

First-class training in health care leadership

The world's first degree programme in health care delivery science is offered by Dartmouth College in New Hampshire. Health care managers are trained in how to reverse the continuous rise in health service costs. As a leader in Norwegian hospitals over many years, I have been amazed at everything that fails to function, despite committed professionals who make every possible effort. In this article I wish to share my experiences from this study programme.

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Leading educational experts from the Tuck School of Business and The Dartmouth Institute have combined forces to create this unique programme of study in health care delivery science (1). The idea originates from a scientific work which showed that the variation in delivery of health services could be largely explained by the individual doctor's preferred practice rather than by the patient's condition in itself (supply-sensitive care) (2). One of the measures to reverse this development was to train leaders in «health care delivery science», and the master's degree was instituted in 2011.

Study model

The cohort consisted of 42 students, the majority of whom were doctors and hospital managers, and of three non-Americans, I was the only European.

The teaching was designed as a combination of attendance on campus and online work from home over an 18-month period (3). The preparations included tests in mathematics and in the Excel spreadsheet program. Attendance at Dartmouth comprised a total of six weeks divided into four residency periods.

A normal day on campus consisted of 10–12 hours of teaching, followed by preparation for the following day. The Americans were ambitious: they generally rose at 5 a.m. and appeared to work non-stop. The course was arranged so that everyone took their own workplace as a starting point from which to address specific challenges presented there, and find solutions to these. The teachers were outstanding educationalists. They were familiar with our backgrounds and provided individual follow-up.

The iTunesU and Canvas platforms were used for the online teaching, and over time it was surprising how effective and natural this way of working became. The electronic



A snapshot from a break in a learning laboratory. Photo: Inger Meland Buene

solutions were designed so that even 10-minute breaks in the day could be utilised. The syllabus consisted of articles, videos and recordings of the teaching sessions, and was continuously updated on the electronic platform. The technical solutions and ICT support staff were impressive. Due to its innovative use of technology in teaching, the master's programme was given recognition by Apple Inc. as a «distinguished program» in 2015 (4).

Online teaching and group work – a total of 3–4 sessions per week – largely coincided with afternoons or evenings in Norway, or daytime hours at weekends. My own submissions, comments on others' submissions and a consistently high level of independent work were elements of the study programme. A professor led the sessions, and everyone was expected to participate actively.

Around 15 hours per week of independent work are stipulated, but considerably more time was often required. The student's family must obviously have an understanding of the magnitude of this study programme before it is embarked upon.

The application process for Dartmouth requires references and personal interviews before admission. Foreign students must have a full-time student visa (F-1) in the USA.

Fundamental understanding

The entire programme builds upon the understanding that improvement and development in the health services shall enhance the value of what we deliver. The value is represented by patient outcome from all forms of treatment contact, weighed against the costs of providing this health outcome. It is therefore essential to know that the treatment will give the desired result in the long term. The health services field is one that has the greatest potential for value creation, as it can promote competition for improved patient health (5).

The programme was well-rounded, with courses in leadership, team work, strategy and negotiation, change leadership, innovation and use of information technology. Subjects such as business administration, health economics and policy, health com-

munication, strategic marketing and personal leadership were also included.

The study design was inspiring, since a highly relevant syllabus was closely linked to the tasks of one's own leadership position. We undertook several large projects in my own department, involving clinical microsystems and process analysis, for example. I was also involved in a project in which we worked towards a solution for medication reconciliation. It was exciting to familiarise myself with an organisational model that supported the holistic service for the patient, whereby hospitals and the primary health service were viewed as one entity.

What we can learn from the Americans

First, Dartmouth trains health leaders not only to understand, but to be capable of transforming the health services in order for them to provide enhanced quality at reduced cost.

Second, Americans provide us with role models in the form of CEOs of large health enterprises who are able to create unified cultures, inspire employees and take the lead in patient safety (6, 7). Third, we can learn from the Americans' action orientation and purposefulness, and learn to make greater strides without always being able to foresee

all the consequences. Entirely new ways of doing something may often result in the greatest improvements. Finally, we can take on board that pace and an understanding of when it is *really* urgent are key to achieving necessary changes. I feel that the move towards a value-based focus in the American health services is accelerating. The majority of my fellow students work with funding systems and organisational models that promote a value-based development. They have to demonstrate the outcome of the treatment that they provide.

With a «Master of Health Care Delivery Science» one becomes part of a lifelong network of alumni at Dartmouth. Precisely because of cultural differences and dissimilarities in current health systems, the degree programme is highly relevant for Norwegian doctors and health managers.

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