AIM OF COURSE
This External Training Module is designed to assist the Trainee to acquire knowledge and skills for competency in Health Administration, Leadership and Quality Management. Commitment to the module is a formative activity. Assessment of progress in these professional areas will occur as special activities conducted during training and these topics may be included in both the Fellowship Written Examination and the Fellowship Clinical Examination.

METHODOLOGY
This formative assessment is conducted by correspondence or by attendance at an appropriate workshop. All correspondence and enquiries should be directed to: rehab@racp.edu.au

ASSUMED KNOWLEDGE
No prior knowledge is assumed for this subject. A reading list is provided for use with the essay assignments. Candidates will find this list useful also for pre-reading for clinician leadership workshops.

Examples of acceptable referencing systems can be found at: http://www.lib.monash.edu.au/tutorials/citing/

OUTCOMES:
At the conclusion of this module, trainees should be able to demonstrate knowledge and skill acquisition in the following:

- **Planning:** The trainee should have learned the basic principles of service design and planning and have sufficient understanding to describe a simple service or program plan implementation.
- **Quality Management:** The trainee should understand current quality management theory and practice and be able to assess the quality of rehabilitation programs and outcomes.
- **Health Administration:** The trainee will have acquired basic knowledge of resource management of a rehabilitation service.
- **Leadership:** Professional development as a Rehabilitation Physician includes skill development in leadership and in management of an interdisciplinary team.

Domain 7 of the RACP Professional Qualities Curriculum lists the Leadership and Management Learning Objectives for Physicians and the Rehabilitation Medicine Advanced training Curriculum (2011) details the Administration and Leadership Learning Objectives to satisfy the competencies required of a Consultant in Rehabilitation Medicine under Theme 1.3 on page 10 and 11. This external module has been designed to ensure trainees acquire the required knowledge and develop the necessary skills in the areas of Administration and Leadership, and Quality Management.
ASSESSMENT

Completion of the module will consist of:

1) WRITTEN ASSIGNMENTS

Trainees must satisfactorily complete TWO assignments to be selected from FOUR options.

- The assignments have been designed to cover the course outline, and reference to these components and the instruction guides should be considered in preparation and finalisation of the assignments.

- Each of the two assignments has an introduction and instructions on how to approach developing your answer to that assignment. To successfully complete the module, trainees will need to discuss their assignments with their current supervisor and possibly other staff in the health service. This is considered an important part of the learning for each part of the module.

- Marking is completed by an assessor from an appointed panel and the module is not complete until a satisfactory standard has been met for two assignments.

- Each assignment is of equal value.

- References are to be noted in the assignment using a university accepted system e.g. Vancouver, Harvard, APA, etc. (See http://www.monash.edu.au/lls/lionline/quickrefs/19-styles.xml).

- A standardised marking system will be used to assess and mark the assignments. Each assignment will be given a mark (maximum of 7) in line with the assessment scales used elsewhere in the training program. A mark of 4 or better must be achieved for each assignment.

OR

2) WORKSHOP ATTENDANCE

Trainees may attend an “accredited” workshop on management or leadership for clinicians (of at least two days).

- Trainees are strongly advised to seek advice about appropriate workshops prior to enrolling. (At this time the most appropriate courses would be considered those run by the Royal Australasian College of Medical Administrators, but some run by the Australasian College of Health Service Executives or by Universities with Departments of Health Service Evaluation might also be acceptable.)

- Trainees who have already attended a workshop on management or leadership for clinicians, or completed a Diploma or Master degree in health service evaluation can apply for recognition of prior learning (RPL) and if approved will be granted exemption from Module 5.

- Providing evidence of attendance (e.g. Certificate of Attendance) and satisfactorily completing a 500 word reflective essay at the conclusion of the workshop is compulsory to complete the Module 5 requirements.
1) WRITTEN ASSIGNMENTS

OPTION 1: AROC REPORT

Introduction:
You are the Director of Rehabilitation Medicine Services in your hospital and you have just received your six monthly report from AROC for the period January - June. You have chosen the following four graphs to present to your hospital’s Quality Management meeting.

The Assignment:

Part One:
The first part of your assignment is to prepare a report explaining these four graphs in the following format.

- Executive summary (200-250 words)
  Summary of your interpretation (write this after you have written the rest)

- Australasian Rehabilitation Outcomes Centre (200-250 words)
  What is it? How do you contribute data? With what are you benchmarked? What data is provided? Etc.

- Explanation of Graphs (500 words)
  Explain what each graph means and the possible reasons for variations.

- Recommendations (200 words)
  Indicate what changes you may be making to the management of the flow of your patients through your rehabilitation ward.

Your Director of Medical Services seeks a meeting with you two days after the Quality Management meeting in early August and tells you that the Hospital Executive has been told to urgently reduce spending. Your usual five week closure over the New Year period has been extended. Your ward will close for five months from September 1 this year until January 31 next year.

Part Two:
The second part of your assignment is to outline in 1000-1500 words what you will do to ensure that your Rehabilitation Ward is re-opened in 5 months and the patients receive a high quality rehabilitation service in the meantime.
Episodes by impairment group

Comorbidities by impairment

Time since onset
OPTION 2: MANAGEMENT AND BUDGET ADMINISTRATION

Introduction:

This assignment is intended to develop an understanding of the application of financial reporting in the context of the organisation, or structure, of the workplace. This is not a simple accounting exercise, but rather an exercise in management accounting (which attempts to bring financial information into the decision making of managers). Part of the assignment is in the form of a case study and you are encouraged to discuss the information given and your interpretation of it with your supervisor. You are also encouraged to discover the organisational structure of your own workplace as well as the financial reporting lines, and to reflect on how well your local systems promote effective, cost sensitive patient care.

The answers to this assignment are based on the contents of two Management Accounting texts ("Berry" and "Young" - see suggested references), but any management accounting textbook should be sufficient. Other possible titles are suggested in the final section of this assignment.

The Assignment

Part One: (Suggested Length: Up to two paragraphs per item)

In this section you are required to give a definition and briefly describe a number of terms. The concepts of "cost" and "expense" are used interchangeably in some texts and it also acceptable in this section to regard the two terms as having the same accounting significance. In answering this question, try to focus on the relevance of the terms to managing budgets within a health care setting. Each definition will require no more than two paragraphs.
Define and briefly describe the following accounting terms:
1. Accounting Period
2. Fixed Cost
3. Variable Cost
4. Direct Cost
5. Overhead Cost (Indirect Cost)
6. Cost Centre

Part Two:  (Suggested Length: Up to one paragraph per item explaining approach used)
In this section you are required to read and understand a budget report. Appendix 1 is a report from a typical hospital based rehabilitation service. The question assumes information that is further discussed in the next part of the assignment. The provided organisational charts (appendices 2 and 3) relate to the service for which this budget report was prepared.

The routine budget report (appendix 1) has been provided to the budget holder (Nursing Unit Manager) of the rehabilitation service and cost centre. The report was printed in May and details expenditure for the first ten months of the financial year (which ends on 30 June).

1. Based on expenditure for the first ten months, what is your estimate of the total expenditure for the rehabilitation service for the full accounting period? Explain how you calculated this.
2. Based on the pattern of expenditure in the year to date reported, what do you estimate the total budget variance will be in both actual dollars and percentage of budgeted expenditure for the full accounting period? Explain how you calculated this.
3. The expenditure line for Agency and Casual Nurses has both positive and negative entries. The variance line for this expense is both negative (unfavourable) and positive (favourable). Give a possible explanation for this (other than entry error).
4. What proportion (as a percentage) of total expenditure is the cost of salaries and associated expenses? Is this typical for Australian hospitals?

Part Three:  (Suggested Length: 1000 words)
In this section you are required to examine the relationship between organisational structure and financial control of the organisation.

Management accounting is that branch of accounting that attempts to provide managers with the financial information needed to make well informed decisions on the organisation’s performance and to allow the monitoring of decision makers within the organisation. It uses the concept of “Responsibility Centres” to design and structure information collection, budget development and financial reporting.

A responsibility centre can be defined as:
“An organisational unit headed by a manager charged with achieving certain agreed upon results. Usually the unit comprises a group of individuals who work together to accomplish one or more of the organisation’s objectives. The unit’s manager has overall responsibility for its performance. … [The] goal is to design responsibility centres in such a way that individuals are responsible for those activities over which they exercise a reasonable amount of control”
Assume for the purposes of this question appendix 2 is the organisational chart of the hospital in which you work. You are a rehabilitation physician working in a general rehabilitation ward supporting a general outer urban hospital. The ward has 26 beds with an average occupancy of 88%. There is also an outpatient rehabilitation service offered. You are supported by one rehabilitation registrar and one junior medical officer. Nursing and allied health staff are also allocated to the rehabilitation service. Appendix 3 gives the managerial reporting arrangements for the staff working in the rehabilitation service. The rehabilitation ward and associated staff are classified as a cost centre within the hospital accounting system. The Nursing Unit Manager is the person nominated as accountable for the budget of the rehabilitation cost centre.

1. Discuss whether the rehabilitation service in this hospital should be treated for accounting purposes as a responsibility centre. To answer this question well you will need to consider:
   - the service goals hospital management is likely to expect the rehabilitation service to achieve, and
   - the organisation structure of the rehabilitation service, and
   - the impact of structure on cost control and service delivery.

2. Identify the components of the budget report over which the Nursing Unit Manager has limited control and explain why this is so. Identify which manager should be made responsible for any budget components that you believe do not rightly belong with the Nursing Unit Manager, and explain why.

3. Finally, briefly discuss the impact the current reporting lines are likely to have on treating team cohesion, and whether this has any relevance to or impact on the quality of care given. (This will more easily be answered if you consider the role of leadership in the team and the links between leadership and organisational structure.)

Part Four:  
(Suggested Length: 1000 words)

In this section, you will need to have an understanding of the level to which costs are effectively “fixed” or “variable” in the short term (refer to part one). You will also need to have some understanding of the links between control over costs and control over the staff that incur those costs (part three).

The Nursing Unit Manager has been advised by the Business Unit Manager that the rehabilitation cost centre is expected to exceed budget in the current financial year with current spending patterns suggesting an over-run of possibly more than $200,000. Because of this anticipated over-run, the Nursing Unit Manager has been told she is required to reduce costs and to attempt to finish the financial year within allocated budget. At the same time, the Nursing Unit Manager was advised that extra revenue generation would not be accepted as a response to the problem of budget over-run.

You have been asked by the Nursing Unit Manager for advice and have agreed to assist her. What suggestions would you make to the Nursing Unit Manager? To answer this question successfully you should calculate the actual dollar reductions needed to achieve budget, and identify where these savings could be made. In order to form an opinion on the feasibility of each of the identified options, you will need to:
   - identify the problem areas within the budget,
• the options for altering costs within the current budget cycle, and
• the likely impact on staff and service delivery.

Suggested References:

OPTION 3: QUALITY & SAFETY

Introduction
Safety and Quality in Healthcare has increased in importance in the Australian Healthcare system, particularly following major reviews at King Edward Memorial Hospital (WA), Royal Melbourne (VIC) and Camden/ Campbelltown (NSW). However, there is a limited understanding of how the concepts of quality can be applied in the clinical setting.

In this assignment, candidates are expected to demonstrate their understanding of the practical application of the underlying concepts of quality management. The assignment begins with 3 statements from the quality management literature that will need to be taken into account in answering the second question. Candidates may wish to look at the Institute of Management (IoM) reports to which the first reference alludes - see http://www.acmq.org/education/iomsummary.pdf for a summary.

The Assignment

A. “The IoM Roundtable on Quality of Care categorized threats to quality in 3 broad families- overuse (receiving treatments of no value), underuse (failing to receive needed treatment) and misuse (errors and defects in treatment. A focus on safety addresses only the third ‘family’, that is, a subset of the whole domain of quality of care”)¹.

B. Managers need to beware of excessive focus on “the System”, such that the function of the System diverts attention from real improvement while creating a “Shield of Honour” which might be used to deflect criticism of performance².
c. Measures can be structural (eg. staff numbers, credentialing), process-based (infection rates, falls, standards compliance), or outcome-based (morbidity/mortality, patient satisfaction, change in condition post treatment); however,

- Adequate inputs do not ensure good outcomes (merely indicate that capacity is present)
- Assessment of process alone doesn’t take variations into account, and agreement on guidelines is difficult to achieve
- Compliance and outcomes may be poor despite satisfactory processes
- Outcomes are not determined solely by professional performance- they also involve patient factors (compliance, age, co-morbidities, acuity)

1. Write a short paragraph (100-200 words) demonstrating your understanding of each of the following:
   a. Quality as it pertains to healthcare
   b. Clinical Governance
   c. Risk management
   d. Clinical Practice Improvement Methodology

2. In establishing a new Rehab unit at your hospital, and based on your reading of the references, describe the features of the quality programme you will set up. Your answer should address the issues noted in the introductory points, and include a discussion of the dimensions of quality, selection of appropriate measures (including ACHS Clinical Indicators for Rehabilitation Medicine), strategies for monitoring performance (including AROC benchmarking and ACHS accreditation), and how you would implement the programme.

(2000 words)

Essential Reading

Other references and suggested reading:
7. Leape LL, Berwick DM. Five years after To Err is Human; what have we learned?. JAMA 2005, 293 (19), p2384-2390
9. McLaughlin C, Kaluzny AD (Eds). Continuous Quality Improvement in

10. Scott IA, Ward M. Public Reporting of hospital outcomes based on administrative data: risks and opportunities. MJA 2006, 184, p571-575


OPTION 4: SERVICE PLANNING

Introduction

This assignment is designed to introduce you to the challenges of planning health services, to teach you a little about the wider system in which you plan to work and to test your report writing skills. Planning in Health takes place at many levels: strategic and policy planning at the population level, service planning at the program level and capital planning at the facility level. (Your reading material explains the differences).

This assignment concerns program planning since this is the level at which you will be most likely to be involved as the medical expert, when you are a Rehabilitation Physician. It is set out to guide you through the steps involved in planning and report writing and you should customize your report for the title you have chosen. Feel free to change the names of your headings in your report, but do not leave out major sections.

Although you are unlikely to be asked to develop a state plan for rehabilitation services, as a new Fellow, you are likely to be involved in hospital or regional program-specific issues. It is suggested, however, that you take time to read some state and regional plans for Rehabilitation Services (e.g. Queensland, NSW, Tasmania, Hunter), to appreciate the place of Rehabilitation Medicine in the wider Health System.

The suggested reading material, and existing program plans your supervisor may be able to provide, will help you to familiarise yourself with the elements of programs and program evaluation techniques. Spend some time talking with your supervisor about the logistics of data availability in your current working situation, and take the time to discuss your progress regularly with her/him. You cannot write this essay in a weekend.
Writing a plan for a new program usually takes at least a few months, you may find that you will need this amount of time to put your submission together.

The Assignment

The Board of your hospital or regional health service has agreed to consider a plan for a new/enhanced program within your Rehabilitation Service. You have been invited by the CEO to Chair the Working Party to develop the plan and justify its costs. Your assignment is to prepare the Clinical Service Plan component suitable for inclusion in the submission to the Board. Your plan needs to be practical enough for a manager to cost, or an architect to design if it involves a facility.

Choose from the following areas of Rehabilitation - Amputee, Chronic Pain, Spasticity Management or Cardiopulmonary Rehabilitation - and relate the plan to the situation in which you are working e.g. paediatric, occupational health, country setting.

Use the following headings as a guide to the preparation of your report. The suggested number of words should also be used as a guide. This assignment takes the form of a report. It is not an essay. Ask someone to comment on your formatting and your formal English expression before you submit it.

Heading
This is a report, not an essay.

Executive summary
An executive summary, preferably on one page, outlines succinctly to the Board, what exists now, what you want to do, how long you think it will take to achieve your process goals and how you will evaluate the clinical program you wish to implement. It will be written by you at the end of this exercise and put into the beginning of your assignment. It may contain a short list of ‘Recommendations’ or perhaps a descriptive timeline, depending on the title of your submission.

Background
Describe the structure into which you are planning to introduce/enhance your chosen program, and the circumstances leading to its initiation. Outline the purpose of the plan. Has the need been identified as part of a larger strategic plan? Are there political issues to be considered? Did you set up an advisory committee? Who were your stakeholders? Is this clinical service plan to be used to outline what is needed in a new building/renovation?

Needs analysis
Describe the current level of injury, incidence of disorder, frequency of relevant operations, and presentation of disease…… in the population under consideration and justify the numbers who may benefit from the rehabilitation service you are planning. Are you using casemix data? Population survey data? Estimates by comparison with another hospital? Likely ‘penetration’ expected? This is a report about what will probably be an outpatient program. It is not a strategic plan about bed numbers.

Describe the amount of service you feel you should be providing e.g. a dedicated clinic per week, four episodes of a group program per year etc. Are you extrapolating from the data you have found? Are you using established standards/ratios to estimate the need?
Gap analysis (100-150 words)
What is the level of rehabilitation involvement in the program currently being provided? Who is providing it? Are there gaps? – In the amount of the service, in the quality of the service? Is there a critical mass? Are the numbers too small? Should you be putting this proposal forward as a component of a larger service? Do staff need special training, or qualifications?

Model of care (400 words)
What is the model of the service you wish to provide? Inpatient? Outpatient? Both? Multidisciplinary Clinic with follow-up by single practitioners? 6-12 week group outpatient program? Practitioners in the model?

Outline the goals of the model. Describe the components of the model (assessment, intervention, follow-up) and their relationship to the goals. Outline the admission criteria, and exclusion criteria. What staffing will you need? What skills are needed? Look at the AFRM Standards for Rehabilitation Services for recommended staffing levels.

Proposal (300-500 words)
Take into consideration all you have already written and discuss if necessary. Propose your strategy/mission/vision and describe your model. Outline your key activities/goals/targets for the overall program, including addressing the gaps. These may be activity targets, staffing targets, education targets etc. Outline any major costs in general terms – new staff, new equipment, training costs, database development etc. Do you have a timeline for implementation? Will you be staging the process?

Performance and outcome measures (300 words)
Outline your framework for evaluating the quality of your new Rehabilitation Service. What activity data will you collate to demonstrate efficiency? What clinical outcome measures will you collate to demonstrate effectiveness and efficacy? Are there safety issues to be considered in this new proposal – how will you be monitoring this? How will your ‘customers’ needs be met?

Recommendations (250-500 words)
Synthesise your Clinical Service Plan and make recommendations for your overall submission to your Board, preferably on one page. Then use these recommendations to go back to the beginning and put an Executive Summary under your title, and before your ‘Background’

Reference:

Suggestions for reading - examples of clinical service plans:
2). WORKSHOP ATTENDANCE

Trainees who complete option 2) Workshop Attendance, for External Training Module 5: Health Administration, are required to:

1. Submit their Certificate of Attendance from an “accredited” workshop on management or leadership for clinicians;
2. Submit a 500-word reflective essay to the College within a week of attending the workshop.

Reflective essay guidelines:

- Pick a session topic, an incident that occurred during the workshop, a particular point that was raised during a session or reflect on your own jottings…
- What was the issue that struck you particularly?
- Provide some background about why it was a learning issue.
- What challenged you? Why was it special?
- What will you read more about? Do differently? Prepare more carefully? A new plan?

Please submit your reflective essay and Certificate of Attendance to the Education Officer for Rehabilitation Medicine, at rehab@racp.edu.au.

COURSE COMPLETION

External Training Module 5 must be satisfactorily completed prior to admission to Fellowship. It is recommended that trainees submit this module six months prior to completion of training, to allow time for marking and resubmission of assignments initially marked ‘Resubmit’.
Appendix 1: Tips on Preventing Plagiarism

PREVENTING PLAGIARISM

Learning how to reference correctly and acknowledge all sources is a crucial part of academic and scholarly work. It is not merely an add-on but an integral part of the assignment preparation process. The more proficient a trainee becomes in referencing, he or she will develop a more critical mind and be able to evaluate more rigorously their sources.

All trainees will need to consider the following to avoid unintentional plagiarism:

- master correct referencing practices (most Universities have a range of resources on good referencing techniques — for example, The University of Melbourne and Monash University have developed Acknowledgement, an online resource to educate both staff and students on academic honesty and plagiarism issues — http://calt.monash.edu.au/staff-teaching/plagiarism/acknowledgement/about/index.html)
- attribute appropriately all cited materials (including written text, diagrams and images) where citations occur
- avoid taking short cuts when preparing assignments
- manage time efficiently and effectively when preparing assignments
- write out more than one draft of an assignment
- take the time to check carefully all quoted material used in assignments and ensure quotes/references are fully and correctly referenced.

Trainees should be familiar with the Faculty’s strict policy on plagiarism. Please refer to: https://www.racp.edu.au/docs/default-source/default-document-library/academic-honesty-and-plagiarism-policy.pdf

The following module, developed by the University of Adelaide, is provided to assist understanding of what constitutes plagiarism: http://www.adelaide.edu.au/writingcentre/articulate/avoidingPlagiarism/player.html

Turnitin, a software program for plagiarism detection, also offers a range of webinars (free registration) http://turnitin.com/en_us/resources/category/preventing-plagiarism

Writing and grammar

It is expected that essays will have correct English expression, spelling and/or grammar. If there are significant deficiencies in this area, an essay will need to be resubmitted.

The following are useful introductory resources to academic writing:

- Academic Phrasebank (University of Manchester): http://www.phrasebank.manchester.ac.uk/
- Academic writing (University of Hull): http://www2.hull.ac.uk/lli/skillsteam/essaysother.aspx