest percentages across the board, which may imply that the content was elementary, intended for all staff to obtain a basic concept of those topics. Participants with accounting responsibilities were usually offered a specific Financial Management Workshop.

One of the purposes of the questionnaire was to determine the percentage of trainees that indicate possession and use of 70% of the defined core management competencies. Twenty-one participants (39%) denoted they possess and use 70% or more of the defined competencies. In Russia it was 28%, in the Caucasus 45%, in West NIS 33%, and in CAR 50%. On average, trainees possess and use 50% of the competencies (in Russia 44%, in the Caucasus 54%, in West NIS 38% and in CAR 64%).

Figure 2 shows that a noteworthy percentage of participants increased their ability to use and teach a significant number of competencies after the BMWs. Among the competencies that have helped a larger percentage of participants across the regions to undertake projects and better manage their facilities are:

communication skills (85%), negotiation skills (80%), problem solving (78%), time management (76%), strategic planning (76%), presentation skills (74%), personnel management (74%), effective meetings (72%), planning skills (72%), monitoring (70%), management principles (70%) and change management (70%). According to 56% of the participants, budgeting skills (one of the least utilized competencies) have also improved after the workshop. Appendix 5 shows each of the competencies that were substantially improved after the workshop (to levels 4 and 5).

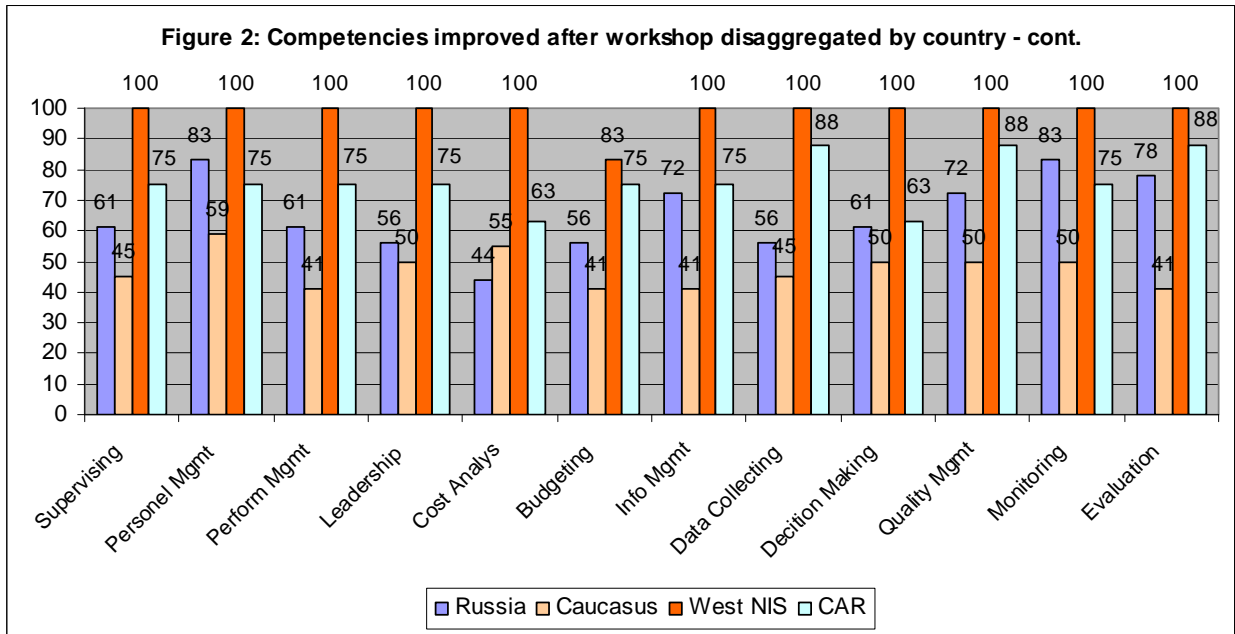
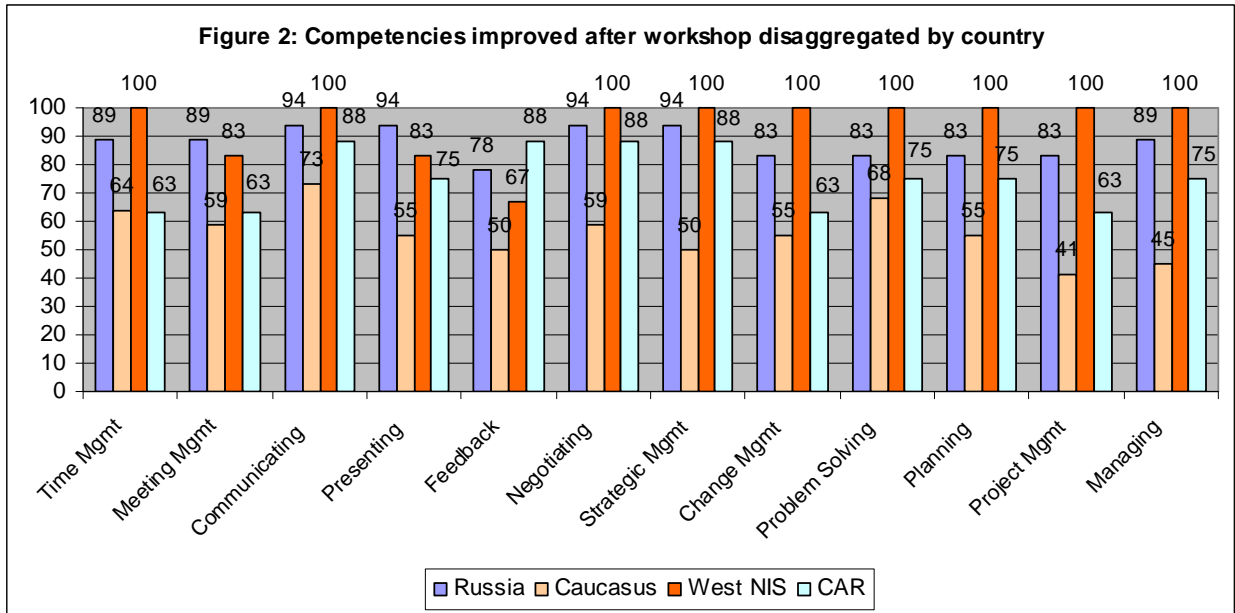
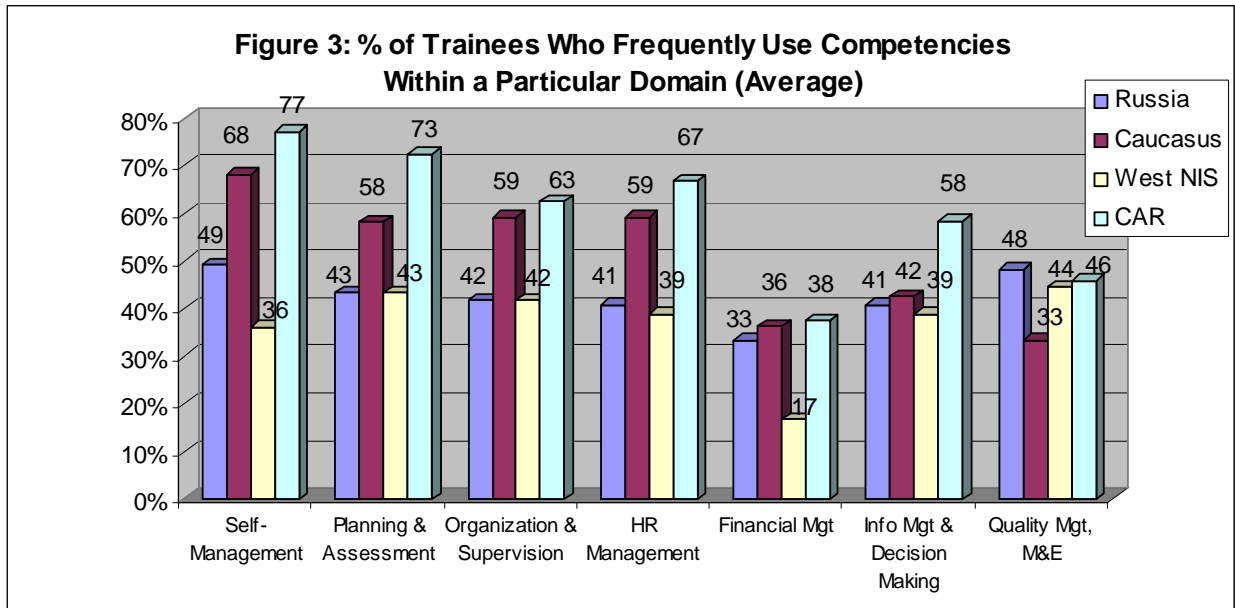


Figure 3 shows that, on average, a number of competencies within a self-management domain are used more frequently in CAR (77%) and in the Caucasus (68%). In West NIS, the highest percentage of trainees (44%) use the skills under the quality management (including M&E), planning and assessment (43%), and organization and supervision domains (42%). In Russia, the majority of trainees utilize

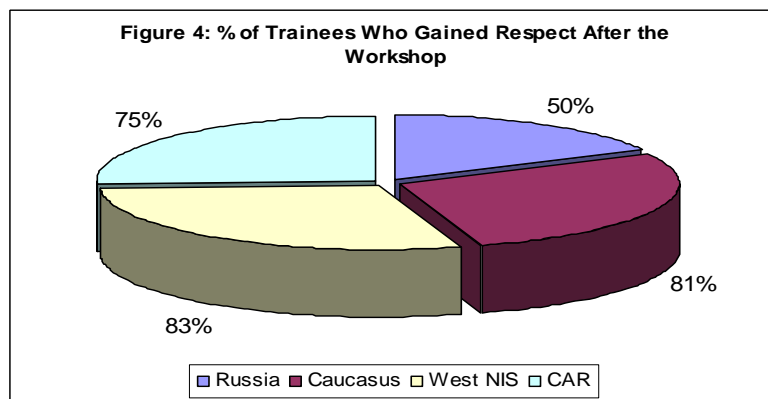
competencies within the self-management (49%) and quality management (48%) areas. In CAR, besides the self-management skills mentioned earlier, a high percentage of respondents (73%) use planning and assessment and 67% use human resource management expertise. Finally, in the Caucasus, many trainees make use of organization and supervision skills (59%), human resource management (59%), and planning and assessment competencies (58%).



## PROFESSIONAL DEVELOPMENT

### *Gaining Respect from Peers, Staff and the Organization*

Thirty-seven participants (78% of question respondents) indicated that health management competencies have helped them “more than a little” or “a lot” in gaining respect from their peers, staff, hospitals or organizations. Of these respondents, 100% were in West NIS, 89% in the Caucasus, 83% in CAR, and 58% in Russia. Only ten participants (22%) felt their management competencies have helped them only a little or not at all. Figure 4 depicts the percentage of participants who reported gaining more respects after the BMWs: 83% in West NIS, 81% in the Caucasus, 75% in CAR, and only 50% in Russia.



Some examples of the competencies that have helped respondents to gain more respect in their work environment are:

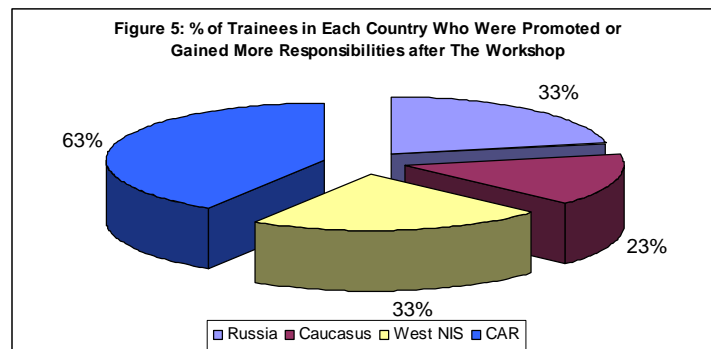
- Being able to solve managerial problems in a more systematic way;
- Integration of teams that share common beliefs and successfully cope with problems;
- The capacity to teach subordinates;
- Increased communication with staff and ability to give anticipated advise;
- Better supervisory skills; and
- The capacity to analyze and handle information with peers and subordinates.

For a more detailed list of examples see Appendix 6.

#### *Recognitions and Promotions After Training*

Eighteen participants (34% of question respondents) said they had received a promotion or their work responsibilities had changed significantly after their participation in the partnership’s health management activities. Thirty-three participants (66%) were neither promoted nor had their responsibilities at work changed.

The percentage of participants who were promoted in each country is represented in Figure 5. The highest proportion of trainees who were either promoted or gained more responsibilities was in CAR with 63% (5 participants), followed by Russia with 33% (6 participants) and West NIS with 2 participants representing 33%. The lowest rate was reported in the Caucasus with 5 participants, constituting 23% of participants.



Some respondents who were promoted after participation in the BMWs provided examples of their new responsibilities. These included: planning, supervision, management and coordination of various study courses; organization and coordination of clinical processes; delegation of responsibilities to subordinates; change management activities; planning and organization of the training processes; increased volume of pedagogical and scientific research activities; development of new curriculum and training courses; and membership in health-related councils and associations.

When comparing participants who were promoted after training with participants who reported possession and use of 70% of the defined core management competencies (PDCC), no direct relationship emerges between the two groups. Five of the 21 participants that reported PDCC were promoted while 12 respondents that were promoted did not report PDCC. In West NIS and the Caucasus none of the participants who obtained a promotion indicated PDCC. At the same time, half of the promoted trainees in Russia and two thirds of the promoted participants in CAR reported PDCC.

#### *Most Important Managerial Strengths*

To the question, “what do you consider your greatest management strengths?” the participants gave a number of answers demonstrating their management competencies and ability to use them to develop staff and run their institutions. The following are some of the reported strengths that correlate with the list of competencies that were more highly developed by the participants (responses 4 and 5 on a 5-level scale):



- Personnel management, ability to organize and lead the staff;
- Teambuilding, ability to distribute responsibilities among team members;
- Ability to analyze situation and manage conflicts;
- Communication skills;
- Ability to plan, set goals and appropriate measures;
- Ability to analyze information and use it for goal achievement;
- Time management;
- Leadership;
- Ability to foresee changes; change management;
- Ability to prioritize tasks;
- Ability to adequately assess financial opportunities;
- Ability to effectively manage and implement projects;
- Presentation skills;
- Negotiation skills; and
- Interpersonal skills in dealing with staff.

For a more complete list of the reported strengths see Appendix 7.

#### *Use of the Internet and Resource Centers*

To the question, “have you used the health management resources on AIHA’s Web site or through your partnership’s Learning Resource Center?” 34 participants gave positive and 16 participants gave negative answers. For respondents answering “yes,” the use of the resource center and the Internet have been important to find medical and health-related information, compare their ideas and performance with peer institutions, or analyze case studies. Respondents utilize the Internet and resource centers to find information about other partnerships, partnership programs, or both; clinical guidelines; public health; statistical data and evaluation reports; medical innovations; health fairs, training and promotion; different training methods and training opportunities; new developments on healthcare management topics; medical databases (including Cochran Library or Medline); and others.

#### *Suggestions for AIHA in Relation to Health Management*

Respondents gave suggestions of additional information they would like to receive from AIHA in relation to healthcare management. Some of the most important ideas were:

- Analysis of the change in a management system within the partnerships over the course of their work;
- Change management;
- New methods and innovations in health care management; updates about healthcare management in the rest of the world;
- Propagation of the U.S. and European primary healthcare management principles;
- Information on financial management and management under conditions of limited funding;
- Management of Women’s Wellness Centers;
- Ongoing information about other HME partnership programs, e.g., partnership activity, curriculum development, and new publications;
- Principles of information management, data collection and analysis, and workshops on monitoring and evaluation;
- Principles of decision making and resources allocation;
- Workshops on in-patient care and private health sector management;
- Information on dealing with mid-level personnel; and
- Updates about health insurance, provision of pension, among others.

#### *Suggestions for AIHA to Better Support the Work of Partnerships*

The participants provided several ideas for AIHA on additional activities and information that would benefit them and their work. Almost all of those who responded to this question suggested more training activities (on a regular basis), and additional literature or training materials to be disseminated among them.

In relation to workshops and training programs the respondents gave the following suggestions:

- Provide more workshops with a stress on practical skills development;
- Offer practical conferences, seminars, and meetings; and
- Continue a series of health management workshops.

Some of the topics suggested for additional training activities included:

- Leadership and management in nursing;
- Faculty development; and
- Counseling adult cohorts regarding such problems as drug abuse and alcoholism.

Other suggestions included the provision of office equipment and AIHA's help in inter-partnership collaboration such as: 1) dissemination of experience among partnerships; 2) promotion of region-wide initiatives such as Healthcare Leaders Without Borders; 3) creation of partnership workgroups to exchange experience and develop methods and standards in the area of health care management; and 4) organization of partnership visits to exchange experience and lessons learned.

## **VI. CONCLUSIONS**

The Management Projects were an essential part of the BMWs and allowed participants to apply skills gained in the workshops. In the course of implementing projects, participants experienced the processes involved in "change management" and "problem solving," and learned how to use these competencies in day-to-day operations. They applied the training to overcome barriers faced in bringing about improved management practices in healthcare institutions in the NIS. The competencies helped 78% of respondents gain respect in their institutions and 34% of respondents in being promoted or changing responsibilities.

Most of the 24 competencies were used frequently by over 50% of respondents. On the central element of the assessment, 39% of respondents indicated that they possessed and used 70% of the defined core competencies. This result indicates that the program needs to address ways of making the training more relevant to the practical needs of healthcare managers in NIS. There are other barriers and needs identified by respondents, and the program could offer additional information and training in financial and general management in conditions of limited funding; curriculum and faculty development; and updates on health management practices worldwide.

**Appendix 1 – Self-Assessment Tool**

**AMERICAN INTERNATIONAL HEALTH ALLIANCE**  
**SELF-ASSESSMENT OF MANAGEMENT COMPETENCIES**  
**FOR GRADUATES OF AIHA’S HEALTH MANAGEMENT WORKSHOPS**

**CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Name of Partnership (if applicable): \_\_\_\_\_

**MANAGEMENT WORKSHOPS ATTENDED**

Please list the AIHA or Partnership workshops related to management that you have attended (add additional lines if needed):

1. \_\_\_\_\_ Year \_\_\_\_\_
2. \_\_\_\_\_ Year \_\_\_\_\_
3. \_\_\_\_\_ Year \_\_\_\_\_

Other workshops or health management studies outside AIHA and your Partnership:

1. \_\_\_\_\_ Year \_\_\_\_\_
2. \_\_\_\_\_ Year \_\_\_\_\_
3. \_\_\_\_\_ Year \_\_\_\_\_

**QUESTIONS RELATED TO YOUR MANAGEMENT PROJECT**

The following questions relate to the specific management project you identified during the AIHA management workshop you attended. Each participant was asked to select a project to develop during the workshop for implementation following the workshop. In many cases, these projects were related to your Partnership activities.

1. Please describe the objective(s) of your project:

2. Indicate the status of your project: a) Project completed \_\_\_\_\_ b) Project ongoing \_\_\_\_\_ c) Project never begun or not completed \_\_\_\_\_

If you completed your project, what were the results and lessons learned from it? If you did not complete the project or never started it, explain briefly the reason.

3. Please describe any barriers you encountered when implementing your project. Were those barriers anticipated? If you were able to overcome the barriers, how did you do so? Please provide as much detail as possible.

4. Were you able to use in your project the management skills you learned during the workshop(s)? If so, please provide specific examples of how you applied the skills.

## COMPETENCIES DEVELOPMENT

Competencies represent a set of skills, knowledge and attitudes necessary to perform a given job. Competencies can be defined as *the ability to perform a specific task in a manner that yields desirable outcomes*. The following table lists the core competencies that were taught in AIHA's management workshops. In some cases, you may already have possessed the competency prior to the workshop, and in other cases, you may have simply strengthened or refined it as a result of the training. For each competency listed, please check the level of expertise you feel you possess currently by checking one of the five numbers:

- 1 **I am not familiar with this competency and have not used it**
- 2 **I am familiar with this competency but do not use it in my work**
- 3 **I use this competency occasionally**
- 4 **I use this competency regularly**
- 5 **I use this competency and can teach it to others**

Answer all associated questions for each competency. In the last column on the right, please indicate the extent to which you increased your competency in the skill area, with 1 being the smallest degree of improvement after the workshop and 5 being the highest degree of improvement.

Area of Competency	Level of Expertise (check one)	If you marked 4 or 5, give examples to illustrate how you use this competency	Did you have this competency before the AIHA workshop?		If you answered yes, did it improve after the workshop?		To what extent did your competency improve after the workshop?
			Yes	No	Yes	No	
<b>1. Self-Management</b>							
Time management (effective use of time like priority-setting, delegation, ability to differentiate between important and urgent matters, effective follow up, meeting deadlines)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Effective meetings (able to plan and organize effective meetings where participants make the best use of their time and capabilities to advance the management of the organization)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Communication skills (able to transmit clear messages to individuals and groups in the organization, understanding and overcoming possible communication barriers)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Presentation skills (able to give effective verbal presentations, uses visual aids effectively)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3

Area of Competency	Level of Expertise (check one)	If you marked 4 or 5, give examples to illustrate how you use this competency	Did you have this competency before the AIHA workshop?		If you answered yes, did it improve after the workshop?		To what extent did your competency improve after the workshop?
			Yes	No	Yes	No	
	<input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Feedback (able to give and receive feedback using the rules and principles of feedback to support the development of self and staff)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Negotiation skills (able to listen, building relationships, flexibility, empathy. Being able to balance individual interests with commitment to mission of the organization)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
<b>2. Planning and Assessment</b>							
Strategic management (able to make an environmental assessment of opportunities and threats and an organizational assessment of strengths and weakness and integrate them into strategic planning)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Change management (uses a force field analysis to understand change and interacts with staff to implement changes in the organization)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Problem identification and solving (able to analyze cause-effect relations, relevant information and establishing priorities)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Planning skills (able to set up mission, vision, goals and objectives and communicate them with members of the organization. Able to define action plans)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Area of Competency	Level of Expertise (check one)	If you marked 4 or 5, give examples to illustrate how you use this competency	Did you have this competency before the AIHA workshop?		If you answered yes, did it improve after the workshop?		To what extent did your competency improve after the workshop?
			Yes	No	Yes	No	
	<input type="checkbox"/> 5						<input type="checkbox"/> 5 (a lot)
Project management (able to complete activities within timeframe and budget, manage individuals and groups, move forward despite uncertainty)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
<b>3. Organization and Supervision</b>							
Principles of management (able to plan, organize, staff, direct and control activities to improve every-day work conditions)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Principles of supervision (able to apply the principles of supervision with his/her staff and promote their development at the same time)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
<b>4. Human Resources Management</b>							
Functions of personnel management (understands and uses the basic functions of personnel management to improve the performance of his/her staff)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Performance management (able to motivate and manage incentives; evaluate, supervise, train and develop staff using coaching, experiential learning, group discussion and role playing)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Leadership and team development (understands the principles of leadership, his/her leadership style, and is able to delegate and empower his/her staff. Able	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Area of Competency	Level of Expertise (check one)	If you marked 4 or 5, give examples to illustrate how you use this competency	Did you have this competency before the AIHA workshop?		If you answered yes, did it improve after the workshop?		To what extent did your competency improve after the workshop?
			Yes	No	Yes	No	
to be an effective team leader and team member, partnering, sharing information, influencing)	<input type="checkbox"/> 5						<input type="checkbox"/> 5 (a lot)
<b>5. Financial Management</b>							
Cost analysis (understands and applies the principles of cost centers and the step-down process as analytical tools to improve decision making and financial performance of the organization)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Budgeting (understands the basic elements of budgeting and is able to prepare and justify a budget for his/her activities)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
<b>6. Information Management and Decision Making</b>							
Principles of information management (understands the principles of information management and is able to implement and network information systems in his/her delivery system)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Data collection and analysis (able to define the key information needed, the sources and best methodologies for information collection and analysis)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Principles of decision making and resource allocation (understands the principles of decision making and is able to apply them using appropriate information and most effective method to achieve results)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
<b>7. Quality Management, Monitoring and Evaluation</b>							
Quality management. (able to analyze and	<input type="checkbox"/> 1						<input type="checkbox"/> 1 (a little)

Area of Competency	Level of Expertise (check one)	If you marked 4 or 5, give examples to illustrate how you use this competency	Did you have this competency before the AIHA workshop?		If you answered yes, did it improve after the workshop?		To what extent did your competency improve after the workshop?
			Yes	No	Yes	No	
improve workflow through process analysis tools promoting, when appropriate, the redesign of these processes)	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Basic concepts of monitoring (able to assess strengths and development needs and provide appropriate feedback to others. Able to analyze data in the context of programmatic objectives)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)
Basic concepts of evaluation (understands and applies the principles of evaluation, including methods for control, supervision and monitoring of key activities and staff)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						<input type="checkbox"/> 1 (a little) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (a lot)



**PROFESSIONAL ADVANCEMENT**

1. To what extent do you feel that your health management competencies have helped you in gaining more respect from your peers and other members of the staff of your institution?

Not at all       A little       More than a little       A lot       Hard to say

Please give us an example or comment:

2. After your participation in your Partnership’s health management activities, have you received a promotion, or has your work changed in any significant way that might be attributable to your management skills?

No       Yes       When I attended the workshop my position was:

If you answered “yes,” please tell us about your new job or change of responsibilities:

3. Please tell us what you consider your greatest management strengths.

4. Have you used the health management resources on AIHA’s Web site or through your partnership’s Learning Resource Center?

Yes       No

**If Yes,** please let us know what kinds of information you have consulted.

5. Do you have any suggestions of information that you would like to have available from AIHA in relation to healthcare management?

6. What could AIHA do to better support the work of partnerships related to health management?

**THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION!**

## **Appendix 2 - Examples of Participants' Projects Objectives**

### **Russia:**

1. Develop and implement effective reimbursement system for the personnel in general practice settings
2. Change the approach in treating patients suffering from hypertension
3. Early detection of breast cancer
4. Decrease a number of abortions by 5%; Reduce a number of abortions among teenage girls
5. Increase by 5% the number of women who breastfeed their children until 6th month of age
6. Reduce a number of deliveries among teenage girls
7. Prevent STIs among teenage girls
8. Vaccinate adolescent girls against rubella
9. Increase the effectiveness of health checkups
10. Improve adolescent health and health promotion among teenagers
11. Implement an improvement plan for the customer service, Center's management and marketing (internal mission). Organize meetings with adolescents to educate them about healthy life styles and reproductive health (external mission).
12. Organize work of the general practitioner's office
13. Reorganize Hospital's management; develop strategies for inpatient care; train the cadre, develop and implement new human resource policy; set up examination rooms of the general practitioners.
14. Improve healthcare services provided to pregnant women
15. Development of a unified info media.
16. Improve the quality of prenatal care
17. Improve the quality of follow-up services for children under one year of age

### **Caucasus:**

1. Prevent dentistry diseases among IDPs and refugees
2. Prevent STDs among adolescents
3. Improve neonatal resuscitation
4. Set up of a consultation center for adolescents; consult adolescents on STDs, HIV/AIDS, and healthy life styles
5. Set up a computerized information center
6. Reduce perinatal mortality
7. Early detection of psychological problems and disorders
8. Conduct a disseminating workshop on health management issues in a primary care settings
9. Reduce breast cancer morbidity among females through introduction of a breast self-examination
10. Breast cancer prevention
11. Improve health status of women by early detection of breast cancer; provide educational and training activities for women – training in breast self-examination
12. Establish and implement study course on Basics of Health Management
13. Develop Primary Health Care network
14. Retrain health personnel (doctors and nurses)
15. Implement family medicine
16. Develop faculty and Health Management Education teaching program (curricula)
17. Diminution of morbidity among patients with Hepatitis B
18. Train laboratory physician in cervical cancer screening
19. Train gynecologist in Pap Smears and identification of lesion of cervix (colposcopy)
20. Found cytological laboratory
21. Develop a training program for the Polyclinic Personnel and the community
22. Organize Healthy Lifestyles program in Primary Health Care

### **West NIS:**

1. Establish Women Wellness Center
2. Establish Primary Health Care Clinic
3. Develop Family Nurses Retraining Program
4. Reorganize primary health care
5. Establish Learning Resources Center for health care workers
6. Create medical database and arrange an access to it for the health care workers

7. Design computer training modules and train physicians, residents, and nurses
8. Provide Internet connection for the Learning Resources Center
9. Improve cytological screening of women in the community
10. Develop guidelines for treating hypertension
11. Improve health promotion activities for students
12. Establish Counseling Center for Students
13. Develop nursing leadership

**CAR:**

1. Conduct SWOT analysis in a context of “control-assessment” of resources within the organization
2. ”Leadership in Nursing”; train and identify nurse-leaders; train the nurse-trainers
3. Training and research activity
4. Conceptual issue of health manager education
5. Use management knowledge, skills and materials to teach students of the Health Management department

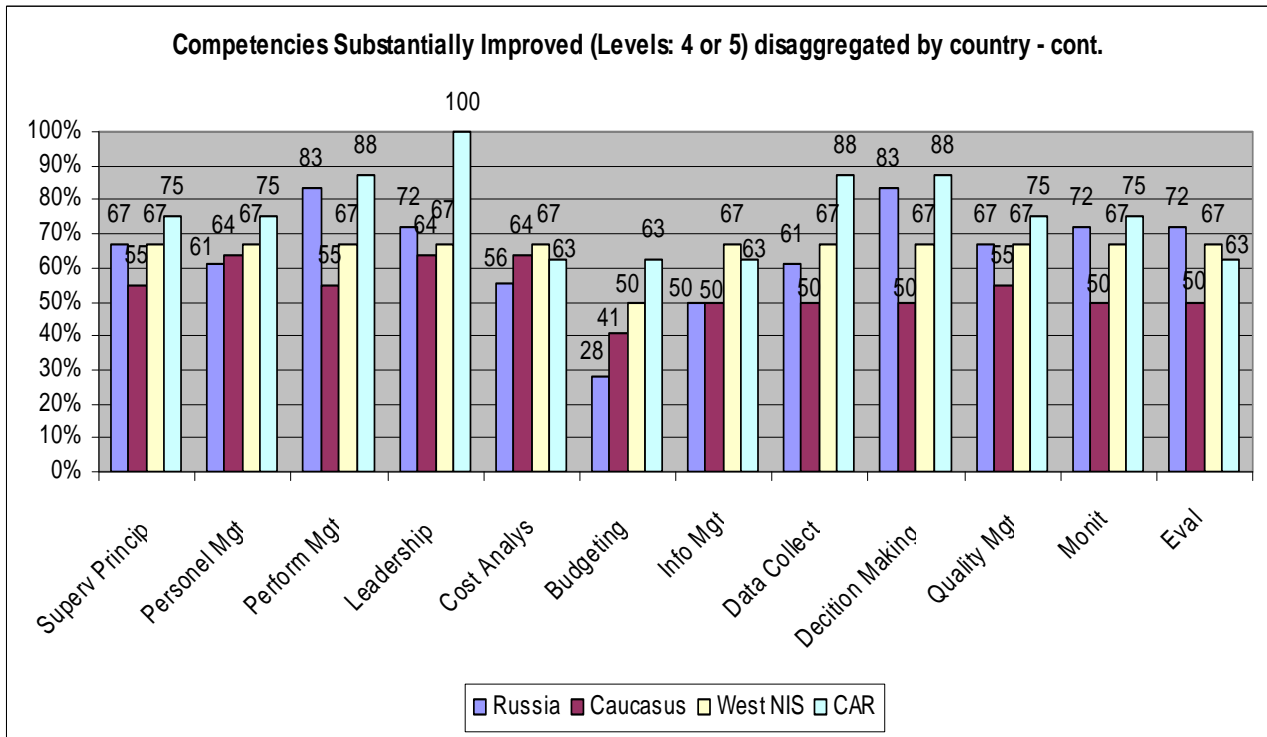
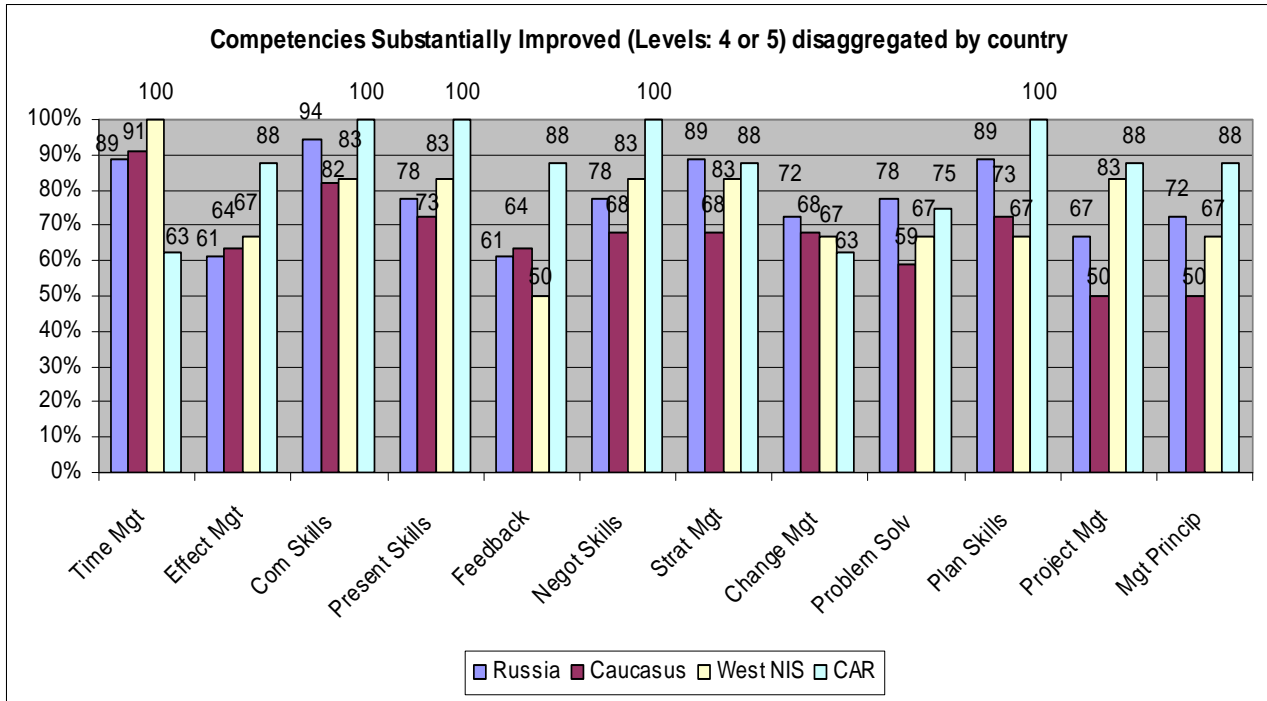
### **Appendix 3 - Examples of Management Skills Used at Work**

1. A systemic approach to the problem
2. A complex approach to problem solving
3. Monitoring changes in the course of project implementation
4. Team development and support of its activities
5. Ability to correctly use financial resources; use elements of management and marketing for attracting additional sources of funding
6. I learned to identify goals and objectives
7. Knowledge on strategic planning turned out to be especially helpful for me. I use it for developing action plans for the Polyclinic
8. Finding leverages for motivating individual employees helps to improve their work outcomes; some elements of competition were introduced into performance of all units of the Children's Polyclinic
9. Knowledge about teambuilding (while organizing collaborative work), innovations (while implementing action plans for improving internal management), and leadership (while developing a taskforce) helped a lot
10. Ability to manage conflicts and apprehend criticism adequately
11. Major skill is the ability to communicate with audience
12. I learned specific skills about developing a business plan and I am using it in my work. Strategic planning is also an element of my work, as well as choosing priorities
13. While implementing training sessions, the following management techniques were applied: “learning techniques for adults”, “needs assessment and planning”, “development of training groups”, and “interactive learning”
14. We had to negotiate with various organizations to set up dentistry rooms – that is when I applied negotiation skills I learned during the workshop
15. Ability to correctly analyze obtained data
16. An appropriate plan was developed; a focus group was conducted
17. The skills I learned were applied during the implementation of such projects as breast health, mental health, CPG, and nursing
18. Experience gained through the seminars helped us to design and implement the program and to find donors
19. The faculty has successfully used and implemented all skills and competences in curricula design, teaching modules preparation and overall teaching methodologies
20. All modern approaches and teaching methodologies are used in teaching classes
21. Workshops provided me with skills that helped me to organize clinical activities, manage and administrate human resources, make decisions and administrate ethics
22. Knowledge and skills obtained during the management courses were especially useful in organizing and implementing such events as Health Fairs and Disaster Preparedness Drill
23. Ability to work efficiently under conditions of financial constraints
24. Communication with patients has improved
25. Thanks to the workshop we were able to develop a fundamentally new approach to staff education and improve work of the Center

#### **Appendix 4 – Competencies Used Regularly by Participants**

Competencies	RUSSIA				CAUCASUS				WEST NIS				CAR			
	4	5	Total	%	4	5	Total	%	4	5	Total	%	4	5	Total	%
Time Mgmt	7	3	10	56%	7	10	17	77%	2	1	3	50%	0	5	5	63%
Effect Mgmt	4	3	7	39%	6	9	15	68%	1	0	1	17%	4	2	6	75%
Communicating	8	3	11	61%	5	12	17	77%	3	0	3	50%	1	5	6	75%
Presenting	4	5	9	50%	5	8	13	59%	1	1	2	33%	3	5	8	100%
Feedback	5	1	6	33%	5	8	13	59%	1	0	1	17%	2	4	6	75%
Negotiating	8	2	10	56%	4	11	15	68%	3	0	3	50%	3	3	6	75%
Strategic Mgmt	7	2	9	50%	5	7	12	55%	2	0	2	33%	1	5	6	75%
Change Mgmt	8	1	9	50%	5	8	13	59%	1	1	2	33%	1	4	5	63%
Problem Solving	4	3	7	39%	4	7	11	50%	3	0	3	50%	2	4	6	75%
Planning	5	3	8	44%	7	9	16	73%	2	1	3	50%	2	4	6	75%
Project Mgmt	3	3	6	33%	7	5	12	55%	3	0	3	50%	2	4	6	75%
Managing	6	2	8	44%	7	6	13	59%	3	0	3	50%	2	4	6	75%
Supervising	5	2	7	39%	7	6	13	59%	2	0	2	33%	1	3	4	50%
Personel Mgmt	3	2	5	28%	8	7	15	68%	3	0	3	50%	1	4	5	63%
Perform Mgmt	8	1	9	50%	3	7	10	45%	2	0	2	33%	1	4	5	63%
Leadership	7	1	8	44%	5	9	14	64%	2	0	2	33%	1	5	6	75%
Cost Analysis	3	3	6	33%	5	4	9	41%	2	0	2	33%	0	2	2	25%
Budgeting	2	4	6	33%	6	1	7	32%	0	0	0	0%	2	2	4	50%
Info Mgmt	4	2	6	33%	3	6	9	41%	2	0	2	33%	0	3	3	38%
Data Collecting	7	1	8	44%	7	4	11	50%	3	0	3	50%	1	4	5	63%
Decision Making	7	1	8	44%	3	5	8	36%	2	0	2	33%	4	2	6	75%
Quality Mgmt	6	2	8	44%	5	4	9	41%	1	1	2	33%	1	3	4	50%
Monitoring	6	2	8	44%	2	5	7	32%	3	0	3	50%	3	1	4	50%
Evaluation	8	2	10	56%	4	2	6	27%	2	1	3	50%	3	0	3	38%

**Appendix 5 – Competencies Substantially Improved After the Workshop**



## **Appendix 6 – Examples of Competencies that Helped Trainees to Gain More Respect**

1. Knowledge in management related issues obtained at the AIHA workshops have a systemic character and have enabled me to increase my competency in solving managerial problems
2. Knowledge I received enabled me to create a team of people sharing common beliefs and who are successfully coping with the arising problems
3. I have been teaching classes for the subordinate managers
4. Upon a request of human resource department I conducted sessions on the issues of self-motivation for the candidates for leading positions
5. I regularly conduct sessions for subordinate managers
6. People started to consider more my opinion; they ask for advice when we are solving certain problems within our team
7. My approach to the staff has changed; I started to use principles of delegating responsibilities and motivating employees
8. Since 2001, I have been working as a Medical Director; I was nominated for this position with a support of medical staff
9. Colleagues feel I apply new administrative standards; now they more often refer to me when having problems of different nature – they rely on my opinion and knowledge
10. Before the workshop I tried to do all the tasks by myself, now I am trying to share my work with other staff
11. I was promoted to the position of National Coordinator of the Family Medicine
12. Number of trainings and conferences enabled us to implement new type of relationships between staff members. These relationships are based on mutual respect, trust, goodwill, and sharing of responsibilities – this has significantly enhanced my authority
13. After the training my attitude towards various organizational issues and problems changed, as well as my relationships with the staff; we have implemented team-working principles
14. Staff members turn to my opinion in every problematic issue for them
15. When I was appointed as the administrator of the Armavir Polyclinic, I had a chance to use my knowledge obtained during the workshops; it helped me to gain more respect among the staff
16. I conducted workshops and was acknowledged by the participants and health administration bodies
17. My knowledge and skills are useful in dealing with new colleagues
18. Conducting lectures and classes became more structural and comprehensive; it improved students' opinion about me

## **Appendix 7 – Greatest Management Strengths**

1. Listening to others' point of view and respecting it
2. Ability to create a team and work in a team
3. Ability to motivate the personnel
4. Flexibility in team management
5. Delegation of authority, responsibilities
6. A clear understanding of the goal and the means of achieving it, the vision of the final outcomes
7. Planning the work; a systematic approach to work
8. Conviction, sense of purpose, efficiency, ability to analyze, strategic thinking
9. Interpersonal skills in dealing with staff; communication skills
10. Negotiating skills
11. Ability to organize work
12. Ability to choose the priorities while performing tasks
13. Ability to adequately assess financial opportunities
14. Conduct training
15. Solve staff problems
16. Effective management of project implementation
17. Presentation skills
18. Administrative skills
19. Ability to interact with all staff members regardless of their job position
20. Planning and funding projects
21. Management effectiveness of work
22. Being unbiased
23. Being goal oriented
24. Well-developed sense of responsibility
25. High professionalism gained through number of trainings and conferences
26. Planning, assessment and supervision
27. Ability to make right decisions in critical situations
28. Leadership
29. Ability to efficiently and correctly plan the working process
30. Information management, decision making
31. Diligence/ hard working
32. Ability to prevent conflict situations
33. Skills of time and change management
34. Ability to foresee changes