New Paradigm Helps Shape Future Health Managers

Teaching someone new concepts and theories is not all that difficult, admits Rudolf Stritecky, head of the Pediatric Department at Municipal Hospital in Jindrichuv Hradec, a beautiful South Bohemian city in the Czech Republic. "The hard part is getting people to apply their knowledge in new ways."

As Stritecky—who also teaches healthcare management at Prague Economic University’s Faculty of Management in Jindrichuv Hradec—points out, "They must change the way they think if this knowledge is to be put to good use as our health system continues to undergo its transition to a more decentralized, cost-effective model."

As a member of AIHA’s Bohemia/Nevada partnership, an alliance dedicated to creating a strong network of health management professionals within the Czech Republic, Stritecky explains how, under the old "central distribution" system, both healthcare professionals and the public grew accustomed to care being provided at no cost to the patient. "When that system changed to a new arrangement based on obligatory health insurance, hospital administrators were faced with a terrible dilemma. Suddenly, from the inside out, everything was different. Administrators were exposed to the influences of market forces for the first time and most hospitals got into financial trouble," he says. "Fortunately, that’s when we were offered the opportunity to participate in AIHA’s Health Management Program."

Despite systemic and cultural differences, the partnership offered Stritecky and his colleagues many examples to draw from—especially new perspectives on healthcare financing. "One of the biggest challenges we faced was making healthcare managers realize that their budgets relied on patient payments, not the state, for funding and that these funds must be used more efficiently," Stritecky notes.

"When we began our partnership, we had to decide if we should focus on retraining existing managers and healthcare personnel or on preparing curricula that would train a new generation who, in time, could transfer what they had learned to other levels of the health system," Stritecky says, explaining that while the second route is longer, it is more sure. "Our basic approach was to concentrate on students, but we also developed commercial training modules to educate existing managers in the new methods."

Partnership exchanges to Las Vegas and Reno, as well as in-country training, proved invaluable, Stritecky concludes. "For us, these exchanges provided guidance not only as we first began to structure the curricula, but also on ways to change people’s attitudes. Really, it’s difficult to put into words the enthusiasm that typified these meetings," he says with a laugh, noting that he and his colleagues had so many questions that they were often afraid they would overwhelm the US partners.

The exchanges also introduced Stritecky to another important model—the interactive style of teaching so common in American classrooms, yet virtually unheard of in the Czech education system at that time. "I had absolutely no experience with teaching, so it was easy for me to adopt the style I learned through our partnership," he says, explaining that his students often complained about his “Americanized” approach.

"At first students such as Romana and her classmates were uncomfortable with the give-and-take I asked for in the classroom. Their only experience had been with a didactic model that stressed top-down lectures rather than student-teacher dialogue and interaction," Stritecky admits. "But, after they got over their initial reservations, they began to enjoy the open exchange of ideas and came to realize the importance of introducing different points of view into the mix."

In 1996, the South Bohemian partners launched an undergraduate program in health management. One of the first in the nation, this bachelor-level curriculum targets working professionals by offering part-time and distance learning courses. "From the very beginning, the response was incredible," Stritecky says, pointing out that they consistently have many more applicants than they can accommodate. "We enroll approximately 30 students each year and most are currently working at healthcare institutions, which means they can immediately begin to implement improved management practices at their facilities," he states, explaining that the program’s first bachelor’s class received their degrees in 2000. Since then, a master’s program in health management and courses for a new health facilities administration specialization at Prague International School have been instituted.

"Ironically, it’s disaster that paves the quickest road to reform and our healthcare system is really not in such terrible shape, so the changes we want to make are slow in coming," Stritecky concludes. "Our biggest problem right now is a lack of political will to change what is wrong with the system. We often ask ourselves if the work we are doing is worth it, then we realize change must eventually take place and, when it does, we will have prepared people who are ready to implement more effective methods quickly. Romana is a good example of this; she is using what she has learned to be a more effective manager and an important resource for her community.”

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