



APPLIES TO ACADEMIC YEAR 2013/2014

MAN 2916/2917/2918/2919 Leadership in clinical microsystems - RE-SIT EXAMINATION

Programme

Final Master of Management Program, Master of Management Program

Responsible for the course

Egil Marstein

Department

Department of Innovation and Economic Organisation

Term

According to study plan

ECTS Credits

30

Language of instruction

Norwegian

Introduction

Leadership in public hospitals is complicated and challenging. At the administrative level one is primarily focused on satisfying hospital owners as to resources application. Key hospital stakeholders also need to be recognized in terms of the contributions made relative to returns provided.

Leadership at the clinical level; i.e., where patients are admitted, treated and released calls for a more operational approach. Central to all activities is responsible and professional treatment and care of the patient and later the discharge involving securing necessary patient training to secure rehabilitation and recovery,

The clinic employ two thirds of the hospital's staff and consumes its resources correspondingly. It therefore meakes sense that focus need not only be on clinical practice and patient care regimes. Clinical leaders are in charge of deploying hospital resources in ways that ensure the most efficient allocation of its resources.

As leadership turnover in hospitals remain high and operational deficits continue to accrue, hospital owners are acutely aware of the need for improved leadership not the least at the clinical levels.

Traditional leadership programs focusing on instrumental, top-down processes have failed to produce a best practice in hospital management. Intra-cultural differences represent key challenges in developing a common denominator for leaders at both administrative and clinical levels.

The hospital sector itself recognizes that changes are necessary in the way one perceives leadership in the deliveries of public health services.

The Clinical Leadership program is based on the Microsystems approach to clinical supervision. Its prerequisites are patient focused care, multiprofessional teamwork, and the employment of best clinical practice throughout a dynamic range of clinical resources.

The clinical leadership program at BI draws on teaching resources from various institutes within BI. However, one also calls on key external resources within hospitals and government intstitutions as well as from guest lecturers from other universities.

One also seeks to invite staffs from internationally accredited university institutions to share academic knowledge and findings from practice related research.

The program is especially developed for those seeking the challenging leadership oportuities in the hospital clinics.

Other candidates are also invited, especially one seeks to attract sector governance representatives to observe and to learn more about the leadership challenges anda possible solutions bringing about better and less costly medical services deliveries.

Objective

The clinical leadership program is dedicated to the delivery of new and research beased knowledge on organization and leadership as it applies to the public health sector.

The graduating students should be in animproved position to strengthen the hospital's ability to attain its goals and objectives. Furthermore, establish a common norm for the leadership role, its concepts and best practice.

Prerequisites

Bachelor degree or equivalent and 4 years of work experience. Please consult our Student regulations.

Compulsory reading

Books:

- Arntzen, Elisabeth. 2007. En forutsigbar helsetjeneste : kvalitet og orden i eget hus. Gyldendal akademisk. 218
- Erichsen, Vibeke, red. 1996. Profesjonsmakt : på sporet av en norsk helsepolitisk tradisjon. Tano Aschehoug
- Haug, Kjell , Oddvar M. Kaarbøe og Trond E. Olsen, red. 2009. Et helsevesen uten grenser?. 2. utg. Cappelen akademisk forlag. 358
- Hennestad, Bjørn og Øyvind Revang. 2006. Endringsledelse og ledelsesendring : endringslæring for praktisk orienterte teoretikere og reflekterte praktikere. Universitetsforlaget. 225
- Magnussen, Jon, Karsten Vrangbæk and Richard B. Saltman, eds. 2009. Nordic health care systems : recent reforms and current policy challenges. McGraw-Hill/Open University Press. 329.
http://www.euro.who.int/observatory/Studies/20091021_2 (Kan lastes ned som Pdf fil)
- Martinsen, Øyvind L., red. 2009. Perspektiver på ledelse. 3. utg.. Gyldendal akademisk
- Nelson, Eugene C., Paul B. Batalden and Majorie M. Godfrey, eds. 2007. Quality by design : a clinical microsystems approach. Jossey-Bass
- Nordby, Halvor. 2009. Kommunikasjon og helseledelse. Cappelen akademisk forlag. 130
- Olsen, Jan Abel. 2006. Helseøkonomi : effektivitet og rettferdighet. Cappelen akademisk forl. 154
- Tjora, Aksel, red. 2008. Den moderne pasienten. Gyldendal akademisk

Recommended reading

Books:

- Esping-Andersen, Gøsta, with Duncan Gallie, Anton Hemerijck and John Myles. 2002. Why we need a new welfare state. Oxford University Press
- Freidson, Eliot. 2001. Professionalism : the third logic. Polity Press
- Greenhalgh, Trisha ... [et al.]. 2005. Diffusion of innovations in health service organisations : a systematic literature review. BMJ Books Blackwell
- Hamowy, Ronald. 2007. Government and public health in America. Edward Elgar
- Kjekshus, Lars Erik. 2004. Organizing for efficiency : a study of Norwegian somatic hospitals. Department of Political Science, Faculty of Social Sciences, University of Oslo : Unipub
- Wickramasinghe, Nilmini, Jatinder N. D. Gupta and Sushil K. Sharma, eds. 2005. Creating knowledge-based healthcare organizations. Idea Group Publishing

Journals:

- Bate, Paul. 2000. Changing The Culture of a Hospital: From Hierarchy to Networked Community. Public Administration. Vol. 78, No. 3. (485-512)
- Foster, Tine (m.fl.). April 2008. Residency Education, Preventive Medicine and Population Health Care Improvement: The Dartmouth-Hitchcock Leadership Preventive Medicine Approach. Academic Medicine. Vol. 83, No. 4
- Hjellebrekke, Johannes. 24.10.2001. Om makt og medisin med utgangspunkt i Pierre Bourdieu sin sosiologi. "Makt og Medisin" ved Institutt for allmenn- og samfunnsmedisin. Universitet i Oslo
- Joyce E., Remus Ilies and Megan W. Gerhardt. 2002. Personality and Leadership: A Qualitative and Quantitative Review. Journal of Applied Psychology. Vol. 87, No. 4. 765 – 780
- Llewellyn, Sue. 2001. Two-way Windows': Clinicians as Medical Managers. Organization Studies. 22/4. pp 593 – 623
- McAlerney, Ann Scheck, (m.fl.). Spring 2005. Developing Effective Physician Leaders: Changing Cultures and Transforming Organizations. Research and Perspective on Health Care. Vol. 83, No. 2
- Ogrinc, Greg (m.fl.). 2008. The SQUIRE (Standards for Quality Improvement Reporting Excellence) guidelines for quality improvement reporting: Explanation and elaboration. Quality and Safety in Health Care. 1 – 20

Other:

- Baldrige National Quality Program. National Institute of Standards and Technology; United States Department of Commerce, Gaithersburg, MD, USA
- Scheinin, Martin (red.). 2001. Welfare State and Constitutionalism – Nordic Perspectives. The Research Programme "Norden och Europa. The Nordic Council of Ministers, Copenhagen

Course outline

Computer-based tools

None

Course structure

The program covers 6 individual teaching seminars each of 3 days representing approx. 150 hrs. Students receive individual assistance on project completion upward to 3 hours.

Examination

The students are evaluated through a term paper, counting 18 ECTS credits and an individual written exam, counting ECTS 12 credits. Both evaluations must be passed to obtain a certificate for the program. The term paper may be written individually or in groups of maximum three persons.

For students taking this program as the final Master of Management Program the following applies:
The students are evaluated through an individual term paper, counting 24 ECTS credits and an individual written exam, counting ECTS 6 credits. Both evaluations must be passed to obtain a certificate for the program.

Examination code(s)

MAN 29161 - term paper; accounts for 100 % of the grade to pass the program MAN 2916, 18 credits
MAN 29171 - individual written exam; accounts for 100 % of the grade to pass the program MAN 2917, 12 credits
Both evaluations must be passed to obtain a certificate for the program.

For students taking this program as the final Master of Management Program the following applies:
MAN 29181 - individual term paper; accounts for 100 % of the grade to pass the program MAN 2918, 24 credits
MAN 29191 - individual written exam; accounts for 100 % of the grade to pass the program MAN 2919, 6 credits;
Both evaluations must be passed to obtain a certificate for the program.

Examination support materials**Re-sit examination**

At the next ordinary exam.

Additional information