Education

Training managers for primary health care

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The University of Helsinki has devised a powerful in-service training course for managers of health centres. By working together at the University and their own centres on setting objectives, analysing data and solving problems, the participants greatly enhance their management and teamwork skills.

In December 1988 a WHO publication cited problems in the health services that presented serious obstacles for carrying out health-for-all strategies (1). Of particular importance were the following.

- Roles, goals and procedures are often poorly defined.
- Organization, planning and management expertise is commonly weak.
- Much routinely collected health information is not analysed or used, while information needed for decision-making and monitoring is not systematically collected.
- Systematic analysis of problems and testing of solutions is seldom practised by district teams.
- The resources available to the health sector are not usually equitably distributed or efficiently used.
- Many continuing education programmes consist mainly of courses and workshops. Not enough emphasis is placed on in-service training in the workplace through supportive supervision.

Making the system work in Finland

In our research on Finnish health centres, all the problems listed above have come to light (2, 3). In Finland the health centre is seen as an organization rather than a building. It belongs to the local authority and is responsible for the primary health care of a population within a defined administrative area known as the health centre district. There are 220 of these health centres, and they cover the whole country’s population.

The average health centre has a staff of 150–180 who include 8–15 general practitioners, 12–16 public health nurses, 4–10 registered nurses and a certain number of auxiliary nurses depending on whether the centre includes a hospital. There are also 2–4 laboratory technicians, 1–2 X-ray technicians, 6–8 dentists, 1–2 psychologists, and other staff. The population cared for by most centres is up to 30 000 people. The leading officers, who form the core of the management team, are the medical director, the chief nursing officer and the treasurer. As the running of the organization depends heavily on the skills of this team, it is of the utmost importance that they should be trained properly.

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In 1990, the Ministry of Health asked the Department of General Practice and Primary Health Care at the University of Helsinki to arrange a training course for these managers. Using a multiprofessional approach, the Department planned a “learning by doing” course which was long enough to allow for both thorough learning about important management issues and the development of genuine teamwork. By the end of the course the participants were supposed to know:

- how to set objectives for the various activities of the health centre;
- how to monitor the effectiveness of activities and the allocation of resources;
- how to manage their staff;
- how to collaborate with the other members of the management team and with their subordinates;
- how to support collaboration between the different professional groups in the health centre.

Over 100 centres applied for the course, 11 of which were selected, on a first come first served basis. A criterion for eligibility was that at least two members of the management team with different professional backgrounds should be sent by the same health centre. The course had 29 participants, all of whom stayed to the end. Five health centres sent two participants, five sent three, and one sent four. Thirteen of the participants were medical directors, seven were leading nurses and nine were treasurers.

### Methods and content

An important difference between this health managers’ course and previous ones was that the participants had at least one colleague from the same centre with them, and they had to work together in the course for a relatively long period (two years). The course consisted of eight 2½-day intensive training sessions in Helsinki and seven assignments to be carried out at the workplace during the two months between each session. The choice of subject matter to be covered by the course was made on the basis of analyses of the health centres that the Department had been making since the mid-1980s. During the intensive sessions, short lectures, group work, exercises and guided discussions were used. There was a high proportion of group work, and the assignments between sessions required close collaboration with the other members of the management team. The whole course was taught by the same two teachers, both of whom were present throughout the intensive sessions.

The training was expected to provide participants from the same centre with common knowledge and commitment, and mutual support in working for change in their own organizations. Group work carried out during the intensive sessions was designed to improve team skills as well as those needed for analysis and problem-solving, and participants from the same centre worked in the same group. Thus each group consisted of participants from two or three centres. The most demanding part of the course was the assignments between intensive sessions, which ranged from an evaluation of one’s own work to an analysis of survey data on the population served by the participants’ own centre.
### Quality and effectiveness of care: content of the sessions

1. **Assurance of quality**

   **First day**
   - **Morning**
     - Reporting on homework and feedback (2 hrs)
   - **Afternoon**
     - History and principles of quality assurance and its present use in health care (1 1/2 hrs)
     - The core concepts of quality assurance and their application in practice (3 hrs)

   **Second day**
   - **Morning**
     - The process and methods of quality assurance (1 1/2 hrs)
   - **Afternoon**
     - Group work (1 hr)
     - Group reports (1 1/2 hrs)
     - Group work (2 hrs)
     - Group reports (1 1/2 hrs)

   **Third day**
   - **Morning**
     - Group work (1 1/2 hrs)
     - Group reports (2 hrs)
     - Summary discussions, instructions for homework (1/2 hr)

2. **Organizational culture and work climate**

   **First day**
   - **Morning**
     - Reporting on homework and feedback (2 1/2 hrs)
   - **Afternoon**
     - Outcome methods in quality assurance (1 1/2 hrs)
     - Instructions for group work (1/2 hr)
     - Group work (2 hrs)

   **Second day**
   - **Morning**
     - Group reports (1 1/2 hrs)
     - Discussions on the possibilities of quality assurance in primary health care (1/2 hrs)
   - **Afternoon**
     - What is organizational culture? (1 1/2 hrs)
     - Internal and external factors associated with the organizational culture (1/2 hr)
     - Group work (2 hrs)

   **Third day**
   - **Morning**
     - Group reports (1 1/2 hrs)
     - Manager as the creator and developer of the organizational culture in primary health care (2 hrs)
     - Summary discussion, instructions for homework (1/2 hr)
The topics of the intensive sessions were:
- management and leadership;
- the objective and its importance from the management point of view;
- motivation of the staff;
- quality of care and effectiveness of various activities; quality assurance;
- quality and effectiveness of care, organizational climate and culture;
- leading small groups;
- organizational development;
- research as a management tool.

The last session was held in the Netherlands, where the participants also had an opportunity to learn about the Dutch health system and its current trends, especially in primary health care.

The participants completed the following seven assignments at their own centres.

- Collect data on how much immediate (face-to-face or telephone) communication there is between you and your subordinates, its content (topic, purpose), with whom, and who initiated it. The results were recorded as hours and minutes per week and classified by content.

- Study and analyse the existence, nature and appropriateness of the objectives set for the various activities of the health centre. This information was collected from the official documents of the health centres. Whatever objectives were found were analysed for clarity, specificity and measurability. Measurements of achievement were also assessed. Finally, the management team had to select two activities and set adequate objectives for them.

- Study the perceptions of your own staff regarding your work. A questionnaire with 17 items on a five-point scale from “strongly agree” to “strongly disagree” was used, and cross-tabulations were made. The management team evaluated the results and planned a development programme on the basis of problems revealed.

- Assess the quality of care provided for hypertension and diabetes patients. The participants had to set standards and criteria for the assessment of the quality of care for these two patient groups in their own health centres. Their data consisted of the first and last readings of systolic and diastolic blood pressures of 200 consecutive patients treated for hypertension during the previous 12 months, and the haemoglobin A1 or A1c measurements of 200 diabetes patients. The results were presented by age group and compared to the set standards, and conclusions were drawn accordingly.

- Study the target population’s perceptions of the service they receive from general practitioners and other staff, and how accessible they feel these services are. Each management team had to take a random sample of 300 adults in the district covered by the health centre and interview them by telephone, using a 19-item form. They were given double time for this assignment as it was more time-consuming than the others. As they were keen to see how their centres compared to each other, the results were finally combined into one statistical table.

- Assess the work of the management team on a scale of 4 to 10, using the following criteria: appropriateness of priorities, commitment of the management team members to the objectives of the centre, the extent to
which they work according to objectives, how much they know about their areas of responsibility, how much they trust each other, how much they know about the

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work of the other members of the team, how they prepare themselves to deal with issues facing the team, how they see their own role in the team, how time is used in team meetings, and whom the team members see themselves as representing. These assessments were then discussed in the presence of the whole management team.

- Collect the following data on visits made to the doctor at the health centre: reasons for the visit; procedures carried out; time spent on each part of the visit, including making the appointment, waiting, the consultation itself and any other procedures. A form covering these points was filled in for each visitor during a seven-day week, and frequency tables and cross-tabulations were used to analyse the results.

**Evaluation**

The complete cost of the course was about US$ 44 000, which, spread over eleven centres and three budget years, is very reasonable for a two-year course. This method of learning new skills and applying them proved to be highly effective. The participants were enthusiastic, and completed even the more demanding assignments. It was interesting to note that although participants from the same health centre had often been working together for years they knew hardly anything about each other at the beginning of the course, and only after the third or fourth intensive training session did they start to work as a team.

The feedback and discussion on the results of each assignment proved to be extremely valuable. The two-teacher model made it possible to do very intensive work during the sessions, and the presence of both teachers throughout the course helped to create a friendly and positive atmosphere. The use of lectures only as short introductions, with the main emphasis being placed on work in small groups and problem-solving followed by lively discussion, was effective and rewarding. The working day during the sessions was often almost 10 hours long without anyone complaining. The key to success in the assignments seemed to be clear instructions and carefully defined instruments for collecting data. The simultaneous collection of comparable data from different centres seemed to be a motivating factor for the participants.

The main difference between this approach and traditional public health training, such as for the Master of Public Health degree, is its emphasis on teamwork within the organizational unit. In addition, the whole course linked theory very closely to practice. All the examples used were taken from actual health centres and all the assignments were rooted in the everyday working environment of the participants. Traditional training usually takes place quite far away from the actual work of a health centre.

The course confirmed our belief that in order to increase the participants' competence a continuing education programme must be long enough to include not only lectures and group work but relatively demanding assignments which deal directly with practical problems in the working environment of the participants. For the organizations concerned, this approach of combining people with different
professions into a team to solve problems appears to be the most effective one. At the end of the course the participants decided to form a network of quality-oriented health centres and continue to collaborate with each other and the Department.

References


Wanted: hard work, vision and perseverance!

The integration of the first referral level hospital into the district health care system, overseen by a district health council, is recognized as the best way of strengthening primary health care and, at the same time, of utilizing hospital resources in the cause of promoting health. Buildings and equipment play a part in the process, but the main requirement is a change in people’s attitudes and motivation. Often the physical facilities will already be in place, but there must also be a fresh approach based on cooperation and understanding, and, particularly at the start, on hard work, vision, and perseverance in pursuing the goal of health “for all”.