

A Facilitator's Guide for Integrating Leadership and Management Curriculum into Pre-service Health Institutions

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Overview

This guide describes the process for integrating leadership and management courses into academic health institutions, referred to as pre-service, such as medical and nursing schools or schools of public health. It has been developed for skilled facilitators familiar with leadership and management practices. There is an expectation of familiarity with the standard facilitating techniques of engagement and inquiry. The guide and the Leadership and Management (L&M) curriculum models conform to the principles of participation and self-determination that guide all MSH's training and technical assistance.

The Leading and Managing Framework provides the foundation of the pre-service integration work. It was developed by the USAID-sponsored programs, The Management and Leadership Program and the Leadership, Management and Sustainability Program, to demonstrate how improved leading and managing practices contributes to improved health outcomes. The complete framework can be found in Annex B. These programs have worked with multiple pre-service institutions to design L&M curriculums appropriate to the institutions' needs and context. These efforts have resulted in three model curriculums that are presented in this guide for other institutions around the world to use for integrating leadership and management into their pre-service curriculum.

1. Integrated Leadership Development Program and Community Based Education and Service (Uganda)
2. Health Management and Leadership Program (Nicaragua)
3. Leading Organizations to Achieve the MDGs for Health (Boston University School of Public Health Summer Institute Certificate Program)

The purpose of this Guide is to provide a map of the process for integrating leadership and management into academic health institutions (referred to as "pre-service" throughout the Guide). It is done through an approach in which ownership of the process and the integrated curriculums is realized by the institutions, generating greater sustainability of the process and final product.

The Guide describes the need for leadership and management practices in healthcare; presents details of each model curriculum and discusses the preparation necessary to assess institutional readiness. This is followed by guiding the facilitator through the phases of integration with a suggested sequence of activities. It provides guidelines for addressing the actors involved in successfully integrating managing and leading practices into the pre-service curriculums, such as policy makers, administration, and faculty for input and approval of L&M integrated curriculum. It is expected that the facilitators will modify these steps, as necessary, to the context and institution with which they are working.

The Need for Leadership and Management in Healthcare

Pre service training in leadership and management for health professionals reflects a critical need in health services delivery. Upon completion of medical, nursing, or other health professional schools such as pharmacy, graduates take up their posts, but find themselves ill-prepared to deal with issues such as leading a team of health workers to face a challenge in their workplace; mobilizing community groups to participate in health campaigns; developing work plans; monitoring essential medicines; or aligning political leaders around a vision for improving services. The focus on clinical and technical skills during training can produce excellent health professionals, but they may feel lost as leaders and managers, whether at a small clinic, a large regional hospital or in the ministry of health.

Senior managers of health care programs around the world are expressing the urgent need to prepare future health professionals with the essential leadership and management competences and practices.

“I was appointed a district medical officer in 1993, straight from a surgery ward, and within a week I had to manage an entire district. It was a totally different world. [Young doctors] definitely need training in leadership and management, and it should not be short term.”

Director of the Malaria Control Program in Kenya

While the roles of doctors, nurses, and other health professionals in the delivery of health services in developing countries have changed dramatically, the preparation they typically receive in pre service education has not kept pace. Medically, we in the health field already know what to do to save millions of lives and reduce illness. **What is missing is effective leadership and efficient management to apply what is known to solve critical health problems.**

“National health systems should continuously provide training to the existing health workforce on management and leadership in coordination with the health sciences schools. Educational organizations should amend their curriculum in order to add a component of leadership and management (if not earlier) for all graduate and postgraduate programs.”

Professor, BP Koirala Institute of Health Sciences, Nepal

Both public and private sector managers and clinical and public health practitioners need to learn, from the beginning of their training, how to effectively mobilize teams to achieve measurable results. Students need to learn how to lead others to implement effective public health interventions in low resource, health service settings. They need to learn the mindset, practices and skills of effective leadership and management that are different from clinical training.

The faculty of medicine at Suez Canal University uses methods of teaching and learning, e.g. problem based learning, [that are] different from traditional methods. The students [are] arranged in small groups [and] one becomes the chairman and [the] other one becomes the secretary in the presence of the tutor (he or she plays [the] coach role). The students are self motivated and active participants; all of them work in a team for one goal: to analyze the problem [state] the objectives, taking [the] challenge of solving this problem, evaluating themselves, the chairman and the tutor.

Faculty of Medicine, Suez Canal University, Egypt

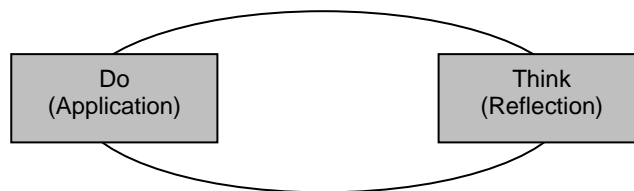
Overview of Leadership & Management Foundation

The three L&M curriculum models described in this guide use state-of-the-art learning methodologies and leadership models that are described below.

Learning Methodologies

Experiential and Action-based learning. From sensitizing and training institution faculty and administration through the students' learning in the classroom and application in the field, the curriculums are based on experiential and action-based learning. In workshops or the classroom and in team meetings, institution staff and students learn by doing and then reflecting on their experiences in leading and managing. They learn leading and managing practices that validate their own experiences. They apply these practices to real work challenges and engage in continuous reflection and improvement in their teams. This continuous cycle of application and reflection moves teams through the experiential learning cycle.

The Cycle of Learning



Challenge, feedback, and support. Inherent in the design of the L&M curriculum models, the process provides challenge, feedback, and support to enable participants to develop their leadership and management capabilities. Teams of students choose the challenges they want to address, and receive

feedback and support from facilitators, professors, tutors, supervisors and colleagues as they work toward their results.

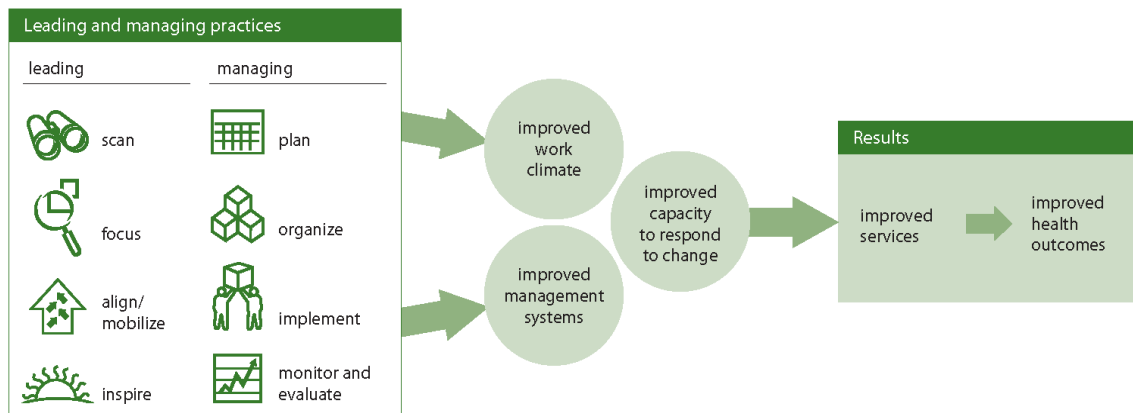
Developing Managers Who Lead Triangle



Models

Leading and Managing for Results Model (Annex B). This model shows how leading and managing practices affect organizational factors that lead to improved health outcomes. Managers who learn to apply the leading and managing practices listed on the left of the model can bring about changes in work climate, management systems, and the capacity to respond to change. This leads to improved services and improved health outcomes.

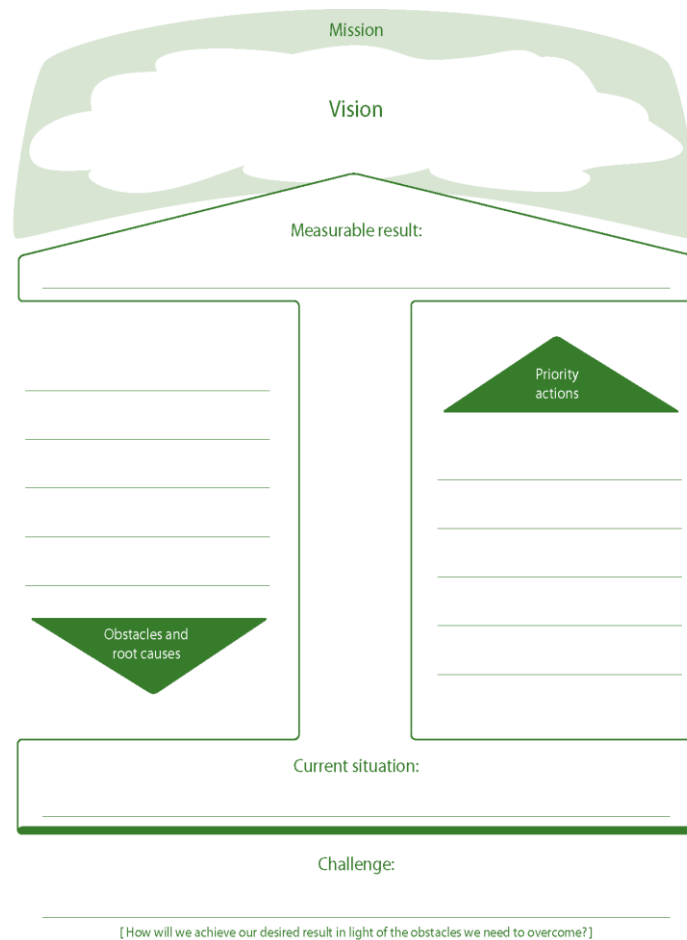
Leading and Managing for Results Model



Challenge Model. This is a core foundation to integrating managing and leading practices into pre-service. Students learn to apply the leading and managing practices as identified in the L&M for Results Model to a real health challenge using the Challenge Model during the coursework or in the field. The process of doing this guides the team to a fuller understanding of its organization’s (i.e. a health clinic) mission and creation of a shared vision. The team then identifies a

measurable result that will move it closer to its vision. With an agreed upon result as a goal, the team then makes a plan of priority actions and activities to achieve that result. Participants often write out a completed model in their own language and post it at their work sites to publicize their plans and progress.

The Challenge Model



Overview Summary. While many pre-service institutions provide a few courses on management, they usually limit it to planning, budgeting and procurement. The basis of the L&M curriculum models explained above, incorporate not only practical management applications traditionally found in pre-service programs, but also provide a *process* for combining leading and managing that is simple to understand and simple to apply to produce the desired result. It is much more than learning how to plan or learning how to use a budget. The L&M models and teaching methodologies inspire and create confidence in the students as future *managers who lead*.

These leadership models and learning methodologies do not intend to make students specialists in management or leadership, but rather provides them with the essential skills and tools needed for playing a leadership role in their work environment. They will learn to identify the main health challenges within their area of influence, and lead their teams to focus on priority areas for intervention, implement proven public health activities, align and mobilize resources and inspire people to produce results.

The leadership and management skills we acquired will help us in our future work to achieve better results. It's already improved our lives personally.

Student, Makerere University's School of Medicine, COBES Program

Leadership & Management Model Curriculum

The following three L&M curriculums were developed by MSH technical staff in collaboration with pre-service institutions (Uganda, Nicaragua and Boston, MA). All three models use the core program models from the LDP noted above, but vary in focus, approach and content. They apply the leading and managing practices, as identified in the L&M for Results Model, to a real health challenge through the Challenge Model. They also all incorporate experiential and action based learning and processes for providing feedback and support. While each model was developed to the specific needs of an institution, they can be utilized by other pre-service institutions as a model for further adaptation. Details of each model can be found in Annex C.

Uganda: Integrated Leadership Development Program and Community Based Education and Service (COBES). The Community Based Education and Service approach at Makerere University requires each medical student to spend one to two months a year working at a community health site. There they experience firsthand the health challenges in their communities and work with health staff to find ways to address them. The curriculum consists of four modules that can be used in different ways. The four leadership and management modules can be conducted in one or two years or spread over a four year undergraduate medical curriculum. The first module focuses on scanning, the second on focusing, the third on planning, aligning, and mobilizing resources, and the fourth on inspiring.

Nicaragua: Health Management and Leadership Program. This seven module program focuses on the development of the students' leadership and management skills and aims to teach students how to lead and manage for better health results. It was designed as part of the 5th (last) year of the pre-service medical curriculum at the University of Nicaragua (UNAN). The performance-based modules incorporate action-based learning, with the first three modules focusing on applying the leadership and management practices

using the challenge model, and the last four modules focusing on management and management systems. There currently is no field component/practicum linked to this model. Module 1, titled *Latin American Health Systems and Services*, focuses on the systemic approach to pre-service work and discusses specifically the Nicaraguan health system. Module 2, *Participatory Health Management and Leadership*, gives an introduction to M&L and the leading and managing framework. It also covers negotiation, communication, and managing teamwork. Module 3, *Annual Results-Based Operational Planning for Healthcare Units*, discusses operational plans and the challenge model. Module 4, *Budgeting Linked to the Results-Based Operational Plan*, introduces students to planning and focusing on results. Module 5, *Integrated Management Control Dashboard*, shows students how to budget for results and focus on project goals. Module 6, *Improving Plans for a Challenge Identified in the Dashboard*, discusses how to monitor and evaluate projects as well as quality assurance. Finally, module 7, *Action plan for a challenge identified*, discusses how to identify gaps, how to put them into dashboards, and how to identify root causes of obstacles that get in the way of achieving results.

Boston University School of Public Health - Leading Organizations to Achieve the MDGs for Health. This four week course is designed to prepare aspiring and experienced health professionals to lead organizations to face millennium health goals-related health challenges and achieve results. The course is a module in a public health degree but can also be taken as a standalone certificate course in leadership and management. Participants learn practical skills for mobilizing and aligning groups in the complex conditions of health in the developing world. The course includes a virtual component, rather than a field component, where the students work together – using internet-based technologies – with teams from projects or ministries in developing countries on real life opportunities for furthering the MDGs using the practices and tools of managing and leading and the challenge model.

Which model is the best fit?

When selecting a model that best fits the institution's needs, consider the following factors:

- What and how is the institution currently teaching about leadership and management?
- What are the options for integration? Integration into the existing curriculum or the addition of a separate module?
- In which year should management and leadership be introduced?
- Is there access to field work/practicum in the pre-service program?
- What are the resources available to provide students with real life challenge, receive feedback and support?
- How open is the institution to experiment and try out new ways of teaching?
- Who are the champions to lead this initiative and how influential are they?

As with any professionally developed curriculum, it is expected that these curriculums may need some adaptation to fit the context and specific needs of each institution. Three elements that we feel are critical to the effective implementation of these curriculums, and should be included in any adaptation, are:

- Leading and Managing for Results Model
- The Challenge Model
- Experiential and action-based learning
- Applying these models to real health challenges

Assessing Institutional Readiness

This section addresses the work that needs to be done in preparation for the initial dialogues and client engagement. It is primarily a scanning activity aimed at understanding the context, current curriculum and challenges to help determine if an L&M curriculum integration program is appropriate and feasible.

Country context. Scan the country's current health strategies and policies—determine if there is a “gap” which the L&M integration can fill. Try to answer these questions:

- Are there mandates for change or reform in the MOH systems where the integration program can contribute to the desired results?
- Is a newly decentralized health system challenging the health managers?
- What kinds of leadership and management challenges exist in the healthcare work place?
- What role do the pre-service institutions play in fulfilling the health strategies/policies of the country and ministry of health?

Pre-service Institution's current programs, including field components.

Scan the current pre-service curriculum design.

- Are there courses that focus on leadership and/or management?
- Is there a fieldwork component to the pre-service program? Does it incorporate any leadership and/or management skills beyond the traditional management planning, budget and procurement courses?
- Is there interest in improving the management and leadership capacities of health professionals?
- Are there any mandates for change at the curriculum level? What are the processes for approval and institutionalization?
- Is there any buy-in or support from top management to make these changes?
- What is their teaching style/methodology?

Other existing academic or professional education programs in the country. Scan to see who the key actors are in pre-service education.

- What do they teach and to whom?
- How do they teach?
- Are they interested in improving the management and leadership capacities of health professionals?

Existing non-governmental programs/projects in the country. Scan to see which agencies are working in the country that can act as a liaison with academic and training institutions because of their connections and established relationships.

- In which areas do they work (technically, geographically)?
- Do they have any experience working with the MOH and/or other health sector organizations?
- Are they interested in improving the management and leadership capacities of health professionals?

Scanning will give the facilitator a better understanding of the health challenges faced by the country and the current curriculum dynamics of the institution, but will also indicate the potential success of an integrated L&M curriculum.

Factors for Success. We have identified the following factors for the successful integration of leading and managing into an established curriculum.

- **Client's need and interest:** Look for client ownership of the process. If the client does not respond to an expressed need, you will not be successful. This includes support from senior leadership for the initiative as evidenced by resource allocation.
- **A champion:** It is critical to identify a person from within the institution who is fully committed to the idea and willing to lead the process of change and identify and overcome obstacles along the way.
- **A Curriculum Integration Team:** Faculty and teachers who will adapt and implement the new curriculum and work with the champion towards the formal adoption of the curriculum.
- **A facilitator:** A staff person or consultant on the ground that provides a local presence to provide ongoing support and direction to the Curriculum Integration Team and keeps things moving.
- **Training of trainers:** Preparation of faculty and teachers to ensure they are committed, competent and prepared to teach the new curriculum
- **Flexibility:** The L&M curriculum needs to be flexible to fit the academic institution's context.
- **Build on what is already there:** It is important to build on the successes of the existing program. For example, building on an existing practicum or field component can strengthen the program. If there is not any field component, this is an opportunity to explore that option. How can we incorporate field-based learning into this integration? If not now, can this be revisited in another year?

Integration Phases: The Challenge of Integrating L&M into Academic Health Institutions

The role of the facilitator is to guide the institution through the phases of the integration process. This guide is a synthesis of the experience of previous facilitators in the integration of leadership and management into pre-service curriculum. As such, it is meant to be a guide and adaptations should be made where necessary.

Prior to beginning the integration, it is important to determine the team and the key stakeholders. Below are descriptions of the key roles needed during the integration phases and a guide to the key stakeholders.

Key Roles. It is important that each of the roles described below is clarified and assigned to an individual/s. People can fill several roles.

Role	Responsibilities
Facilitator	Responsible for facilitating and guiding the integration process and providing technical assistance to the institution. Can be from outside or inside the institution.
Champion	Responsible for day-to-day activities towards the integration of leadership and management and works to overcome any obstacles the integration process will face. Ideally they are from within the institution with significant senior status or have full support from senior leaders.
Curriculum Integration Team	Responsible for leading the process of curriculum adaptation and implementation up to the approval from the relevant authorities. They are also facilitating the decision-making and approval for the formal adoption of the curriculum. Usually the CIT is made up of faculty and teaching staff. Note: <i>it is important that some members of the CIT are from the curriculum review committee. They are also responsible for the teaching of the integrated L&M curriculum and to develop the capacity of the new staff and tutors to facilitate the L&M integrated curriculum.</i>
Administrative/ Field Coordinator	Responsible for managing the administrative and logistic effort from start to finish (logistics, budgets, materials and supplies, meetings minutes).

Stakeholders. There are four types of stakeholders in the integration process. It is important as the facilitator that you identify these stakeholders for your integration process and you plan how you will engage them along the way.

Type	What do they do
Senior leaders <ul style="list-style-type: none"> • Deans • Deputy Deans • Heads of Departments • Administration • Curriculum review and Education Committees/College Board 	<ul style="list-style-type: none"> • Authorize and support the integration process • Participate in the senior alignment dialogue and any results presentations • Receive regular updates on progress from Champions • Lead the core team (Curriculum Integration Team) • Ensure the approval and institutionalization process
Faculty and teachers <ul style="list-style-type: none"> • Faculty • Professors • Tutors • Student Supervisors 	<ul style="list-style-type: none"> • Participate in the TOT workshops • Form the Curriculum Integration Team • Facilitate the integrated curriculum • Facilitate additional TOT workshops • Supervise and coach student teams as they implement their action plans
Practicum/Site staff (if applicable) <ul style="list-style-type: none"> • Supervisors • Site tutors • District health officers or managers(MOH) • Health Clinic Staff 	<ul style="list-style-type: none"> • Participate in the TOT workshops (site tutors) • Facilitate and coach the student teams as they develop their leadership project (tutors) • Orient and align the district health team members (MOH) to the program so that they can understand what will happen in their clinics and commit to support it.
Students	<ul style="list-style-type: none"> • Attend integrated curriculum class/course as part of their pre-service program • Working in teams and support one another to learn and apply leading and managing practices • Develop assignments, leadership project and action plans to achieve results • Continue to use the leading and managing practices after graduation

Phase 1: Engagement—Leadership Dialogue and Senior Alignment

The main focus of this first phase is the establishment of relationships with key stakeholders and the identification of needs and interests. This is also the phase in which the facilitator aligns the senior faculty around the L&M curriculum and curriculum models to make sure everyone speaks the same language when it comes to management and leadership. A successful completion of this phase is the institution's commitment to engage in the integration process.

This phase is completed when:

1. The needs of the institution, the context in which it operates and current health strategies/policies are documented to help inform the decision to change the curriculum;
2. The institution is familiar with the curriculum models and has made a commitment to continue to work together as evidenced through a clear document outlining respective roles and responsibilities. This could be a memorandum of understanding, terms of reference or scope of work.

The overall sequence of activities and key milestones of this phase are listed below. Detailed facilitator's notes are available in Annex D.

1. Identify key stakeholders for engagement. - There are two approaches to engagement: one at a national level which includes more than one institution, local partners/NGOs and perhaps people from the MOH; and one at the institutional level, with just one institution participating in the initial meeting(s).
2. Initial meeting – Listen to the stakeholders, understand their challenges and link the L&M integrated curriculum to their needs and use it as a pathway to face these challenges.
3. Engagement and Orientation Meetings – This meeting or series of meetings¹ is to continue to listen to and engage all of the stakeholders in the process and present the key learning principles of the L&M curriculum and introduce them to the curriculum so that they feel ready to move forward and commit.
4. Inquire about the process for new curriculum approval and institutionalization (which may mean accreditation). Include this information in the letter of agreement if appropriate.
5. Letter of Agreement development – Develop a clear understanding of roles, responsibilities and expectations between the institution and the facilitator. This document will be used throughout the process as needed and can be revisited at any time. A sample is provided in Annex F.

¹ There may be more than one meeting. The activities are written to illustrate the approach of meeting with one institution and describing one meeting. The facilitator can adjust the activity schedule and adapt resource/meeting agendas and materials accordingly.

6. Identify a Champion and the Curriculum Integration Team. Involve them in the next steps.

Phase 2: Adaptation and Implementation—Integrating L&M into the Curriculum and Apprenticeship Training

The main focus of this phase is capacity building and the continued alignment and mobilization of key stakeholders as the curriculum is introduced and adapted by the local Curriculum Integration Team (CIT). The facilitator coaches the CIT while the curriculum is implemented in order to help them become more skillful and more confident in teaching the new material and using action learning and other methodologies noted above. A successful completion of this phase is when the new curriculum has been implemented and assessed.

This phase is completed when:

1. The CIT has been trained;
2. L&M curriculum has been adapted;
3. Coaching is provided during implementation, ensuring acceptable application of L&M methodologies;
4. Feedback is provided on facilitation skills and curriculum design.

The overall sequence of activities and key milestones of this phase are listed below. Detailed facilitator's notes are available in Annex C.

1. Training—introduce the CIT to the L&M methodologies and core program models and create opportunities to practice on each other to build their knowledge and facilitation skills;
2. Planning - develop a work plan that includes roles and responsibilities, milestones and a review process for the adaptation of the new or integrated curriculum. This should also include a plan for institutionalization, which may mean accreditation for the curriculum.
3. Coaching—provide feedback and support to the CIT while they adapt the curriculum. This includes the preparation of presentations to various stakeholder groups along the way.
4. Implementing and Assessing—develop an assessment to be used by both CIT/faculty and students for the first implementation of the L&M curriculum, provide coaching during implementation as needed and conduct a review of the assessments, review and edit curriculum as needed and provide additional training to the CIT/faculty as needed.

Note: During this phase, determine what the process is for the approval and institutionalization of a curriculum. Work this process into the workplan. Plan for any presentation meetings and/or progress reporting.

This may include working with the different levels of authority for review and approval:

- Curriculum Review Committee
- Education Committee
- College Board

Phase 3: Institutionalization

The main focus of this phase is the institutionalization of the L&M integrated curriculum into the institution's standard program. A successful completion of this phase is when the curriculum is institutionalized and/or approved and accredited. One way to ensure that the changes made to the curricula include practical and action-oriented leadership and management content is to have an exam on leadership and management that students must pass in order to graduate. There are two risks to not making curricula changes examinable- first is that students will either not take the course seriously or will not take it at all, because it is not a requirement. The other is that when the initial champion leaves and new faculty come on board, it will be much easier for them to cut the leadership and management courses if they are not a formal, examinable part of the curricula. The facilitator continues to provide assistance to ensure quality. Allow for time for any revisions of the curriculum between reviews/presentations.

This phase is completed when:

1. The L&M integrated curriculum has been approved and fully integrated into the institution (accredited if appropriate);
2. There is a critical mass of skilled and confident faculty and teachers;
3. The students must demonstrate they have mastered the material as a required part of passing the examination or licensing;
4. The process has been documented.

The overall sequence of activities and key milestones of this phase are listed below. Detailed facilitator's notes are available in Annex D.

1. Review Meetings—working with the CIT, seek curriculum review and approval from various institution committees/boards for final endorsement and institutionalization.
2. Training of trainers—continue expanding the pool of trained L&M curriculum facilitators and other related staff, including “training of trainers” (TOT).
3. Documentation—write-up final report/evaluation on the entire process, noting challenges and end results.

Annexes

ANNEX A: Resources

In the table below the supporting materials for integrating managing and leading practices into pre-service institutions are listed. Many of the resources can be found at MSH's LeaderNet in the Leadership Facilitator's Section, <http://leadernet.msh.org>. Additionally, the Health Manager's Toolkit has resources that may be helpful, <http://erc.msh.org/toolkit/>.









Resource	Used by	How to use it	Find it where?
L&M Curriculum Model Options Overview	Facilitator CIT	To present different options for integration	Annex B of Guide LeaderNet
L&M Curriculum Models: Integrated Leadership Development program and Community Based Education and Service (includes 4 modules)	Facilitator CIT	To use and adapt as needed by pre-service institution	In the MSH eRoom-contact Laura O'Brien to access (lobrien@msh.org)
Generic Pre-service Curricula based on the Uganda program	Facilitator CIT	To use and adapt as needed by pre-service institution	LeaderNet
L&M Curriculum Models: Health Management and Leadership Program (includes 7 modules)	Facilitator CIT	To use and adapt as needed by pre-service institution	In the MSH eRoom-contact Laura O'Brien to access (lobrien@msh.org)
L&M Curriculum Models: Leading Organizations to Achieve the MDGs for Health (includes curriculum, participant workbook, facilitator guide, participant guide)	Facilitator CIT	To use and adapt as needed by pre-service institution	LeaderNet
Leadership Development Program Facilitator's Guide	Facilitator	To use during the Senior Alignment Meeting and other workshops	LeaderNet
Facilitator's Beliefs	Facilitator	To strengthen skills as a facilitator	LDP Facilitator's Guide (pages 11 and 12)
5 Processes of Highly Effective Facilitators	Facilitator	To strengthen skills as a facilitator	In the MSH eRoom-contact Laura O'Brien to access (lobrien@msh.org)
TOT Example	Facilitator	To use and adapt for TOTs for the CIT	In the MSH eRoom-contact Laura O'Brien to access (lobrien@msh.org)
Sample Letter of Agreement	Facilitator Senior Signatories from Institution	To develop an letter of agreement specific to the needs of the facilitator and the participating institution	Annex E of Guide

Resource	Used by	How to use it	Find it where?
Success Stories/ Case Studies	Facilitator	For advocacy	LeaderNet: L&M by Design
Challenge Model Package	All	To further understand the challenge model and how to use it in everyday work	LeaderNet
Managers Who Lead Handbook	All	For additional background and reading to understand leading and managing in an everyday context.	LeaderNet

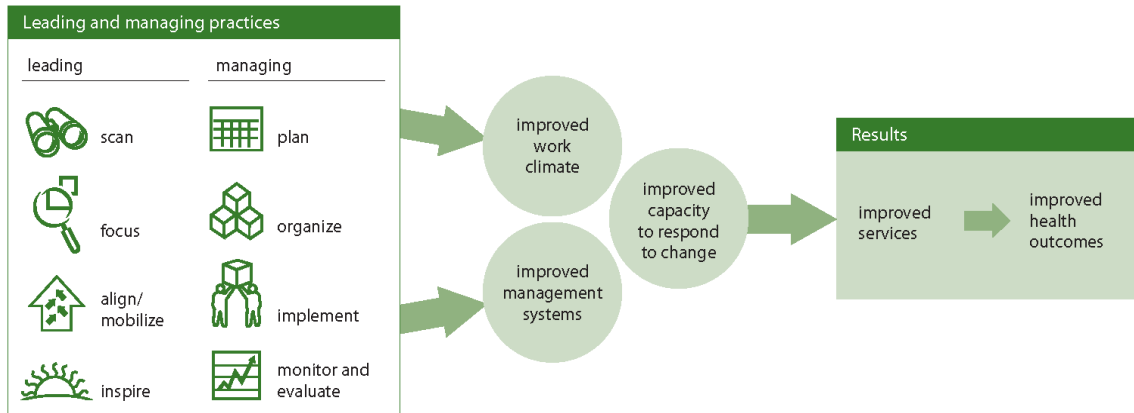
Note: LeaderNet is a global learning community that uses a combination of face-to-face work and distance learning by using the internet, CD-ROMs, the telephone, and e-mail. LeaderNet provides participants with opportunities to continue to strengthen their leadership skills and capacities and to exchange information and ideas with leaders all over the world.

ANNEX B: Leadership and Management Framework

Practices that enable work groups and organizations to face challenges and achieve results.

LEADING	MANAGING
<div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 5px;">scanning</div> </div> <ul style="list-style-type: none"> ■ identify client and stakeholder needs and priorities ■ recognize trends, opportunities, and risks that affect the organization ■ look for best practices ■ identify staff capacities and constraints ■ know yourself, your staff, and your organization — values, strengths, and weaknesses <p>ORGANIZATIONAL OUTCOME Managers have up-to-date, valid knowledge of their clients, the organization, and its context; they know how their behavior affects others</p> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 5px;">focusing</div> </div> <ul style="list-style-type: none"> ■ articulate the organization's mission and strategy ■ identify critical challenges ■ link goals with the overall organizational strategy ■ determine key priorities for action ■ create a common picture of desired results <p>ORGANIZATIONAL OUTCOME Organization's work is directed by well-defined mission, strategy, and priorities</p> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 5px;">aligning/ mobilizing</div> </div> <ul style="list-style-type: none"> ■ ensure congruence of values, mission, strategy, structure, systems, and daily actions ■ facilitate teamwork ■ unite key stakeholders around an inspiring vision ■ link goals with rewards and recognition ■ enlist stakeholders to commit resources <p>ORGANIZATIONAL OUTCOME Internal and external stakeholders understand and support the organization's goals and have mobilized resources to reach these goals</p> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 5px;">inspiring</div> </div> <ul style="list-style-type: none"> ■ match deeds to words ■ demonstrate honesty in interactions ■ show trust and confidence in staff, acknowledge the contributions of others ■ provide staff with challenges, feedback, and support ■ be a model of creativity, innovation, and learning <p>ORGANIZATIONAL OUTCOME Organization displays a climate of continuous learning and staff show commitment, even when setbacks occur</p>	<div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 5px;">planning</div> </div> <ul style="list-style-type: none"> ■ set short-term organizational goals and performance objectives ■ develop multi-year and annual plans ■ allocate adequate resources (money, people, and materials) ■ anticipate and reduce risks <p>ORGANIZATIONAL OUTCOME Organization has defined results, assigned resources, and an operational plan</p> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 5px;">organizing</div> </div> <ul style="list-style-type: none"> ■ ensure a structure that provides accountability and delineates authority ■ ensure that systems for human resource management, finance, logistics, quality assurance, operations, information, and marketing effectively support the plan ■ strengthen work processes to implement the plan ■ align staff capacities with planned activities <p>ORGANIZATIONAL OUTCOME Organization has functional structures, systems, and processes for efficient operations; staff are organized and aware of job responsibilities and expectations</p> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 5px;">implementing</div> </div> <ul style="list-style-type: none"> ■ integrate systems and coordinate work flow ■ balance competing demands ■ routinely use data for decision-making ■ coordinate activities with other programs and sectors ■ adjust plans and resources as circumstances change <p>ORGANIZATIONAL OUTCOME Activities are carried out efficiently, effectively, and responsively</p> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 5px;">monitoring and evaluating</div> </div> <ul style="list-style-type: none"> ■ monitor and reflect on progress against plans ■ provide feedback ■ identify needed changes ■ improve work processes, procedures, and tools <p>ORGANIZATIONAL OUTCOME Organization continuously updates information about the status of achievements and results, and applies ongoing learning and knowledge</p>

Leading and Managing for Results Model



ANNEX C: L&M Curriculum Model Options Overview

L&M Curriculum Models	Type/Focus	Methodology	Assessment	Practicum/Fieldwork
Integrated Leadership development program and Community Based Education and Service (Uganda)	<ul style="list-style-type: none"> • Fully integrated within a community based education program • Can be completed in one or two years • Focus is on Leadership & Management using the Challenge Model and the Leading and Managing practices. 	<ul style="list-style-type: none"> • Experiential and action-based learning • Leading and managing for results • Problem based learning • Learning, practice and apply what they learn on a real community health challenge. 	<p>The instructors give each student a grade based on:</p> <ul style="list-style-type: none"> • class and team participation, including participation in the work in the health facilities • short written papers, • the final paper and presentation of their Leadership Project 	<p>Yes—within a community based education program and problem based learning</p>
<p>Model Description</p> <p>The Community Based Education program approach requires each student to spend one to two months a year working at a community health site (health facility). The curriculum consists of four modules spread over one or two years of the undergraduate medical curriculum:</p> <ul style="list-style-type: none"> • 12 sessions to teach students and site tutors: Use 3 days in the first 3 weeks before students go to sites for the first 3 sessions to introduce the leadership development program. The rest of the sessions will be taught and applied at the health facilities by the COBES sites tutors. • Students present their findings in week 5 before leaving the site <p>Sessions are based on the LDP sessions found in the LDP facilitator guidelines.</p>				

Health Management and Leadership Program: Nicaragua

L&M Curriculum Model	Type/Focus	Methodology	Assessment	Practicum /Fieldwork
Health Management and Leadership Program (Nicaragua)	<ul style="list-style-type: none"> Fully integrated beginning 5th year of a 5-year medical degree program Leadership & Management: primary focus is on management and management systems 	<ul style="list-style-type: none"> Action-based learning Planning for results Quality assurance Performance-based 	<ul style="list-style-type: none"> Self evaluation Peer evaluation Instructor evaluation Final evaluation includes a summary of each module. 	No
<p>Model Description</p> <p>This 7- module program focuses on the development of the students' leadership and management skills and aims to teach students how to lead and manage for better health results in the country's primary health units.</p> <p>The seven modules are performance-based, and each includes the following: an introduction, an explanation of how to use the support materials, instructions on how to organize group meetings including the set up of the classroom, a list of required materials, and recommendations for who should coordinate the group meetings and group work to be delivered at the end of meetings.</p> <p>In addition, each module also has specific competencies and elements of each competency, i.e. what the student will be able to do at the end of the module, performance criteria, activities, how to assess competencies, methodological guidelines, and media to be used.</p> <p>There is a small portion on guidelines for students, called "Orientation to students." This includes suggestions that participants should participate actively in class and group work, ask questions, deliver work to the facilitator, and make presentations in plenary if asked by the instructor. Parts of the modules are aimed at both faculty and students such as the concepts, theories, case studies, and bibliography.</p>				

Leading Organizations to Achieve the MDGs for Health: Boston University

L&M Curriculum Models	Type/Focus	Methodology	Assessment	Practicum/Fieldwork
<p>“Leading Organizations to Achieve the MDGs for Health” (Boston University)</p>	<ul style="list-style-type: none"> • Short course—four weeks as part of a two year public health degree or as a stand-alone certificate program • Leadership & Management using the Challenge Model 	<ul style="list-style-type: none"> • Experiential and action-based learning • Leading and managing for results 	<ul style="list-style-type: none"> • Short assignment • Final project • Participation 	<p>Yes—a partnership with field sites can be established to allow this to happen virtually</p>
<p>Model Description</p> <p>This four-week course is designed to prepare health managers and consultants to lead organizations to face priority health challenges and achieve results.</p> <p>Participants learn practical skills for mobilizing and aligning groups in the complex conditions of health in the developing world.</p> <p>The curriculum integrates the leadership practices of scanning, focusing, aligning/mobilizing, and inspiring with the management practices of planning, organizing, implementing, and monitoring and evaluating.</p> <p>Participants have the opportunity to explore the practices, values, and methods needed to lead and manage groups and organizations to face a priority health challenge and achieve results. Throughout the program, participants interact virtually with field-based MSH teams in Africa, Asia, and/or Latin America to solve real-world program issues.</p> <p>This course is currently accredited for students who are in the BU public health degree program, and a certificate is received for participation from outside the program.</p>				

ANNEX D: Facilitation Notes for Integration Phases

Engagement Phase

Activity	Facilitator's Role/Steps	Resources Required	Keep in Mind
<p>Initial Contact/Meeting:</p> <ul style="list-style-type: none"> • Local Partner/NGO • Institution • Other <p>Note: Try to arrange for a face-to-face meeting.</p> <p>Ideally, you want to plan to meet with senior level staff/officials.</p>	<p>Through the research conducted while assessing the institution's readiness, the facilitator is prepared to make contact with the appropriate individual(s). Through inquiry (asking what they need) the facilitator guides participants to share/explain:</p> <ul style="list-style-type: none"> • The importance of and need for holding a meeting—preferably a national meeting—to present the current situation as related to leadership and management deficiencies in the health sector and to explore the level of interest and establish commitments for integration programs. • The need, purpose and objectives for integrating a curriculum aimed at strengthening the leadership and management capabilities at the pre-service levels in the country's health sector. • Enlist their support to present the integration program to the right institution(s) (<i>unless the facilitator is meeting with the institution itself</i>). 	<p>Pre-service summary (includes purpose and objectives for designing an L&M integrated curriculum)</p> <p>Be prepared to engage in an inquiry with the counterpart and be informed about the curriculums.</p> <p>Research from previous activity</p> <p>L&M Curriculum Model Options</p>	<p>In determining who should be the first contact, consider that he/she can assist in identifying teams/senior leaders to invite from key training institutions/organizations, facilitate invitations for meetings, and coordinate meeting facilities and resources.</p>
<p>Engagement and Orientation Meeting(s)</p> <p>Prepare for and hold either a central level meeting with multiple institutions or with just institution.</p> <p>Note: This may be a 2-day meeting utilizing the Senior Alignment Meeting (SAM), OR it</p>	<p>Know who will be at the meeting (how many, titles, departments, etc.); determine who may be essential to moving this process forward; know the institutions' background.</p> <ul style="list-style-type: none"> • Are they a public or private institution? Learn about and understand the organizational structures. • Understand the processes for approval and institutionalization to know who to include. <p>Prepare meeting/workshop topics and objectives. Utilize the Senior Alignment Meeting (SAM) to guide the process. Topics should include:</p> <ul style="list-style-type: none"> • Current country situation 	<p>This guide</p> <p>The Leadership Development Program Facilitators' Guide—the Senior Alignment Meeting</p> <p>Facilitators' Beliefs</p> <p>Five Processes of Highly Effective Facilitators</p> <p>L&M Curriculum Model</p>	<p>The SAM has a process for introducing the leading and managing practices, creating alignment—in this case, around the integration program and developing a work plan.</p> <p>Review critical</p>

Activity	Facilitator's Role/Steps	Resources Required	Keep in Mind
<p>may be more informal—this depends on what you and the institution have set up.</p> <p>There may be more than just one of these types of meetings.</p>	<ul style="list-style-type: none"> • Progress and experiences of MSH in leadership and management in the country—noting, if any, pre-service work; • Presenting MSH programs for meeting key challenges in health services through the L&M Results Model and the Challenge Model; • Presenting success stories of current pre-service activities; • Presenting the L&M Curriculum Model Options • Developing letter of agreement to commit to an integration program, with selection of a curriculum model (may require its own meeting). <p>Conduct meeting/workshop and follow up as needed</p>	<p>Options Overview</p> <p>Pre-service Success Stories</p> <p>Sample Letter of Agreement</p>	<p>success factors for integration—can the institutions meet most of the factors? What are some of the major challenges?</p>

Adaptation and Implementation Phase

Activity	Facilitator's Role/Objectives	Resources Required	Keep in Mind
Training of Trainers	<p>With input from appropriate administration and staff, form the Curriculum Integration Team (remember: it is critical to have a member of the team come from the curriculum review committee).</p> <p>Using appropriate exercises from the LDP Facilitator's Guide, train the CIT, and other key faculty as necessary, on the learning methodology by introducing the core program models and structure.</p> <p>With the CIT develop a work plan for the curriculum adaptation. Include a timeline and date for implementation. Be sure to consider institutionalization of the curriculum (may be accreditation) and put these steps into the plan. Take into account how the College Board, faculty, etc will need to be involved in institutionalization.</p>	<p>LDP Facilitator's Guide</p> <p>TOT example: LeaderNet</p> <p>Sample curricula</p>	<p>This may be 1-3 days of meetings/workshops, of varying times. It depends on commitment from senior staff, the time available and capacity of comprehension.</p>

Activity	Facilitator's Role/Objectives	Resources Required	Keep in Mind
Adapt the L&M Curriculum	<p>Following the work plan completed above, adapt the L&M integrated curriculum.</p> <p>Plan for any necessary “review and approval” presentations/meetings with appropriate committees/officials before implementation.</p> <p>Determine best time of year to implement the curriculum, as well as appropriate place in overall curriculum schedule. Plan for the integration by getting any necessary approvals, etc.</p>	Selected L&M Curriculum Model	Facilitation can be provided on-site as well as via remote access (email, skype, etc.)
Implementation and Assessment	<p>Prior to implementation develop a feedback process to assess the first run of the curriculum with the CIT. A separate process (or form) should be developed for faculty and students. This process may be done in a written format or using dialogues for small groups.</p> <p>Proceed with implementation. Be available (either on-site or via remote access) to trouble-shoot any issues that may arise. Plan to be on-site at least once to observe the delivery of the curriculum.</p> <p>Post implementation review and evaluate the implementation with the CIT: process, curriculum, content, materials, results and facilitation skills.</p> <p>Determine areas for improvement and create work plan (if needed) to complete any changes to the curriculum.</p> <p>Plan for additional “orientation” meetings/workshops if need be to improve facilitation skills and comprehension of CIT and other faculty.</p>		

Institutionalization Phase

Activity	Facilitator's Role/Objectives	Resources Required	Keep in Mind
Review Meetings	<p>Prepare presentation of curriculum with the CIT for the review and approval meetings.</p> <p>Review the original workplan for the institutionalization activities and modify as necessary. Ensure the necessary review meetings and/ or approvals are in place.</p>	<p>L&M Integrated Curriculum</p> <p>Assessment Results</p>	<p>Institutions typically have one or more of the following:</p> <ul style="list-style-type: none"> • Curriculum Review Committee • Education Committee • College Board <p>Be sure you are informed</p>
Training of Trainers	<p>Plan and hold one or more training sessions based on meetings/workshops in previous phase to increase the number of faculty/staff who are capable in delivering the curriculum.</p> <p>The CIT and faculty/staff already trained should participate as "facilitators," increasing their capacities as trainers.</p> <p>Provide feedback on facilitation skills and comprehension of the methodologies.</p>	<p>LDP Facilitator's Guide</p> <p>L&M Integrated Curriculum</p>	
Documentation	<p>Prepare a report/evaluation of the process.</p> <p>Note the challenges and how they were addressed as well as any challenges that remain.</p> <p>Note the final results of the process.</p> <p>Provide feedback on the guide itself, with suggestions for improvement.</p>		

ANNEX E: Logistics

Budget Considerations

An institution planning to integrate leadership and management into their pre-service curriculum should plan for the following budget implications:

Resources	Considerations
Staffing: Facilitator	<p>Level of effort will vary depending upon the model chosen and the division of responsibilities between the facilitator and CIT. At minimum, the following LOE should be considered:</p> <ul style="list-style-type: none"> - Engagement : 5 – 10 days (depending on how many meetings/ trips needed) - Feedback and adaptation: 5 - 14 days (may be two activities) - TOT: 5 – 10 days (depending on how many groups need to be trained) - Follow up: 3 – 7 days - A few days may be needed for site visits to practicum sites <p>Ongoing management and coaching: at least 2 days per month</p>
Staffing: Curriculum Integration Team	<p>Level of effort will vary depending upon the model chosen and the division of responsibilities between the facilitator and CIT. At minimum, the following LOE should be considered:</p> <ul style="list-style-type: none"> - Engagement : 1 day/per person - Feedback: 1 day/per person - Adaptation: 5 – 10 days/per person - TOT: 3-5 days (depending on model/level needed) - Implementation Follow Up – 2 days/per person to review - Stakeholder Management: 2 days per stakeholder group (will vary dramatically depending upon institution)
Staffing: Administrative/Field Coordinator	Level of effort 2 days per workshop (at least) plus at least 2 days per month of the project.
Travel	If the facilitator is not local they will need multiple trips: 1 -2 for engagement, 1 for feedback on the curriculum, 1 for adaptation (if not done in conjunction with feedback), at

	least 1 for TOT (could be more) and 1 for follow up after implementation. There may also be some local travel associated with site visits for the field component.
Workshop	Workshop costs include local travel and lodging (if necessary), venue, lunch, coffee/tea breaks, equipment rental (if using). There will be at least 3 workshops (feedback, adaptation, TOT) or more depending upon the model chosen and the institution.
Printing	Costs to print revised curriculum. May also want to consider using electronic media if available in the institution.
Communication	Telephone and internet for ongoing communication of facilitator

Timeline

An institution can move fast or slow through the entire process. It depends mostly on the approval process and the way the different committees work and the time they meet to make decisions. It is important to note as early as possible in the process, the number of meetings that will be needed—and their individual length of times—in order to develop a feasible work plan and timeline. Be prepared to make adjustments as needed. Once the process is in motion, it is critical to keeping it moving forward by determining next steps, set next meeting dates, etc. This is where the Champion plays a critical role.

The L&M curriculum models presented in this guide took 2-3 years to develop and integrate—from the initial meeting to the final institutionalization and institutionalization. The design phase itself, took from six months to one year. However, these model curriculums should not require intensive adaptations. It is important to select the appropriate model according to the needs and current organization of the institution’s pre-service program, thereby minimizing the time needed for adaptation.

ANNEX F: Sample Letter of Agreement

Between: _____ and MSH (or individual consultant)

Purpose: For the design and implementation of integrated leadership and management modules in the pre-service program of _____

Effective Date: _____

Summary:

Technical assistance will be provided to the designated team at _____ to design/adapt and implement an effective integrated leadership and management module into the pre-service curriculum.

(Note: the following are all samples. The bolded headings are recommended items to consider. They should be a result of several workshop exercises that come out of a Senior Alignment Meeting: Creating a vision, Using the Challenge Model, etc.)

Goal:

Design and implement a module whose focus is management and leadership that will be supported by the authorities of _____ and a team of facilitators to develop the future generations of health managers who lead in both pre-service and in service programs.

Vision:

"PRODUCING HEALTH CARE WORKERS CAPACABLE OF LEADING HEALTH CARE TEAMS TO ACHIEVE BETTER HEALTH FOR COMMUNITIES THEY SERVE IN "Country name "AND BEYOND."

Outcomes:

1. A standardized leadership and management module is designed and implemented for the (health institution) students and other participants to implement at _____ that can also be applied to other organizations in the country, as well as the surrounding region. This module reflects MSH's Leadership & Management models.
2. A team of facilitators is developed at _____ with high competencies and abilities to teach and transfer the L&M process and modules.
3. L & M module is approved and incorporated into _____ curriculum.
4. L & M module is accredited as part of the students' evaluation and assessment.

Responsibilities (Note: list here specific tasks of TA provider *and* client. Be as clear as possible.)

1. ____ will provide all the logistical materials (Video, audio, as well as physical location) to support the necessary activities for meeting/conferences between the designated and consulting teams for X for the duration of the design and implementation process.
2. The program will finance all expenses including transportation, lodging, meals, and salaries for the consulting team. Provide tools and resources for the design and implementation module at hand.
3. The team members are X & Y. They will follow the initial work plan defined during the startup activities/Senior Alignment Meeting.

Implementation

1. Accept Terms from X for the development of the modules within the established timeframe and conditions.
2. Notify the authorities in (insert country) of your projects to bring them on board and secure their participation to implement the module at their completion.
3. Establish the team to develop the module, which shall consist of those who participated in the initial orientation.

List of Team Members

4. Establish the available tools and initiatives in X at ____ with proven success.
5. Elaborate an updated curriculum utilized in various graduate programs in ____.
6. Elaborate a specific work timeframe based on the defined actions established at the initial orientation.
7. Schedule the first site visit.

(May also want to include the following):

Include issues of funding if necessary. For example: Each organization of this document is responsible for its own expenses related to it. There will/will not be an exchange of funds between the parties for tasks associated with this document.

Terms of Understanding

The term of this is for a period of _____ from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least _____ to ensure that it is fulfilling its purpose and to make any necessary revisions.

Authorization

The signing of this is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives as stated.

On behalf of the organization I represent, I wish to sign this and contribute to its further development.

Your organization:

Name *Date*
Title /Organization

Partnering Organization:

Name *Date*
Title/ Organization