

INTRODUCTION  
TO  
ADMINISTRATION

Training Coordinator's Guide  
University-Affiliated Programs

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## INTRODUCTION

Administration, in health care today, has become a clinical reality! Clinicians are confronted with administrative issues on a daily basis. The need to join collaboratively with administrators in solving complex problems affecting direct care, is immediate and growing.

The increasing emphasis on health and human services as a business and consequently on Administration, is particularly significant to University Affiliated Program (UAP) trainees who are preparing for leadership in today's marketplace. Without some awareness of what this "new world" entails and how to approach it, these trainees may be frustrated and unsuccessful in establishing and maintaining a leadership role in their prospective organizations.

But what do trainees need to know about Administration and how can it be included in an already overloaded program? These questions have been asked in almost every UAP by training coordinators and administrators alike. Many UAPs have developed courses and activities which emphasize specific administrative topics of most interest to trainees, i.e. proposal-writing, budgeting, organizational structure, supervision. Others have provided it informally within the context of case management. One or two UAPs as well as the American Association of University Affiliated Programs (AAUAP) Administrators' Committee have attempted to establish standards with specific knowledge and skill areas for the discipline. But none of these efforts have resulted in a generally accepted approach for including Administration as a core discipline in the interdisciplinary program.

This project was initiated to review the work of the past as well as the needs of the present environment and to recommend a practical approach for recognizing and including Administration in the current interdisciplinary program.

Through interviews and surveys of over 200 former UAP trainees and potential employers of these individuals, and with the help of a National Advisory Committee, objectives have been formulated and various instructional strategies suggested for introducing Administration to clinical trainees. It is hoped that trainers will adapt these materials to their own style and circumstance and that the content will help prepare potential leaders in the field of services to handicapped children, adolescents and their families, for the administrative realities they will encounter in the environment of today.

## UAP REALITIES

A number of UAP "realities" have been recognized and addressed in the development of this approach. Among them are the following:

1. In many UAPs, Administration is not presented as an academic discipline in the interdisciplinary manner outlined below by federal standards for a UAP training program:

According to federal standards, a UAP shall conduct an effective interdisciplinary training program for persons concerned with developmental disabilities. The training shall enable students to:

- a) Develop skills for effective participation in interdisciplinary team processes;
- b) Become aware of, and use appropriately, the contributions of other professions in the treatment and care of persons with developmental disabilities and
- c) Realize the interdependent nature of various disciplines in serving persons with developmental disabilities and alter the trainees' practice of their own disciplines accordingly.

In spite of the fact that Administration has been acknowledged as one of the disciplines in the interdisciplinary process, it is not generally recognized as other disciplines are, i.e., through proper identification of philosophy, approaches, tools and unique contributions. Consequently, students do not "realize the interdependent nature of this discipline" with the others, and "alter their practice of their own discipline accordingly".

2. Administration has no agreed upon definition among UAPs. Some UAPs concentrate on traditional academic health administration categories; others focus on various behavioral processes (communication, motivation, conflict-negotiation) or specific processes of daily administering such as time management or supervision. In some UAPs, the management of an individual case is considered administrative training of sorts.
3. In all cases, UAPs have focused on various sub-parts of the discipline of Administration, rather than on the larger issue of whether Administration has a unique role in general, in relation to direct care. Most UAPs have not considered what that role is, how it is unique from other disciplines and how clinicians can best interact with and utilize the concepts of Administration in the delivery of care to the child and family.

4. There is a lack of clarity in the objectives for administrative training. Some UAPs believe they should be training pre-service trainees to fulfill administrative responsibilities of some unknown, future position. Others feel they should be training students to recognize Administration as a unique discipline which has bearing on how a clinician practices just as other disciplines have.
5. It is easy to forget, overlook or minimize the theoretical and academic aspect of Administration since most individuals, including administrators themselves, are forced to deal on a daily basis with procedures, paperwork and a myriad of other details in which Administration often manifests itself. Administration is often defined by those who have not had any theoretical training, as the handling of these bothersome details. Consequently the discipline may be underestimated in the role it plays in health care delivery and treatment.
6. Both training coordinators and administrators often feel uncomfortable in teaching administrative topics. Training coordinators have not had a framework within which they could coordinate this type of training. Administrators are often specialists in one or two subcategories of Administration and are not practiced in relating their area of expertise to clinicians in terms clinicians can relate to and can understand. Often, when a theoretical presentation is made to trainees, it may appear to be an abstract, "boring" body of knowledge which seems far removed from the individual patient.
7. Administrators are often seen as insensitive and uncaring in regard to patient care and their perspective may get discounted before it is seriously considered. In many organizations a "we-they" feeling exists between clinicians and administrators and clinicians may not want to be identified with those whom they think care only about the "bottom line" or about bureaucratic procedures. This may be particularly true for trainees at the early stages of their clinical professional development when there is a strong pull to emphasize their clinical role among clinical disciplines.
8. Last, but definitely not least, the current training program for UAP trainees is already overloaded and very little time is available for adding an additional component to the interdisciplinary core program. Although, "Program Administration" has long been recognized by the AAUAP Interdisciplinary Council and all UAPs as an important part of leadership training, the realities mentioned above have prevented this area from being fully developed in most, if not all, UAP training programs.

## SUMMARY OF THE TRAINING PROGRAM

This guide, specifically designed for UAP trainers, introduces Administration as one of the disciplines in the interdisciplinary process which significantly impacts direct care and the direct care provider; perhaps more so than any other discipline.

Materials are included for offering a core course, which could range from three to ten or fifteen hours, depending upon the time and resources available. All types of trainees would benefit from the course including medical residents, psychology fellows, MSW practicum students, and other clinical and administrative trainees and staff. Emphasis is on increasing the trainees' ability to interact more effectively with this discipline and to provide a "road map" for future study and skill development when the need arises.

The guide answers such questions as:

- What is Administration?
- Why will this information help clinicians in their practice?
- What is the role of this discipline in the delivery of direct care?
- Why should this discipline be introduced to trainees?
- What should be taught?
- How can it be presented within the given time and resources?
- How can it be coordinated by someone without formal training in Administration?

A broad goal and two specific objectives are recommended. These are based on a careful review of UAP time, resources and past work in this area, as well as on feedback from over 200 former trainees and potential employers who were surveyed for the project.

Each of the objectives is accompanied by a number of activities which might be used to accomplish the objective. Step-by-step procedures are provided in the Activities Section of the manual. The Exhibits Section includes accompanying handouts and the Readings Section provides additional background reading for the activities. Trainers are encouraged to adapt these activities to their own program or create others to accomplish the objectives.

The ultimate goal of the training is to increase the ability of clinicians and administrators to work collaboratively and to assist clinical trainees in utilizing "administrative thinking" and other contributions of Administration, in developing appropriate and realistic treatment plans for patients and their families.



## WHAT IS ADMINISTRATION?

Administration can be defined in a number of ways depending on whether one is referring to it as (1) an academic discipline such as Education or Social Work, (2) as a governing body of people who manage a program or facility, i.e., "The Administration", or (3) as an organizational function which is responsible for all issues considered non-clinical in nature.

For the purposes of this training and in order to be consistent with other disciplines on the interdisciplinary team, Administration will be defined primarily as an academic discipline which is dedicated to the organization, management and delivery of services on an equitable and cost-effective basis and which has unique contributions to make in the treatment and care of individuals who have disabilities and their families. Like Medicine, it encompasses a number of broad content categories which are sub-specialty areas and which address various parts of the total system. These areas are outlined by the Accrediting Commission on Education for Health Services Administration as well as the American Association of University Health Administration Programs and include:

1. Organization Theory and Design
2. Planning, Marketing and Control
3. Financial Management
4. Human Resources Management
5. Legal Issues and Advocacy
6. Management Information Systems
7. Health Economics
8. Health Care Systems
9. Facilities Management
10. Quantitative Methods and Research

All of the above areas comprise the knowledge component of the general field of Health Administration and have a profound impact on the delivery of care. These categories would be found in the basic academic curriculum of university health administration programs, and the study of these areas usually requires a minimum of one full year of graduate school and a practicum.

NOTE: See handouts in Exhibit A (Administrative Sub-Specialty Areas) for more specific explanation of categories.

WHAT IS ADMINISTRATION? (Continued)

In addition to the knowledge areas above, a number of behavioral skills are required of administrators. Although many of these skills have a theoretical base which is included in most university health administration programs, their practical application is often learned through internships, educational seminars or on-the-job. These skills involve processes such as problem-solving and decision-making, conflict management, negotiation and collaboration, team-building, allocating resources, organization politics, communication, managing change, performance analysis, establishing networks and understanding leadership styles.

Developing these behavioral skills is an important aspect of administrative training which should be encouraged throughout the trainees' entire experience. (In fact, opportunities to do so are available in the exercises in this manual.) The primary purpose of this curriculum, however, is to build awareness and appreciation of Administration as an important discipline in the interdisciplinary process and in the delivery of care to clients and their families. Once awareness of the field is developed, the trainee will have a framework for proceeding with more specific training in the various knowledge and skill areas, when the need arises.

The presentation of this definition of Administration to trainees can be beneficial in helping to overcome some of the more negative feelings about Administration that often arise early in a clinician's experience. If attention can be focused on the areas of expertise to be found in this field rather than on the daily administrative details of an organization which can seem frustrating and irrelevant, an awareness of how this expertise contributes to direct care can then begin to develop.

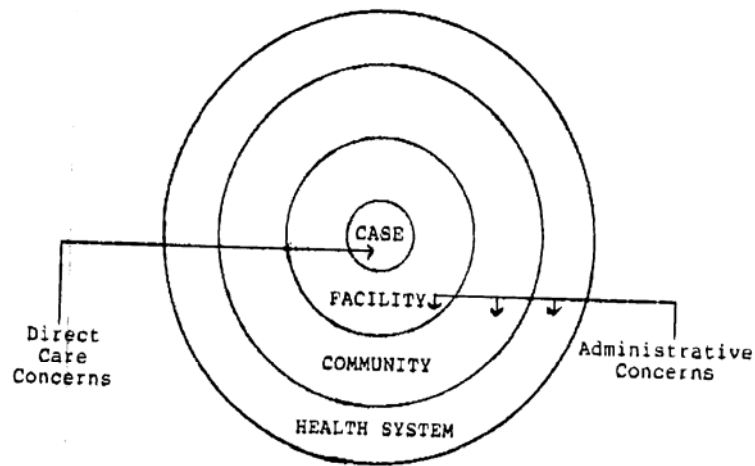
NOTE: See videotape entitled "Administration: A Clinical Reality" for how clinicians are experiencing this field in health care today.

See reading entitled "Training Leaders For Maternal And Child Health Services" for relationship of administrative training to leadership.

## ROLE OF ADMINISTRATION

Administration plays a unique and significant role in the delivery of care. In general, that role is to create the best possible environment(s) for direct care to take place, within the available resources.\*

As shown in the model below and in Exhibit C, every case is surrounded by environments which create a context for direct care. Administrative issues arise from and address these environments. In order for a total system of care to be provided for the patient, both direct care and administrative issues must be considered.



TOTAL SYSTEM IMPACTING CARE

Within this model, clinicians must interact with Administration and administrators on a daily basis; they must problem-solve around issues of mutual concern, and in some cases they will assume administrative responsibilities. There is no doubt that this discipline will significantly affect the professional life of both the clinician and the patient thus playing a major role in the delivery of direct care.

\* From The Association of University Programs in Health Administration.

## ADMINISTRATIVE PERSPECTIVE

As administrators function in their role of attending to various "environmental" issues; they approach any incident, case or clinical program from a much different perspective than clinicians approach the same situation. In general, this difference can be summarized as follows:

<u>Clinical</u>	<u>Administrative</u>
1. Single case oriented.	1. Population and organization oriented.
2. Focused on direct care of patient/client/family.	2. Focused on issues in delivery systems surrounding case.
3. Expertise in technical fields affecting direct care.	3. Expertise in general processes and management.
4. Recommends optimal quality care for each client.	4. Recommends optimal care within limited resources.
5. One-on-one communication emphasized.	5. Whole group communication emphasized.
6. Work is done by self.	6. Work is often delegated to others.

These seem to be basic differences which are relatively easy to understand but difficult to incorporate into practice, and are often at the heart of misunderstandings between clinicians and administrators. Clinicians tend to think that administrators do not care about the patient and administrators think clinicians are not concerned about the organization.

This guide places a great deal of emphasis on helping trainees understand how to "shift gears" and "think administratively" when necessary. This understanding should provide a basic foundation for interdisciplinary interaction and for future growth in Administration when needed.

Further reading on this topic is provided in the Readings Section: "The Professional As A Manager".

WHY SHOULD ADMINISTRATION  
BE INTRODUCED TO CLINICAL TRAINEES?

Perhaps more than any other discipline, Administration impacts direct care and the direct care provider. It is a fact of life in today's health and human service environment and clinicians are confronted with administrative issues on a daily basis, immediately upon entering the marketplace.

This was confirmed, not only by former UAP graduates who were interviewed in depth about the responsibilities they encountered when they entered their present position (See Exhibit G), but also through articles and letters in various health care publications. A recent issue of the New England Journal of Medicine (August, 1986, p. 512), for example, emphasized the need for formal, administrative training for physicians and outlined eight specific skill areas which closely parallel those introduced in this project. A later issue (February, 1987, p. 342) reinforced this perspective by stating that clinicians will "need to view patient care from a population perspective and will need to develop economic and organizational skills that have been foreign to the practice of medicine".

Clinicians who would like to become team leaders, program directors and clinical administrators, will find that an introduction to Administration can:

1. Provide a "road map" for more specific training at a later date.
2. Build awareness of areas of administrative expertise which might be applied, on a consultation basis if necessary, to direct care planning.
3. Increase their ability to address program problems versus those problems involving the individual case.

WHY SHOULD ADMINISTRATION BE INTRODUCED TO CLINICAL  
TRAINEES? (Continued)

A clinician who may not aspire to be an administrator or manager, will find that being aware of administrative thinking and administrative concepts which affect direct care can help them:

1. Initiate interactive communication, cooperative planning and joint problem-solving with administrators.
2. Request assistance which is appropriate to expect from administrators.
3. Respond helpfully to requests from administrators.
4. Provide constructive feedback to administrators.

An introduction to Administration can help prepare trainees for the demands and expectations of future employers. Comments from many of these employers are included in Exhibit H.

Understanding Administration and its role in direct care can reduce stress and frustration which often occurs when clinicians try to deal with "the System" and can lead to the elimination of a "We-They" feeling between clinicians and administrators which is apparent in many organizations.

Finally, a general introduction of Administration is in keeping with Federal Standards mentioned earlier in the "UAP Realities" section of this guide and with the AAUAP Membership Criteria for Training.

## GOAL AND OBJECTIVES

### (What Should Be Taught)

Determining what should be taught to trainees about Administration in the few hours which might be available is as difficult as determining how to introduce Nursing or Pediatrics or Physical Therapy or any other discipline in that amount of time.

Many UAFs have addressed the problem by selecting specific administrative topics which they feel might be most valuable to trainees in the future, such as budgeting, supervision or other management topics. However, introducing the discipline of Administration in this manner is like introducing the field of Medicine by offering courses in drawing blood, giving injections, or providing cardio pulmonary resuscitation (CPR). They may be very practical areas of instruction but they do not make trainees more aware of the field in general.

Considering the UAF realities discussed earlier, and the needs of both the trainees and future employers, this guide recommends the following goal and objectives.

#### GOAL

To enable clinical trainees to:

- a) become aware of the contribution of Administration as a discipline to the care of individuals with developmental disabilities and;
- b) understand the interdependent nature of clinical and administrative perspectives so that they might alter the practice of their own discipline accordingly.

#### MAJOR OBJECTIVES

1. Be able to demonstrate an understanding of both clinical and administrative perspectives as they affect direct care.
2. Be able to name at least five content areas in Administration and explain how the major concepts/approaches/tools affect direct care.

## GOAL AND OBJECTIVES (Continued)

These objectives emphasize awareness of the entire field of Administration rather than the development of knowledge and skills in one or two specific areas. Although some basic skills are introduced (i.e., proposal-writing, budgeting and those which might be presented with each subcategory) the primary purpose is to develop an appreciation for the contributions of the field and an awareness of how to interact more effectively.

The major concepts which are emphasized in this guide and which can be reinforced formally and informally during the entire UAP training experience are as follows:

1. Administration is a field of study with a theoretical base; not to be confused with "administrivia", bureaucracy, paper-work or lower-level support functions.
2. Administration, with its sub-specialty areas, significantly impacts both the direct care provided to the patient and the individual clinician.
3. Direct care, and professional life in general, can be enhanced through the clinician's awareness, insight and consideration of the administrative environment which comprises the context for every case.
4. Administrators utilize a perspective which is very different from a clinical perspective and which focuses on population (whole group) rather than individual case issues as well as other differences. Together the viewpoints cover the total system of care impacting a case.
5. The health and human services environment is becoming increasing cost-conscious, competitive and business oriented, and all clinicians must work with these administrative realities in an administrative environment.
6. Joint decision-making between clinicians and administrators is necessary in today's world. Each needs to understand how to "shift gears" when necessary, to think in terms of the others' perspective, and to work collaboratively as a team in planning and delivering patient care.



## HOW TO TEACH ADMINISTRATION

"Teaching is the general process of enabling the learner to acquire the learning." - Leonard Nadler.

This guide offers UAP trainers a rationale, conceptual framework, recommended objectives and a wide variety of instructional strategies and exercises for introducing Administration to clinical trainees in a UAP environment. It does not assume the trainers will actually be delivering the content unless they feel experienced and comfortable with the administrative areas being addressed.

In many cases, the trainer will want to assume a facilitator's role and will:

- a. Identify the most appropriate strategies for particular learners to use in achieving the objectives,
- b. Assist in structuring the trainees' time to be able to complete the objectives,
- c. Locate appropriate resources in the organization, university or community to achieve the objective,
- d. Organize group sessions which might be helpful,
- e. Assess the learning experience and determine if the objectives have been met,

Many of the suggested activities can be implemented by individuals who may not have a degree in an administrative area, but who have experience in thinking administratively. Other activities, however, will require a content expert who would be willing to present his/her area of expertise to meet the recommended objectives. It is assumed that these resources will be available from university Business Administration and Health Administration programs or from the management staff of community agencies. The responsibility of the facilitator will be to make sure the presenters understand the intent of the training and tailor their presentation accordingly. A sample letter to explain this to potential presentors is included in Exhibit K.

## GENERAL TRAINING RECOMMENDATIONS

Include administrative objectives as put forth in this guide, in the individual training plan for each trainee. Strategies for accomplishing the objectives might be selected from the suggestions in the guide or through other means which might be available in the UAP, university or community.

Take an experiential approach whenever possible. Use your organization and community as a laboratory. Set up opportunities for the trainee to investigate and/or solve real problems and to make connections with decision-makers in outside agencies. Work together in reflecting on and analyzing these experiences to determine what administrative factors were impacting the situation, how these might be addressed and how this learning can be generalized to future situations.

Connect the learning with career planning. Emphasize the increasing importance of administrative knowledge in today's marketplace. Give trainees certificates of completion, if appropriate, to indicate a certain number of hours have been spent in administrative problem solving and study. This may be helpful to them in their job search and on their resumes. Consider the timing of exercises and include them when the student is ready to think about entering the job market.

Relate administrative topics to direct care as much as possible. Avoid theoretical, abstract lectures and discussions about administrative content areas which can be obtained more effectively through the academic courses in Health Administration. Encourage the development of overall sensitivity and awareness to an administrative perspective. Provide reference material so that when specific knowledge is needed, the student will know what questions to ask and where to obtain the answers.

Advise students that often there is no single "right" answer in solving administrative problems and that a number of solutions might be appropriate. The expertise required is often in knowing the questions to ask, and integrating politics, economics, human relations and principles of organizational behavior to bring about desired results. This takes attention to practice and an openness to constant new information in a dynamic, changing system.

Infuse the curriculum into the entire training program so that other staff members can reinforce the "administrative thinking" approach whenever possible. Give inservice sessions to staff using the materials in this manual, particularly pages one through ten.