

**Leadership and Management in International Organizations
Summer 2017 Syllabus**

**School of Public Health
Program in Global Health
University of Haifa, Israel**

Course Information

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Office Hours: By appointment only. E-mail is the best way to contact me. I will answer emails within 24 hours except on weekends. When emailing me, include your first name, last name, and “Leadership and Management in International Organizations” in the subject header. Emails without this information will not be answered.

Course Meeting Time and Location

Location: TBD
Time: Course meets five times (July 11, July 18, July 20, July 25, and July 27) for 5 hour sessions each.

Textbooks and Other Required Course Material

Rath, Tom. 2007. *Strengths Finder (2.0)*. Gallup, Inc: New York. (Make sure you have your unique access code...this access code is valid for only one user use only).

Bradberry Travis & Greaves Jean. 2009. *Emotional Intelligence 2.0*. TalentSmart. San Diego. (Make sure you have your unique access code...this access code is valid for only one use only).

Additional assigned readings will be handed out in class, distributed via email or made available through other delivery modalities.

Course Description

Public health leaders need to remove the barriers between countries to work in partnership with public health colleagues all over the world. In order to do so, it is necessary that public health professionals are equipped with leadership and management styles and practices and communication skills to collaborate with other international organizations. Public health leadership and management programs are prevalent throughout the world, and in particular, are found in governmental and non-governmental organizations, reflecting the uniqueness of this sector. This course provides an introduction and overview to leadership and management in global public health sectors. This course further develops leadership and managerial competencies relevant for work in governmental and non-governmental

organizations across the globe. To be successful, global public health leaders must comprehend the context and the relationships that make up systems they wish to impact, whether at the individual, organizational, or community level. By understanding these interrelationships, leaders and managers in international organizations are able to make better decisions, influence more lasting change, and avoid the unintended consequences that stem from isolated problem solving. Assessment, practice and development of leadership, managerial and organizational skills will be accomplished through team exercises, and small group work. This course will make extensive use of actual global issues the students face presented using the case study method. Students will use cases to demonstrate real global health issues and how they might be approached to them.

A major emphasis of this course is to provide a strong theoretical foundation to support and extend effective practice of leadership in a variety of cultural settings. This interdependence and lack of absolute authority require leaders to “lead without authority” and use influence rather than power. Emotional intelligence provide the listening skills and empathy needed to understand needs of others and collaborate with them on leadership efforts. Patient centered outcomes, such as patient satisfaction, cross-cuts across cultures and countries and influences the quality of care. This course will examine emotional intelligence applications in organizations and the extent to which it varies across countries around the globe.

Pre-requisites: none.

Course Learning Objectives

Upon completion of this course, students should be able to:

1. To understand the diversity of leadership positions in public health policy, management, research and entrepreneurship.
2. To evaluate models of leadership with particular attention to the health care sector.
3. To develop an understanding of leadership and managerial styles, including one’s own.
4. To learn about best leadership and managerial practices in health care organizations.
5. To describe major global health care and public health issues, both from a theory and a practice.
6. To investigate, then commit to a position on major global health issues and opportunities.
7. To develop and demonstrate leadership and managerial skills by designing, developing and implementing a team-based management analysis.
8. To communicate complex findings to a broad audience both orally and in writing.

The course develops the following public health competencies as articulated by the Association of Schools of Public Health (ASPH) for the Master’s Degree in Public Health (Version 2.3):

Discipline Specific Competencies

A. Health Policy and Management

- Communicate health policy and management issues using appropriate channels and technologies.
- Demonstrate leadership skills for building partnerships.

B. Social and Behavioral Sciences

- Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.
- Describe and apply steps and procedures for the planning and implementing an evaluation of public health programs and policies.

Interdisciplinary/Cross-cutting Competencies

C. Leadership

- Describe the attributes of leadership in public health.
- Describe alternative strategies for collaboration and partnership among organizations, focused on public health goals.
- Demonstrate team building, negotiation, and conflict management skills. Apply social justice and human rights principles when addressing community needs.
- Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.

The course develops the following global health competency model (Final Version 1.1) (Association of Schools of Public Health). These are selected from some of the competences recommended for graduates of master's level programs in global health:

- To design, implement and evaluate global health programs to maximize contributions to effective policy, enhanced practice and improved and sustainable health outcomes.
- To understand how to work with a diverse range of global health stakeholders to advance research, policy, and practice goals, and to foster open dialogue and effective communication.

Course Requirements and Grading Policy

The following will be used to assess students' achievement of the learning objectives for the course and will contribute to the final grade as follows:

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| 1) Class Attendance, Participation, and Memo Preparation | 10% |
| 2) Quizzes | 20% |
| 3) Short case studies | 40% |
| 4) Final Exam | 30% |

Please save all of your graded work until you have reviewed your final grade. I retain all rights to modify your grade so that it is reflective of your actual work in my course.

Case Study Project: Respond to already developed case studies

You will be asked to read and then complete previously assigned study questions related to previously created cases. This will be an individual effort. The case study and accompanying questions will be distributed prior to the due date. Each case study will be no more than 1.5-2 pages in length including a supplementary conclusion. More details about the case study procedures will be distributed in class.

Class Style and Structure, Participation and Attendance Policy, and Class Etiquette

Class Style and Structure

The course, which is designed to develop somewhat organically, will consist of lectures by the instructor, and will also be structured as a seminar course. When feasible, copies of slides will be made available following the following week's class. The seminar component of the course will consist of students taking the lead in guiding and directing the discussion and analysis of particular readings. The instructor and students will share responsibility for each other's learning. Much of the class time will focus on application and discussion of information in the assigned readings. **Therefore, students are expected to critically read and think about the assigned reading material, and be ready to raise questions and discuss issues relevant to the readings in class.** Required reading should be completed before class on the assigned day (*please bring your text and/or pertinent readings to class with you*).

Students' Participation and Attendance Policy

Students' prompt arrival, attendance and informed participation (e.g., intelligent questions and comments either in class, via email, during office hours, or appointments) are expected and vital to your success in this course. The class is very interactive. Accordingly, each student could be called upon extensively during *each* class period. You are also specifically expected to actively participate in class discussions and activities. In each class period, the participation may take the form of asking questions, raising new issues, clarifying issues, giving examples of a personal experience with a situation or other constructive contributions. Attendance will be taken each week that the course is in session.

In sum, because the course meets only few times. The class is reading intensive. It is critical that students come prepared to discuss and analyze the course readings. The instructor will evaluate both the quantity (attendance) and quality of the student's contributions to the seminar discussions as well as their preparation and skill in leading class discussions on the previously established assigned readings. Everyone is expected to contribute to the discussion; however, no student will be allowed to dominate. Each absence will result in the loss of the participation grade. Any student with more than 1 unexcused absences will receive a lower grade based on failure to participate in the class. At the end of the Summer session, the instructor will review each student's overall

pattern of seminar participation and leadership at the end of the semester and content of memos (see below) and assign a grade, which will be 10% of the student's final grade.

Make sure that all newspapers, cell phones, and other extraneous materials be put away before class. To make sure that all students feel comfortable, it is expected that all students will follow the following etiquette rules:

- be in your seat and ready to begin class promptly at the official start time;
- refrain from talking loudly to your neighbors while someone else is talking;
- turn off or put on "vibrate mode" all pagers and cell phones;
- do not bring children or guests to class without prior authorization;

Students who violate these policies will be asked to leave class immediately. Repeat offenders may be dropped from the class.

Class Etiquette & Professional Conduct

Electronic Devices (e.g., laptops, tablet computers, smart phones, etc.)

Use of devices in this class is encouraged for taking notes and quick look-up of information relevant to the discussion. Note, however, that use of electronic devices (including cell phones) for other purposes, including multi-tasking, checking email, sending instant messages, doing Facebook, playing games, etc. is not appropriate, and rude to the instructor, guest lecturers, as well as inconsiderate to other class members. *Please limit the use of electronic devices to class-relevant activities.* Continued inappropriate use of electronic devices will be noted and can affect the course final grade. *Make regular eye contact and interact!*

Professional conduct is required. I expect you to treat me, your classmates, and all of the people you encounter during all course activities with utmost respect. At all times, students must respond in ways that are respectful and inoffensive. I will remove all inappropriate responses. You may not put down other students' responses. You may not put down other students' responses, respond in offensive or prejudicial ways, or use language that is inappropriate (No "curse words"). Students who make an inappropriate response will be given one warning. If a second inappropriate response is made, I will block your participation from the discussion.

Exams and Quizzes

There will be a final exam. Exams will be based on all assigned material. All quizzes will be open notes and open article. Exams will consist of short essays that will cover all assigned readings and in-class exercises.

Make-Up Policy and Late Policy

Students will **not** be able to make up assignments unless s(he) presents valid documentation of a medical or family emergency. Late submissions or missed

presentations will not be accepted. The instructor must approve all excused absences. The assigned work must be completed on the dates listed below regardless of whether you miss a class. If you miss a scheduled assignment or examination for a reason that is appropriate, arrangements will be made for you to complete an equivalent assignment or examination.

Academic Honesty

All students should perform all work according the academic honesty policy and procedures. “Academic Honesty” means performing all academic work without plagiarism, cheating, lying, tampering, stealing, giving or receiving unauthorized assistance from any other person, or using any source of information that is not common knowledge without properly acknowledging the source. If you quote or paraphrase from a source on any assignments, you must cite your sources appropriately using a standardized format. For our purposes, it is better to have too many citations than to plagiarize other people’s work.

TENTATIVE Topical Outline / Schedule

The course will be organized according to the following schedule. The schedule is organized by class dates, and includes the topic for that specific week, a brief statement of what kinds of issues will be discussed, and a list of readings you should complete before the class in which they will be discussed.

General Disclaimer

The course syllabus is a general plan for the course; deviations announced to the class by the instructor may be necessary.

Tentative Class Schedule

Class Session #1.

July 11, 2017

Introduction to Public Health Leadership, Leadership Styles, Management and Leadership Practices and Strength based Leadership, Liberating Structures, Building Trust, Listening Skills

1. *Introduction to the Course; Description of the Syllabus*
2. *Start with what you know: What is leadership? What is a leader?*
 - Share and discuss each other’s opinions of the characteristics of highly effective leaders.
3. *The Basics of Leadership*
 - Rooke, David and Torbert WR. Seven Transformations of Leadership. *Harvard Business Review*. April 2005.
4. *Strength based Leadership*
 - *StrengthsFinder* (Take the assessment; print off results; and bring to class)

- Carefully read pages 1-33 and the section where your strengths are identified; skim the rest of the book.
5. Liberating Structures
 6. Building Trust
 7. Listening Skills

In class exercise on vision and listening.

Handout case study on listening and vision.

Class Session #2.

July 18, 2017

Emotional Intelligence, Patient Satisfaction and Quality of Care; health professionals delivering care globally; What is global health?.

1. Bradberry J. and Greaves J. Emotional Intelligence book (take the assessment; print off results and bring information to class).
2. Cooper RK and Sawaf. A. 1998. *Executive EQ: Emotional Intelligence in Leadership and Organizations*. Perigee: New York.
 - a. The 4 Cornerstones of Emotional Intelligence.

Chapman ALN, Johnson D., Kilner K. 2014. Leadership styles used by senior medical leaders: Patterns, influences and implications for leadership development. *Leadership in Health Services*, 27, 283-289.

Belasen AT., Eisenberg B, Huppertz JW. 2016. "Chapter 9. Patient Satisfaction and Quality Care: The role of leadership communication." Pp. 253-281 in *Mastering Leadership: A vital resource for health care organizations*. Jones & Bartlett: Burlington, MA.

Otani, K, Shen Y, Chumbler NR, Judy Z, Herrmann PA, Kurz RS. 2015. Impact of self-rated health status on patient satisfaction integration process. *Journal of Healthcare Management* 60(3):205-219.

Chumbler NR, Otani K, Desai S, Hermann PA, Kurz RS. 2016. Hospitalized older adults' patient satisfaction: Inpatient care experiences. *Sage Open* April-June 2016 1-7 DOI: 10.1177/2158244016645639.

Koplan JP, Bond C, Merson MH et al. 2009. Towards a common definition of global health. *Lancet*, 373, 1993-1995.

Speakman EM, McKee, M, Coker R. 2017. "If not now, when? Time for the European union to define a global health strategy." *Lancet Glob Health*, 5, e392-3.

In-class exercises on Emotional intelligence.

Handout Case Study on Emotional intelligence, and organizational change.

Class Session #3. **US and Other Countries view toward Global Health worker education globally; hospital management globally**

July 20, 2017

Kaiser Family Foundation. The US Government engagement in global health: a primer. Menlo Park: The Henry J. Kaiser Family Foundation, 2017. (44 pages). <http://files.kff.org/attachment/report-the-u-s-government-engagement-in-global-health-a-primer> (accessed March 15, 2017).

Singh JA and Karim SSA. 2017. “Trump’s ‘global gag rule’”: Implications for human rights and global health. *Lancet Glob Health*, 5, e387-e388.

Frenk J, Chen L, Bhutta ZA, et al. 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet*, 376, 1923-58.

Sharma K, Zodpey Z. 2011. Demand and supply analysis of human resource capacity for hospital management in India. *J Health Manag*, 13, 155-76.

Gostin L. and Friedman EA. 2017. Reimagining WHO: Leadership and action for a new Director-General. *Lancet*, 389, 755-59.

Gostin L. and Friedman EA. 2017. Global health: A pivotal moment of opportunity and peril. *Health Affairs*, 36, 159-165.

Gostin L and Friedman EA, Buss P., Chowdhury M, Grover A, Heywood M, et al. 2016. The next WHO director general’s highest priority: a global treaty on the human right to health. *Lancet Glob Health*, 4, e980-2.

Handout Case study on teamwork.

Class Session #4. **Management of ebola crisis, Medical Tourism, Health insurance**

July 25, 2017

Moon S, Sridhar D, Pate MA, Jha AK, Clinton C, Delaunay S, et al. 2015. Will ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard LSHTM Independent Panel on the Global Response to Ebola. *Lancet*, 386, 2204-21.

Bauer JC. 2009. Medical tourism: wave of the future in a world of hurt? *Healthcare Financial Management*, 63, 36-42.

Underwood HR, & Makadon H.J. 2010. Medical tourism: Game-changing innovation or passing fad. *Healthcare Financial Management*, 64(9), 112-118.

Matthews, D. 2017. The Battle for the National Health Service: England, Wales, and the Socialist Vision. *Monthly Review*, 68(10).

Bennett, JE et al. 2015. The future of life expectancy and life expectancy inequalities in England and Wales: Bayesian spatiotemporal forecasting. *Lancet*, 386, 163-70.

Support for Obamacare's most popular provisions plummet if quality of care threatened

Doran et al. 2016. Lost to the NHS: A mixed methods study of why GPs leave practice early in England. *British Journal of General Practice*, 66 (643), e128-35.

Handout Global Health case studies (# 1 and #2).

Class Session #5. Access to Medicine, Indigenous health & Women's health,

July 27, 2017

Aiken ARA, Scott JG, Gomperts R, Trussell J, Worrell M, Aiken CE. Requests for abortion in Latin America related to concern about zika virus exposure. *N engl j med* 2016; 375:396-98.

Abdolhosseini, P. et al. 2016. Should the governments of 'developed' countries be held responsible for equalizing the indigenous health gap? *Global Health Promotion*, 23, 70-72.

Baheiraei A., Bakouei F., Mohammadi E., Majdzadeh R., & Hosseini M. 2016. Association between social capital and health in women of reproductive age: a population-based study. *Global Health Promotion*, 23, 6-15.

Gotham et al. 2016. How the MDGs gave up on measuring access to medicines. *Lancet Global Health*, 4, e296-297.

UN. Millennium Development Goal 8. Taking Stock of the Global Partnership for Development. 2015.

Final Exam