

**POST TRAINING EVALUATION REPORT OF
THE A.I.T. COURSE ON**

**HOSPITAL
MANAGEMENT-3**

BY

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1- EXECUTIVE SUMMARY

The Government of Punjab is working for the capacity building of its officials with a view to improving the overall performance and efficiency levels of service delivery. This has become doubly important in keeping with the many reforms being introduced by the Government, as well as the rapidly changing modern governance paradigm, which requires acquisition of new skill sets. The Punjab Resource Management Program entered into a partnership with the Asian Institute of Technology (A.I.T.), for training selected officials from identified Departments in the modern techniques and required skills of certain disciplines. In this regard so far six different training courses have been conducted. In keeping with best practices, it was decided to evaluate these trainings. Through this assessment process, A.I.T. is being provided with feedback on the aspects which need improvement. As a result of this initiative, six Evaluation reports have already been submitted for the first six courses, namely, *Contract Administration and Alternative Dispute Resolution, Hospital Management, Irrigation System Management, Construction Management, Monitoring & Evaluation of Infrastructure Development Project, Hospital Management-2* and the seventh report on, *Hospital Management-3* is being submitted now. The report is based on the findings elicited through Questionnaires. The Questionnaire (attached as Annex-A) aims to assess a broad range of data including overall satisfaction with training quality, course content, resource persons quality, logistical arrangements, etc.

The contents of the Hospital Management-3 course cover a broad range of modules including *Modern Management Concepts and Approaches, Strategic Planning for Organizational Change, Performance-Based Management, Financial Module and Human Resource Management*. In addition it also includes case studies and field visits to give participants ample exposure to actual applications, problems / challenges.

The total number of participants sent on this course was 19 and these were selected from the Health Department. Out of these 19 participants, 12 have filled in the Questionnaire. The Report is based on the feedback of these 12 participants. The participants have expressed their complete satisfaction with the training course and the logistical arrangements. The participants looked particularly satisfied with the *Subject matter knowledge of instructors and the Training material*. They have also shown satisfaction with the Resource Persons and declared the study visits (hospital visits) as very beneficial. Many of the participants were of the opinion that KPI (Key Performance Indicator) system can be replicated in Pakistan. Some of the participants have recommended an improvement in the residential facilities / hotel rooms. All participants have recommended this course and Institute for the future training of other officers as well.

A separate section has been provided alongwith charts, showing a comparison of the overall average ratings of participants for all of the seven courses conducted by A.I.T. so far and the satisfaction level of the participants with regard to the achievement of their objectives for going to the said training. In addition another section has been added to compare the three courses Hospital Management-1, Hospital Management-2 and Hospital Management-3. Since this was the third course on the same topic conducted by A.I.T, it was thought useful to draw a comparison between the three Hospital Management courses to ascertain the changes that have

been made from the previous courses conducted by A.I.T, in light of recommendations made in the reports of first two courses.

2- BACKGROUND

The ability of the officials to perform well their assigned tasks is crucial to the efficient working of the various government departments. It is particularly so in the fast changing modern world, where the skill sets required for job performance are subject to continuous change and improvement. It is in keeping with this that the Government of Punjab came up with a plan through the PRMP to build the capacity of the public servants working in the provincial government. This plan has been developed after a thorough and broad based stakeholder consultation process. It envisages a multi-pronged strategy that includes granting of scholarships for Masters Programs to world reputed universities, in areas of importance for the provincial government. In addition, it also includes sending selected government employees on short courses to various leading institutions, such as the Civil Service College, Singapore, and the Asian Institute of Technology (A.I.T.) Thailand, etc. The A.I.T. program was started in May, 2009 and the current batch was the seventh in this regard.

In order to ensure that the scarce government resources are being efficiently utilized, it was decided by PRMP to conduct an evaluation of these trainings, with a view to assess the courses, their contents and quality of the resource persons as well as the overall usefulness of the said courses, for the Government of Punjab. This exercise would help the Government determine whether to continue sending officials on this course in the future as well. It is also meant to identify any short comings and come up with positive suggestions for onward communication to A.I.T., so that they may improve the course for the future batches.

Health care provision is of primary concern to any government in the World. There is a rising need of professionalism in this field. Both public and private hospitals are today competing to provide better health care services, thereby, increasing the demand for professional hospital administrators.

In realization of this need, the Government of Punjab is striving to improve the quality of health services across the board. It recognizes that in order to reach this goal it should focus not only on improving the coverage of health facilities but also on quality of care, which is to be provided. The Government is therefore in need of developing the capacity of hospital managers. The current course was designed to equip Government of Punjab with well-trained hospital managers who will efficiently run its hospitals.

Course Objectives:

After completion of this course the participants will:

- *Have knowledge on up-to-date management concepts and approaches applied for delivering quality health care services.*

- *Enrich knowledge and understanding on organizational development strategy, strategic plan, and appropriate techniques in implementing development strategies of the hospitals.*
- *Have understanding on performance-based management approach, key performance indicators and setting up service delivery standards.*
- *Have awareness on the key leadership skills that hospital managers need to have and to develop staff to deliver better services.*
- *Gain knowledge on key principles and concepts of financial management and on the methods used for assessing the financial health of organizations.*
- *Obtain essential knowledge on human resource management in health care service organizations.*
- *Learn from the exposure visit to public health organizations and tertiary hospital in Thailand.*

3- METHODOLOGY

The same methodology was employed for the evaluation of this training program as the one used for the previous A.I.T. training courses and has been mentioned in earlier Reports already submitted for Contract Administration, Hospital Management (courses I & II), Irrigation System Management, Construction Management and M&E of Infrastructure Development Project. Instead of reproducing the whole methodology here, it was thought convenient for the readers to add it with this report as Annex-B.

4- FINDINGS

The participants have expressed their complete satisfaction with the training course and the logistical arrangements. They were also very satisfied with the different aspects of the course and rated *Subject matter knowledge of instructors* and the *Training material* very highly. They have shown satisfaction with the Resource Persons and declared the study visits (hospital visits) as very beneficial. All the participants have recommended this course and institute for the future training of other officers as well. The participants' feedback in this regard have been organized and reported below in the form of charts, matrixes / tables, etc.

4.1 - Level of satisfaction expressed by participants on different aspects of training

This section shows the level of satisfaction expressed by the participants on the different aspects of the training course.

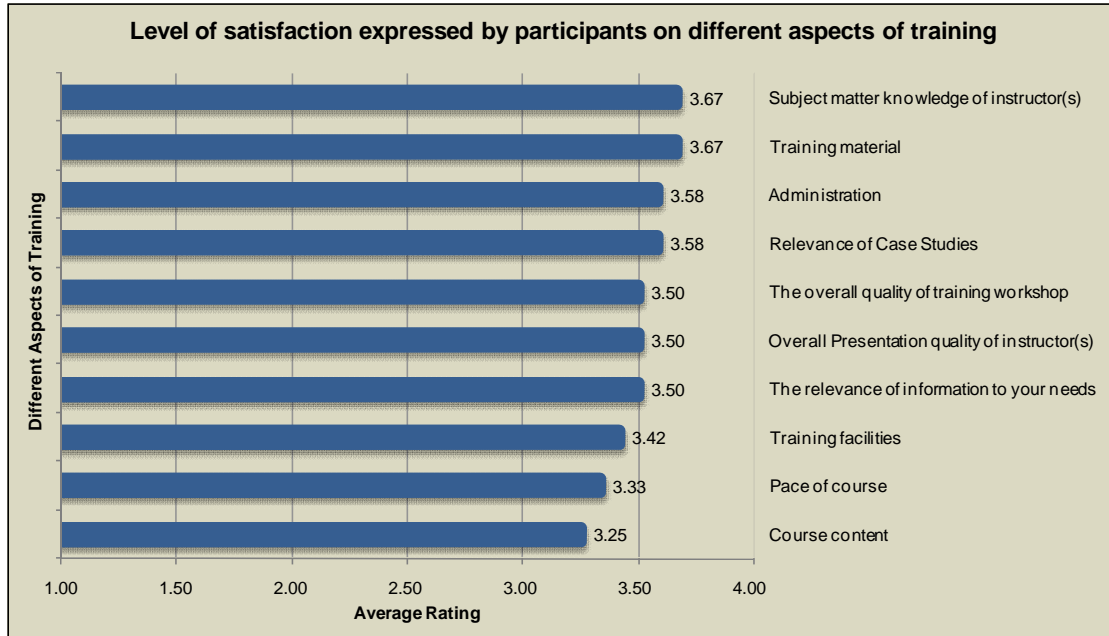


Figure 1

Participants were asked to rate each item on a four-point scale:

- 1 = Not satisfied
- 2 = Somewhat satisfied
- 3 = Satisfied
- 4 = Very satisfied

Figure 1 shows that, in head wise rating, *Subject matter knowledge of instructors* (3.67) and *Training material* (3.67) were rated very highly. On the other hand, *Pace of course* (3.33) and *Course content* (3.25) have got the lowest average ratings from the participants of the course. All of these average ratings fall between 3.00 to 4.00 which represent *Satisfied* to *very satisfied* on the Ratings Scale.

4.2 - Self-ratings of participants of their knowledge before and after attending the course

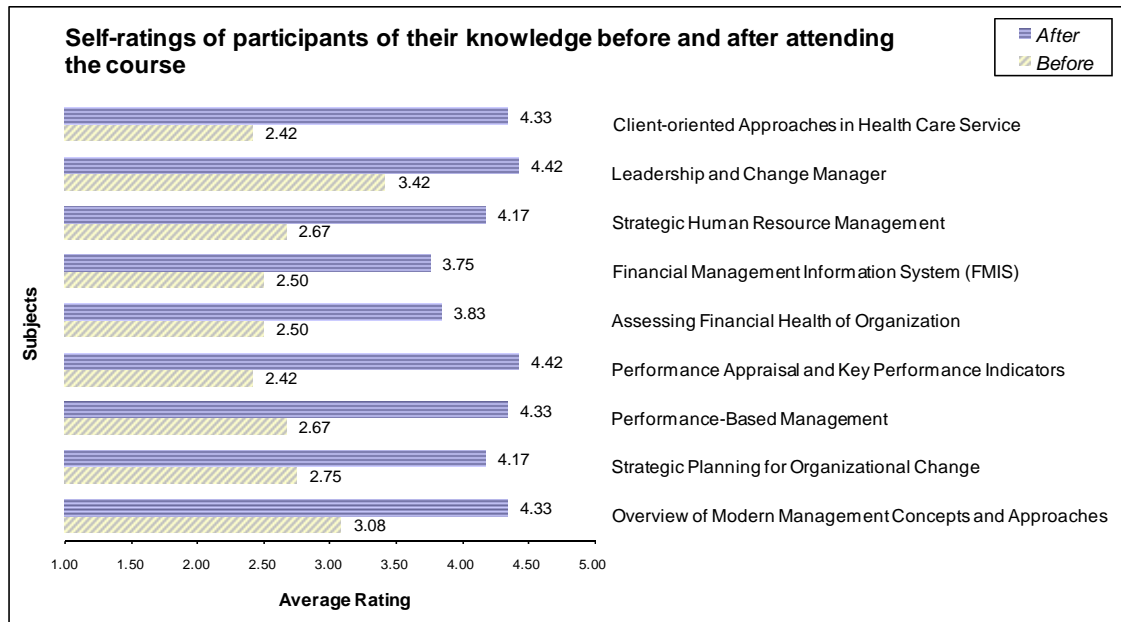


Figure 2

Participants were asked to rate their level of knowledge of each module taught with regard to before and after the training on a five-point scale as described below:

- 1. Very low = Know nothing about this topic
- 2. Low = Know very little about this topic
- 3. Moderate = Know about this topic but there is still a lot to learn
- 4. High = Have a good knowledge but there are still more things to learn
- 5. Very high = Know almost everything about this topic

Figure 2 illustrates that the most significant improvement in the knowledge of participants was noticed in *Performance Appraisal and Key Performance Indicators* i.e. from an average of 2.42 of pre-training to an average of 4.42 of post-training followed by *Client-oriented Approaches in Health Care Service* from an average of 2.42 to 4.33, while the least gain in knowledge was observed in *Leadership and Change Manager* i.e. from an average of 3.42 of pre-training to 4.42 of post-training.

It may be worth noting here that the feedback of participants of Hospital Management-2 course also mentioned the same modules in terms of most and least knowledge gained (the modules for the first course on Hospital Management were fewer than the those for the second and third course and many of the above mentioned modules were not included in that course – please refer to 6.3 for details about the modules)

4.3 - Individual evaluation of resource persons

In any training perhaps the most important input, aside from the participant, is the resource persons / trainers. In view of this it was thought essential that the participants should evaluate the resource persons of the said training. The participants' responses indicate that there

were 8 resource persons in all. It needs to be mentioned that our evaluation questionnaire in this regard has place for only six resource persons, therefore some of the resource persons are not mentioned by all the scholars.

The participants were asked to rate the resource persons with regard to a number of skills:

- Qualification & experience
- Training methodology
- Knowledge of the topics
- Communication style
- Time management
- Availability for after session consultations
- Management of the learning process

The five-point scale used for the rating is as follows:

- 1 = Below average
- 2 = Average
- 3 = Good
- 4 = Very good
- 5 = Excellent

Results for the same are shown below:

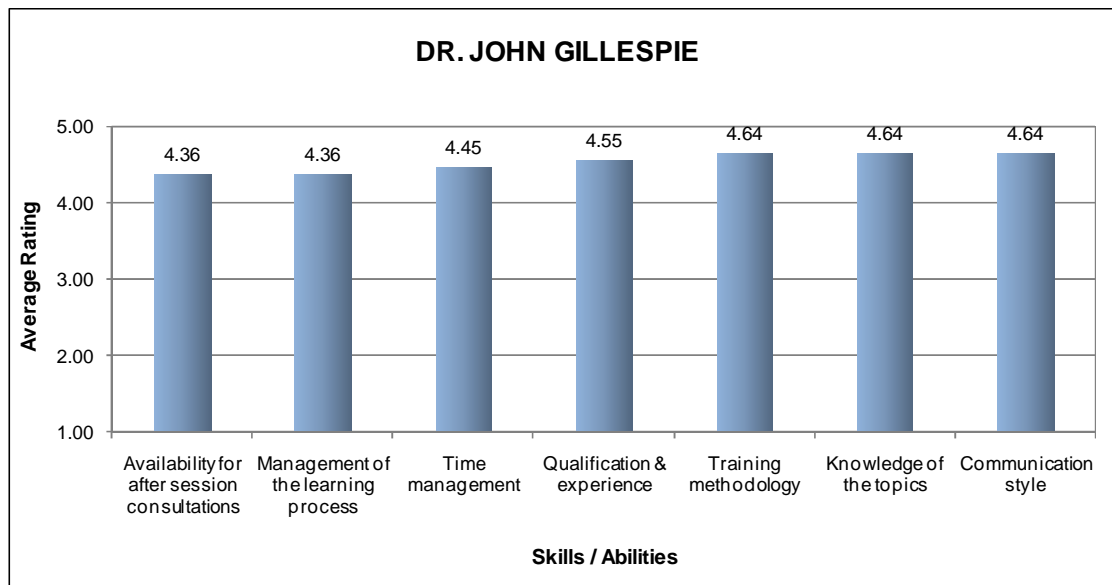


Figure 3

Dr. John Gillespie’s overall average rating (4.52) was highest among all the Resource Persons, refer to Figure 13. His average rating was calculated from the feedback of 11 participants. Figure 3 illustrates that Dr. Gillespie’s *Communication Style*, *Knowledge of the topics* and *Training methodology* were his highest rated abilities (4.64 each) while his

Availability for after session consultations was his lowest rated ability with average of 4.36 but that too represents *Very good* to *Excellent* on the Ratings Scale.

It may be noted here that Dr. John Gillespie also taught at the first course on Hospital Management and the participants of that course also rated him highest among the resource persons.

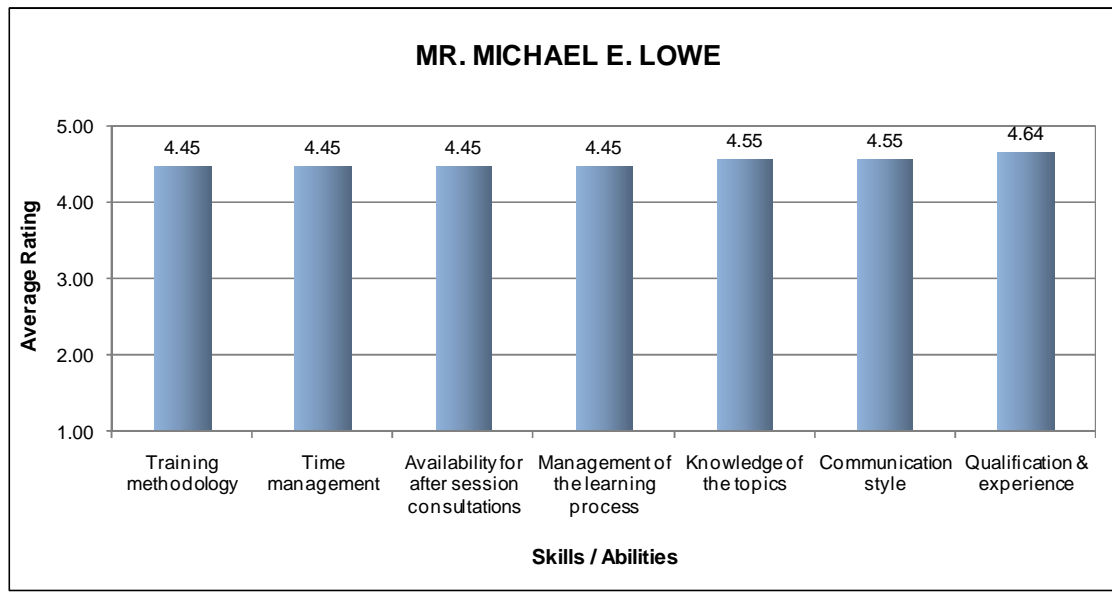


Figure 4

Mr. Michael E. Lowe is one of those resource persons who have taught at all the three Hospital Management courses and like Dr. John Gillespie he has consistently been among the top rated resource persons.

For this course Mr. Michael's averages were calculated from feedback of 11 participants, which rated him the second best among the resource persons. Figure 4 shows that Mr. Michael's *Qualification and experience* (4.64), *Communication Style* (4.55) and *Knowledge of the topics* (4.55) were his highest rated abilities with averages of 4.56 each while rest of all his skills and abilities got the average of 4.45. All his abilities were rated between 4.00 to 5.00 on the Ratings Scale that represent *Very good* to *Excellent* rating.

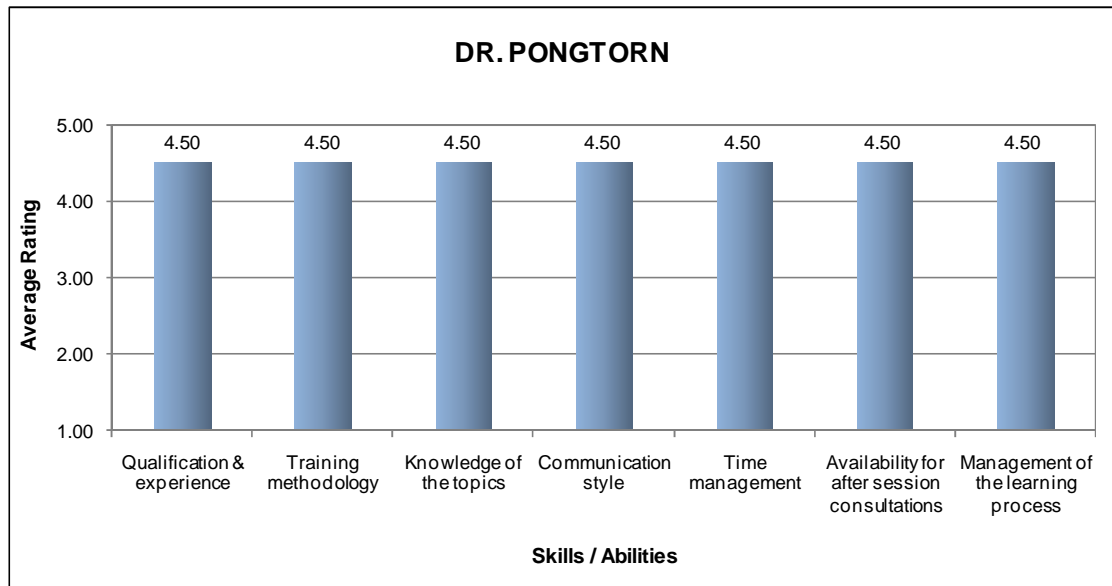


Figure 5

Figure 5 shows the averages of ratings assigned by participants to Dr. Pongtorn’s abilities and skills. The average ratings of Dr. Pongtorn were calculated from the feedback of only two participants. The participants rated all his abilities between *Very good* and *Excellent* on the ratings scale.

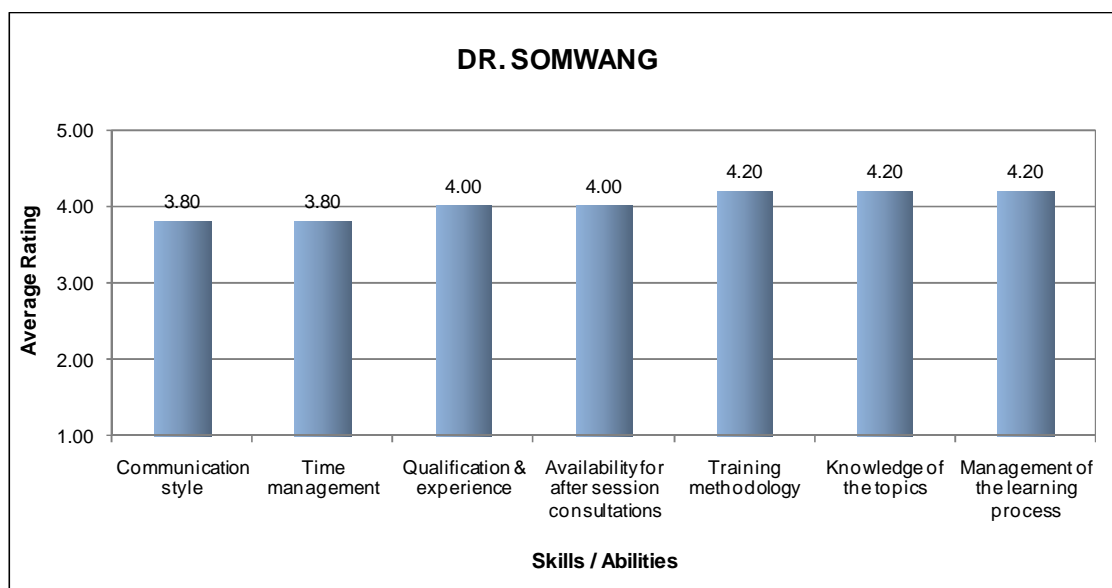


Figure 6

The averages ratings for Dr. Somwang were calculated from the feedback of 5 participants. Dr. Somwang was able to get highest average rating for his *Management of the learning process*, *Knowledge of the topics* and *Training methodology* (4.20 each), while he got lowest average ratings for *Communication Style* and *Time Management* (3.80) each. Figure 6 illustrates the averages of ratings assigned by participants to Dr. Somwang’s abilities.

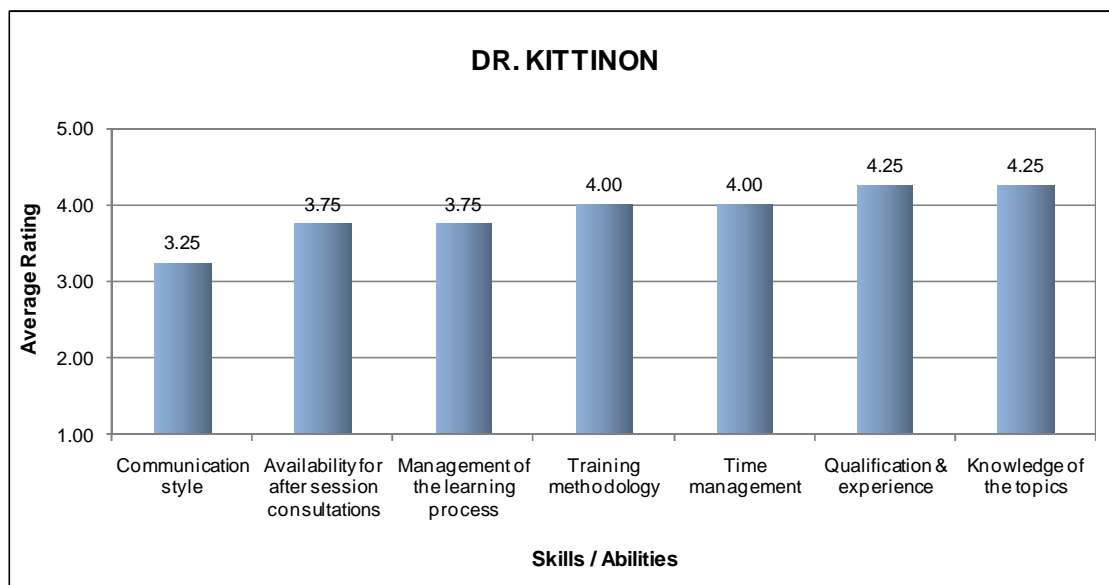


Figure 7

Figure 7 shows the average ratings that were assigned to the abilities of Dr. Kittinon by the participants of the course. *Knowledge of the topics* and *Qualification & experience* of Dr. Kittinon were rated highest by the participants with average rating of 4.25. His average rating for *Communication Style* was lowest at 3.25. The averages for Dr. Kittinon were calculated from the feedbacks of 4 participants.

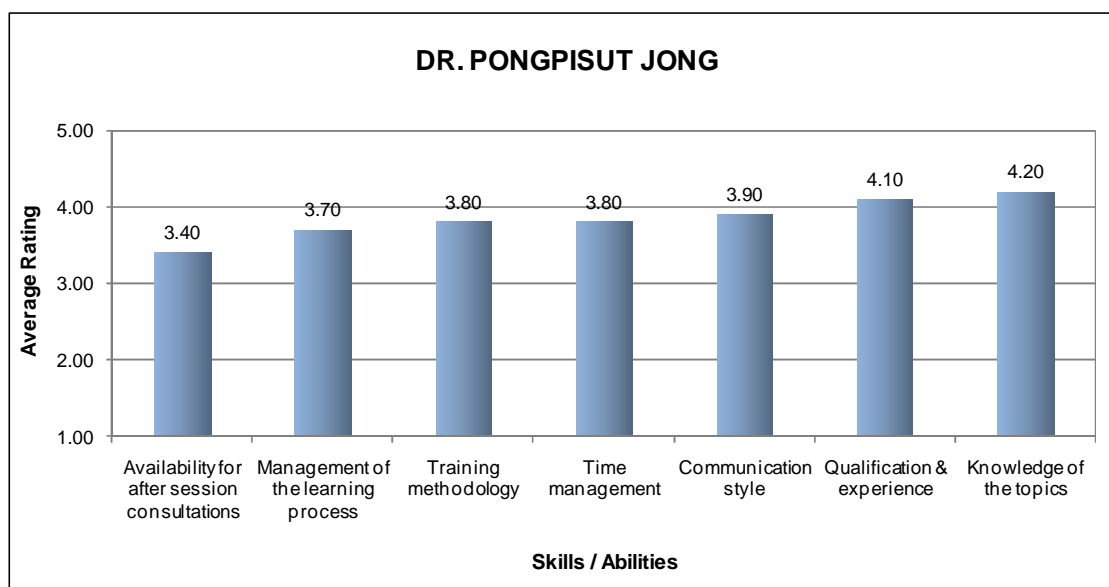


Figure 8

The averages ratings for Dr. Pongpisut Jong were calculated from 10 participants' feedback. Dr. Pongpisut got an average rating of 4.20 for his *Knowledge of the topics* and 4.10 for *Qualification & experience*. However, all his other abilities were also rated *Good to Very*

good by participants. His average rating for *Availability for after session consultations* was the lowest (3.40).

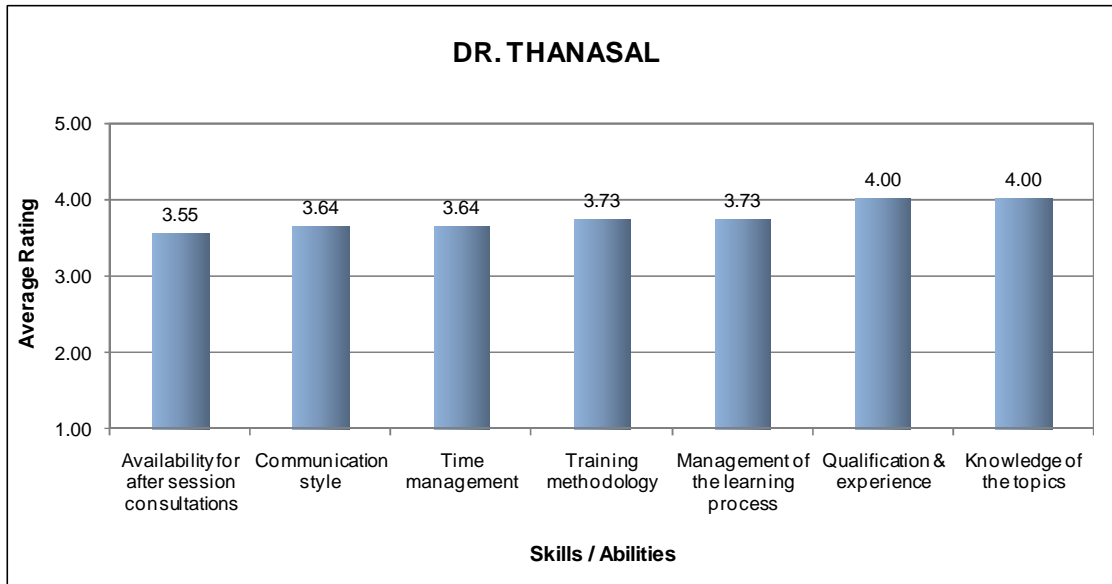


Figure 9

Figure 9 illustrates the averages of ratings that were assigned by participants to Dr. Thanasal’s abilities. It can be seen from the chart that the participants have rated Dr. Thanasal’s abilities from 3.55 to 4.00 which represents *Good* to *Very good* rating on the Ratings Scale. The averages for Dr. Thanasal’s were calculated from 11 feedbacks.

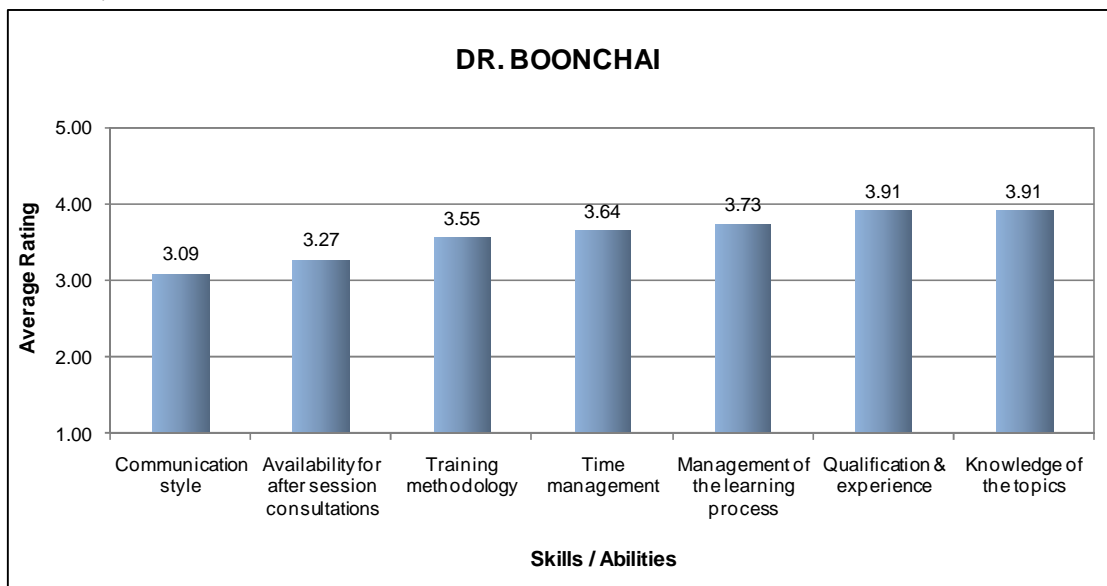


Figure 10

Dr. Boonchai’s average ratings are based on the feedback of 11 participants. The participants have rated all his abilities between 3.00 (*Good*) to 4.00 (*Very Good*) on the Ratings

Scale. His *Knowledge of the topics* and *Qualification & experience* were rated highest (3.91) whereas his *Communication Style* got the lowest rating (3.09). Figure 10 shows the average ratings for all his attributes.

4.4 - A comparison of resource persons

The following chart is based on the performance comparison of all the resource persons. It is based on the range of questions asked from participants to rate the different individual abilities of the resource persons and has been presented to compare the overall performances of all resource persons.

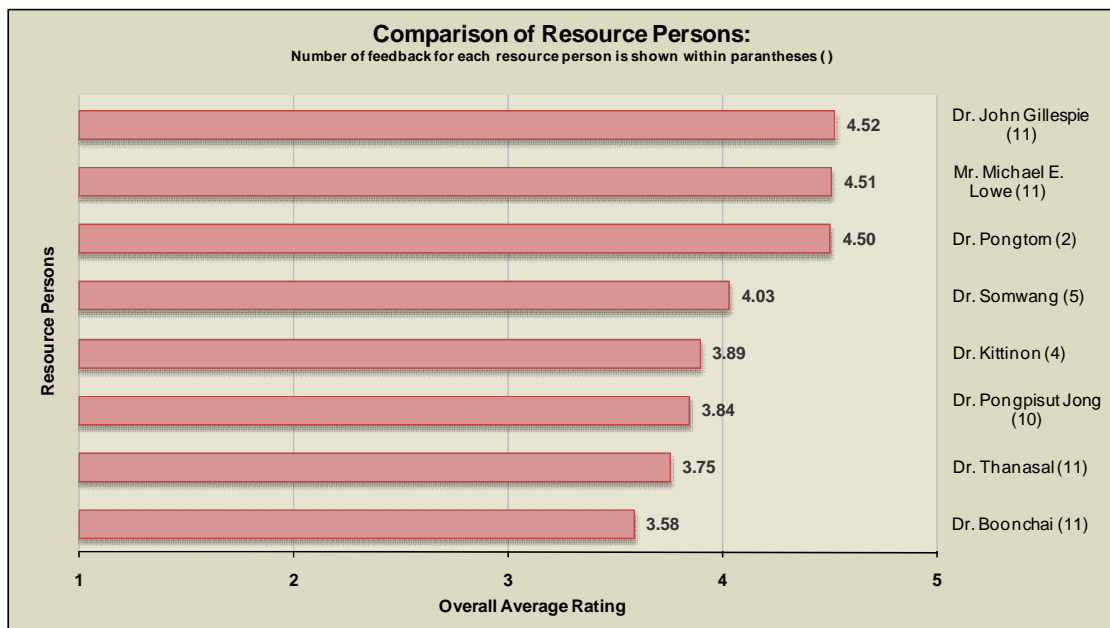


Figure 11

For the purpose of constructing this comparison, an average for the aggregate scores gained by resource persons from participants for each of their individual skill and ability was taken. The number of participants' feedbacks for each resource person is shown in the parentheses against their names in the chart (Figure 11). The number of feedbacks varies for each participant largely because each participant was provided with a questionnaire for acquiring feedbacks for 6 Resource Persons but the participants' selection of Resource Persons varied significantly.

Dr. John Gillespie has got the highest average rating of 4.52 calculated from the feedback of 11 participants and Mr. Michael E. Lowe the second highest (4.51) again with a feedback of 11 participants. Dr. Pongtom was also not far behind with an average rating of 4.50; his average however was calculated from the feedback of only 2 participants.

Dr. Boonchai with an overall average rating of 3.58 was placed lowest by the participants however it still is a *Good to Very Good* rating on the Ratings Scale. The average for Dr. Boonchai was based on the feedback of 11 participants.

4.5 - Evaluation of the training in achieving the objectives at the department level

- ◆ *Helpful*
- ◆ *Good training helped to implement new ideas.*
- ◆ *This training was highly useful in getting our objectives at our department level.*
- ◆ *Development of a system for Hospital Accreditation well understood.*
- ◆ *Much beneficial health system in Thailand, more organized and has chain of command. DHIS is now fully functional in Punjab and hoping to achieve the objective.*
- ◆ *It was very useful and excellent training giving me the chance to observe the Health System in Thailand and update the training and our Hospital Systems accordingly.*
- ◆ *Excellent*
- ◆ *Very Good*
- ◆ *The learnt skills can be applied at department level. However this would need resources and cooperation from the authorities concerned.*
- ◆ *More equipped and more confident to manage at department level.*
- ◆ *Training was quite useful in achieving our objectives at department level.*
- ◆ *By implementing the lessons learnt*

4.6 - How beneficial and relevant were the study visits with the rest of training and was there any model, which can be replicated in Pakistan

All of the participants were of the view that the study tours were relevant with the rest of training and were beneficial. They have also mentioned models, which in their view can be replicated in Pakistan. Following are the participants' views (verbatim) in this regard:

- ◆ *Health care delivery system of Thailand at all level in Pakistan.*
- ◆ *Study visits were even more beneficial; KPIs may be replicated in Pakistan.*
- ◆ *Study visits were very beneficial. Their hospitals are well equipped with efficient delivery of health care facilities. Their nursing staff is enviably trained & skilled. Their private hospitals are much expensive. With a set system of KPI and upgrading incentives that should be followed in Pakistan too.*

- ◆ *Model of Health Centre which is equivalent to BHU can be easily replicated.*
- ◆ *Study visits to Hospitals were very beneficial and related to our training. The Nurse bed ratio (A very good indicator for patient care). Every Department has developed its own KPI (Key Performance Indicator) which may be replicated.*
- ◆ *Study visits were very useful as far as their big hospitals are concerned. At Community & District level their facilities were not exemplary.
We can replicate in Pakistan:*
 - *KPI in Nursing & Doctors*
 - *Their Referral System*
 - *Risk Management System*
 - *Ratio of doctors & nurses to the patients*
 - *Public Awareness System in government hospitals*
 - *Daycare Centers*
 - *Private Business in government hospitals*
- ◆ *Very much beneficial. Universal Care Coverage, KPIs & Hospital Accreditation can be replicated in Pakistan.*
- ◆ *Highly beneficial and many models can be replicated in Pakistan*
- ◆ *Study visits were particularly useful and relevant. In my opinion Siriraj Hospital model can be applied to our Teaching Hospitals.*
- ◆ *Organized Health Care delivery system. No waiting for points token system.*
- ◆ *Study visits were beneficial in terms of gaining information and comparing with ours. Bangkok health service is expensive. In Pakistan we do have free treatment facilities in some hospitals.*
- ◆ *MIS – very beneficial & can be replicated in Pakistan.*

4.7 - To what extent the objectives for going to this training were fulfilled

The pie chart below shows the percentage of objectives achieved, unachieved and those, which are mentioned by participants as partially achieved.

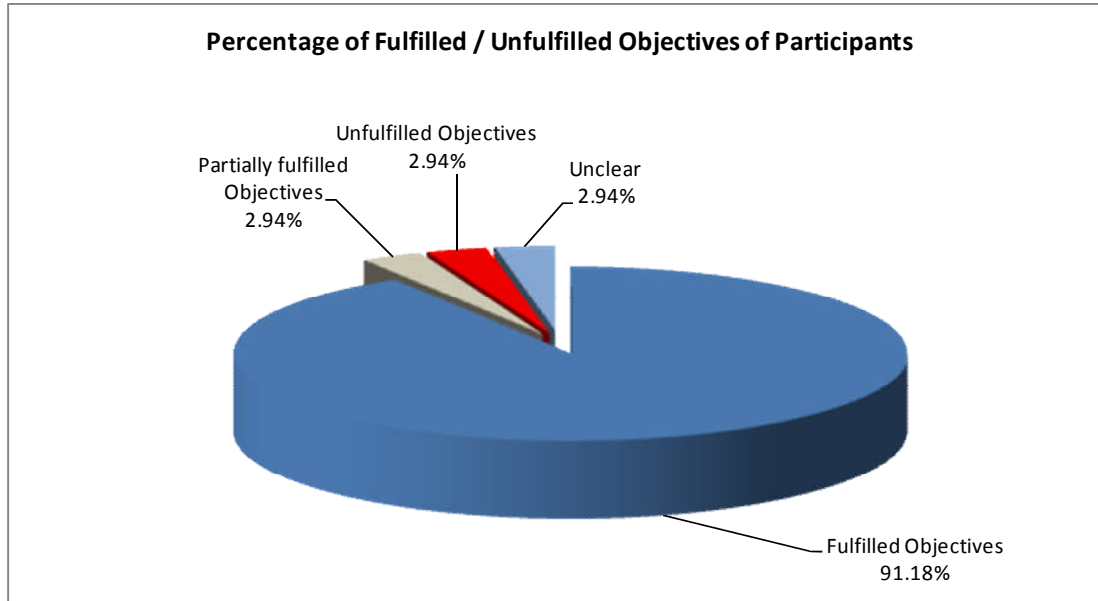


Figure 12

The participants stated 39 objectives in total. Out of which 31 objectives were marked as fulfilled and 1 of the objectives was marked as unfulfilled by the participants. Two of the objectives were declared to be either partially fulfilled or yet to be fulfilled. And five of the stated objectives were neither marked as fulfilled nor as unfulfilled by the participants and therefore these five were not taken into account while calculating the percentages.

All the stated objectives of the participants are attached at Annex-C, of this report.

The participants mentioned the following objective(s) as 'not fulfilled':

1. Information Technology

4.8 - Participants' feedback of most beneficial modules for the public sector

	PARTICIPANTS' RESPONSES
<p>Out of the whole course, which, modules did you find most beneficial for the Public Sector?</p>	<ul style="list-style-type: none"> ◆ <i>Visits of the hospitals (4)</i> ◆ <i>Universal Coverage Scheme (3)</i> ◆ <i>Referral System (2)</i> ◆ <i>Risk Management in hospitals (2)</i> ◆ <i>Quality Management (2)</i> ◆ <i>Accreditation of Health Facilities (2)</i> ◆ <i>KPI (Key Performance Indicators) (2)</i> ◆ <i>Data Management</i> ◆ <i>Information Technology</i> ◆ <i>Performance based incentives</i> ◆ <i>Fast track facilities for affording private patients</i> ◆ <i>Public awareness clinic & fitness centre in the hospital</i> ◆ <i>Daycare Centers for babies of hospital employee & community</i> ◆ <i>Client Centered Health Care</i> ◆ <i>Health Delivery Systems</i> ◆ <i>Performance Based Management</i> ◆ <i>Result Based Management</i>

Many modules were repeated, which is why the number of times a module was mentioned has been written afterwards within brackets.

4.9 - Modules that should have been added to the current course to make it more useful in view of participants

The participants were requested to identify those modules, which should have been added to the course they attended to make it more useful. The responses of the participants who have mentioned modules are given in the below table:

	PARTICIPANTS' RESPONSES
<p>What modules you think should have been added to the current course, to make it more useful?</p>	<ul style="list-style-type: none"> ◆ <i>Human Resource Management (2)</i> ◆ <i>I.T. (Information Technology) i.e. use of Computers (2)</i> ◆ <i>Lectures should not be lengthy. There should be more group discussions. Time should be allocated for questions and answers after each lecture. (2)</i> ◆ <i>Financial Management / Information Technology / Personal Capacity Building</i> ◆ <i>Management of the Hospital Stores</i> ◆ <i>Motivation of the Hospital Staff</i> ◆ <i>Performance Evaluation and Compensation + Monitoring (Supportive)</i> ◆ <i>Major Disaster Management & Support (MIMS)</i> ◆ <i>Manager of the Minutes</i> ◆ <i>Horticulture arrangements knowledge</i> ◆ <i>Time Management</i> ◆ <i>Conflict Management</i> ◆ <i>Health Economics</i> ◆ <i>Logistic Management</i> ◆ <i>Hospital Waste Management</i>

There were few modules which were repeated, that is why the number of times a module was mentioned has been written afterwards within brackets.

4.10 - Modules identified by participants that were not so relevant for the Public Sector.

The participants were requested to identify those modules, which were not so relevant for the Public Sector in their opinion. An overwhelming majority of the participants declared all the modules as relevant. The comments of those who have mentioned the modules as having not much relevance to the Public Sector are as follows:

- ♦ *Visit to incinerator was not necessary.*
- ♦ *Finance Management in Health Care Sector.*

4.11 Are you satisfied with the training attended

This question was included in the questionnaire to find out the number of participants who were satisfied with the training in general.



Figure 13

All twelve participants have expressed their satisfaction with the training and recommended the Course and Institute for future training to other officers.

5- A COMPARISON BETWEEN ALL THE SEVEN COURSES CONDUCTED BY A.I.T.

In order to enhance the quality of training an effort has been made to compare all seven following trainings conducted by A.I.T. so far.

1. Hospital Management
2. Contract Administration & Alternative Dispute Resolution
3. Irrigation System Management
4. Construction Management
5. M&E of Infrastructure Development Project
6. Hospital Management-2
7. Hospital Management-3

5.1 - OVERALL RATING OF TRAINING PROGRAM AND INSTITUTE

The participants were asked to assign an overall rating to their training programs and the institute using the following five-point rating scale:

- | | | |
|---|---|-----------|
| 1 | = | Poor |
| 2 | = | Fair |
| 3 | = | Good |
| 4 | = | Very good |
| 5 | = | Excellent |

Results for the same are shown below:

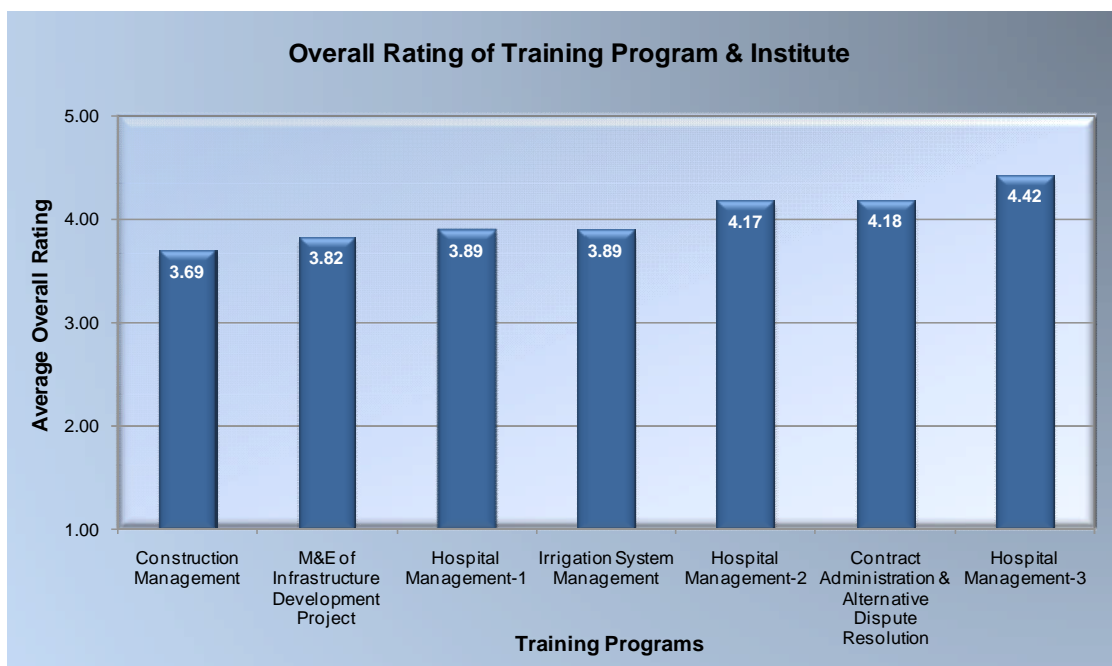


Figure 14

It is evident from the figure 14 that amongst all the training programs conducted by A.I.T. so far, the participants of *Hospital Management-3* course have rated their Program and the Institute (A.I.T.) highest with an average rating of 4.42, which is *Very Good to Excellent* on the

Ratings Scale, followed by *Contract Administration & Alternative Dispute Resolution* (4.18) and *Hospital Management-2* (4.17) course.

The program *Construction Management* has been the lowest rated one so far with an average rating of 3.69 which is a *Good to Very Good* rating on the Ratings Scale. All other courses as can be seen in the chart above, were also rated between *Good to Very Good* by the participants.

5.2 - COMPARISON BETWEEN THE ACHIEVED STATED OBJECTIVES OF PARTICIPANTS OF ALL SIX COURSES

The following chart demonstrates the results in percentage for the stated objectives of participants of the courses.

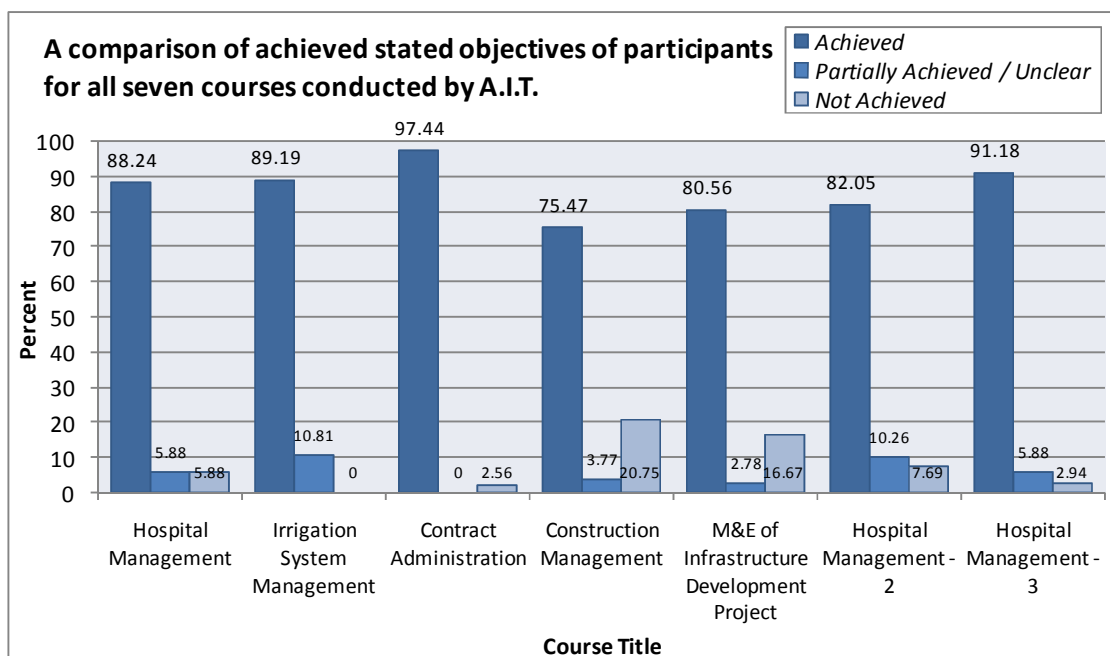


Figure 15

It can be seen from the Figure 15 showing comparisons of achieved objectives of participants for all seven courses that the course on *Contract Administration and Alternative Dispute Resolution* has been the most successful one in terms of participants' achieved objectives. The course *Construction Management* was behind others in terms of percentage of achieved objectives of participants followed by *M&E of Infrastructure Development Project*.

6- A COMPARISON BETWEEN THE 3 HOSPITAL MANAGEMENT COURSES CONDUCTED BY A.I.T.

This section has been added to compare the three courses Hospital Mangement-1 Hospital Mangement-2 and Hospital Mangement-3 because this was the third course on the same

topic conducted by A.I.T. It was thought useful to compare these three Hospital Management courses with each other to determine the changes that have been made from the previous courses especially in the light of recommendations / suggestions made for the first two courses.

In this regard the following aspects of the courses are compared in this section:

- Resource Persons
- Course Objectives
- Course Content

6.1 - RESOURCE PERSONS

6.1.1. List of resource persons

The following table shows the list of Resource persons of all three Hospital Management courses (referred to as HM-1 for first course and HM-2 for the second and HM-3 for the third course in this section):

Resource Persons		
HM-1	HM-2	HM-3
Mr. Michael Lowe	Mr. Michael	Mr. Michael Lowe
Dr. Pongpisut Jong	Dr. Pongpisut	Dr. Pongpisut Jong
Dr. John Gillespie	Khunying Pornthip	Dr. John Gillespie
Dr. Charoon Chirapaisarnkul	Tony Lavender	Dr. Boonchai
Dr. Weerasak Putthasri	Dr. Boonchai	Dr. Somwang
Dr. Surayut Suppa Pannachart	Dr. Pongsatorn	Dr. Thanasal
Ms. Pongpan	Dr. Sarayuth	Dr. Kittinon
	Dr. Jarueyporn	Dr. Pongtorn
	Prof. Somwang	
	Dr. Thitinut	

It can be seen from the table above that, except for Mr. Michael and Dr. Pongpisut from the HM-1 course, all the Resource Persons for HM-2 course were changed. While for the HM-3 course Mr. Michael, Dr. Pongpisut, Dr. Boonchai, and Dr. Somwang were included from the HM-2 course.

It is to be mentioned here that Mr. Michael was rated *Very Good to Excellent* by the participants of the HM-1 course and the same rating was maintained by the participants of HM-2 & HM-3 courses (4.32, 4.41 & 4.52 for HM-1, HM-2 & HM-3 respectively). Dr. Pongpisut was rated between *Good to Very Good* by the participants of all three courses (3.27, 3.91 and 3.84 for HM-1, HM-2 & HM-3 respectively).

6.1.2. Comparison between the abilities and skills of the resource persons

The following chart compares the abilities and skills of the resource persons of both Hospital Management courses as rated by the participants of respective courses.

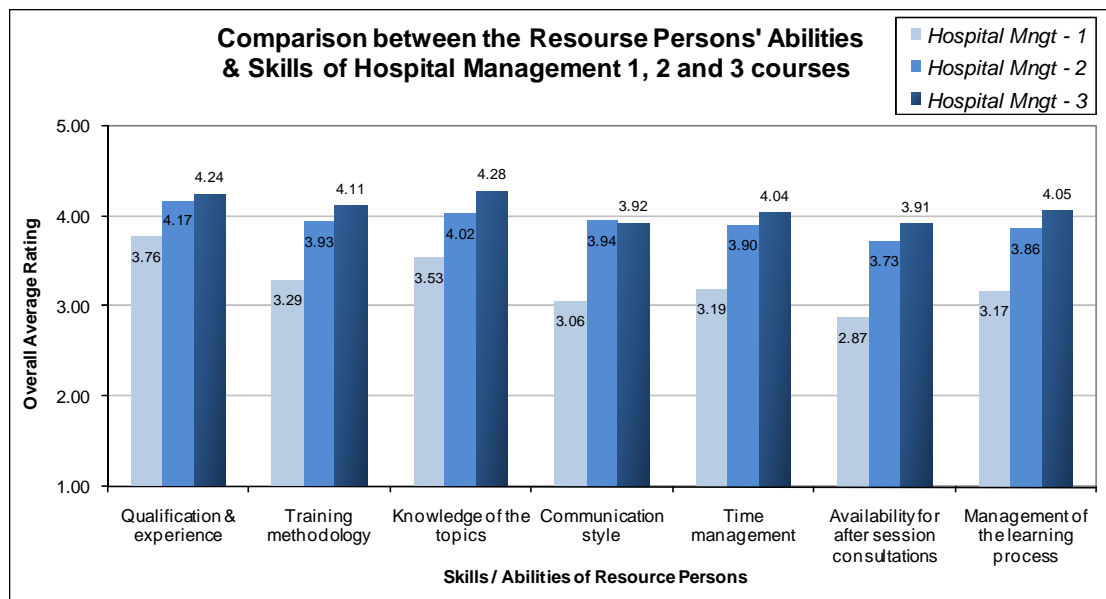


Figure 16

It is evident from the above chart (Figure 16) that all of the abilities / skills of resource persons of HM-3 course were rated even higher than those for HM-2 course except for the rating for *Communication Style* that remained almost same as it was for HM-2 course.

It should be mentioned here that majority of the abilities / skills of resource persons of HM-3 course got the average ratings between 4.00 and 5.00 which represents *Very Good to Excellent* rating. Whereas for the HM-1 course, all of these were below 4.00 and for HM-2 course majority of these abilities were rated below 4.00.

There has been an improvement in the average ratings for the *Communication Style* of resource persons in the recent courses and these were 3.06, 3.94 and 3.92 for the courses HM-1, HM-2 and HM-3 respectively. And the average ratings for *Availability for after session consultations* were 2.87, 3.73 and 3.91 for the courses HM-1, HM-2 and HM-3 respectively. It is to be mentioned here that these abilities were rated lowest as suggested by the feedback of participants of the Hospital Management-1 course and were highlighted in the report of HM-1 course. It is worth mentioning here that the A.I.T replaced the resource persons who were given

the lower ratings by the participants of the HM-1 course and as a result the feedback of the participants of the HM-2 course showed improvement in the average ratings.

6.2 - COMPARISON BETWEEN COURSE OBJECTIVES

The course objectives as conveyed by A.I.T. for all three Hospital Management courses were same and are as follows:

Course Objectives:

After completion of this course the participants will:

- *Have knowledge on up-to-date management concepts and approaches applied for delivering quality health care services.*
- *Enrich knowledge and understanding on organizational development strategy, strategic plan, and an appropriate techniques in implementing development strategies of the hospitals.*
- *Have understanding on performance-based management approach, key performance indicators and setting up service delivery standards.*
- *Have awareness on the key leadership skills that hospital managers need to have and to develop staff to deliver better services.*
- *Gain knowledge on key principles and concepts of financial management and on the methods used for assessing the financial health of organizations.*
- *Obtain essential knowledge on human resource management in health care service organizations.*
- *Learn from the exposure visit to public health organizations and tertiary hospitals in Thailand.*

6.3 - COMPARISON BETWEEN THE COURSE CONTENT

Following are the lists of modules of both Hospital Management courses:

List of Course Modules of HM-1

- Management Concepts & Approaches regarding Health care services
- Strategic Planning for Organizational Change
- Performance-Based Management
- Financial Management Information Systems
- Human Resource Management

List of Course Modules of HM-2 and HM-3

- Review of Modern Management Concepts and Approaches
- Strategic Planning for Organizational Change
- Performance-Based Management
- Performance Appraisal and Key Performance Indicators
- Assessing Financial Health of Organization
- Financial Management Information Systems
- Strategic Human Resource Management
- Client-Oriented Tertiary Health Care Service
- Leadership and Change Manager

The modules of Hospital Management-2 and Hospital Management-3 courses were same which included all the modules of the first course and also there were four additional modules that are added to the list:

- Assessing Financial Health of Organization
- Performance Appraisal and Key Performance Indicators
- Client-Oriented Tertiary Health Care Service
- Leadership and Change Manager

7- RECOMMENDATIONS

Recommendations of the participants are given below in their own words:

- ◆ *Management of the Hospital Stores should have been included in the training. It will be more appropriate if the topics to be discussed / taught during the training should be provided to the participants before training at the time of their nomination to prepare the topics.*
- ◆ *It was an excellent training program as a whole. Lectures were very informative & study visits to various hospitals of Bangkok were very beneficial. The trip to Pataya on weekend made it all very enjoyable.*
- ◆ *The training would have been more beneficial if the documents about Hospital Accreditation System – from policy to progress, Protocols / System of Referrals. Universal Health Insurance and Performance Evaluation were given for guidance and quick adoption.*
- ◆ *The venue at AIT is excellent but the living conditions in the Hotel rooms need improvement. The hospital visits (study visits) may be made more fruitful if much time is given to study in depth working of the hospitals covering all departments. Capacity building of Hospital / District Managers should be the priority.*
- ◆ *-Residential facilities in AIT should be improved.
-Resource Persons of Hospital Management at AIT should also visit the one or two hospitals in Punjab.*

-PRMP official arranging and conducting so excellent workshops should be appreciated and encouraged.

-Continuous collaboration between AIT Thailand and training institute in Punjab e.g. PHDS should be established.

- ◆ *A very good study visit. Selection of participants should be done keeping in view the following:*

-Managerial qualifications and experience.

-Age of participant.

-Motivational level of the participant.

-Relevance to the training objectives.

Trained personnel should be utilized properly.

- ◆ *At tertiary Health Care level not only the Hospital Manager but also clinical specialists have very important role. My suggestion would be to design course which should include management for these clinical specialists as well.*

- ◆ *It is a good training program and it should be continued in future for more health personnel to be benefitted and trained. A very good learning experience and enriching cultural exposure.*

- ◆ *It was a nice training program. Lectures and visits to hospital were all informative. The recreational trip to Pataya on weekend made it more enjoyable.*

- ◆ *-Training was excellent in every aspect except that the stay of the participants should be in a hotel situated inside AIT Extension.*
-The visits of the hospitals in Thailand were very well organized.
-The hospitality was admirable.

ANNEXES

ANNEX A: QUESTIONNAIRE

**SHORT COURSE-POST TRAINING EVALUATION FORM
ASIAN INSTITUTE OF TECHNOLOGY**

***Hospital Management
(9th to 20th November, 2009)***

PERSONAL INFORMATION		
1. Name:	2. Gender:	Male Female
3. Designation & Department:		
4. Occupational Group/Service:	5. Pay Scale:	
6. Date of Birth:	7. Year of Joining Service:	

1) Education:

Degree	Subject	<u>Institution</u>	Year
M.A. / M.Sc.			
Professional Degree			
Others			

Evaluation OF Short Executive Courses Please provide your candid evaluation of the Short Course that you have just undertaken. Your evaluation will help to improve the future delivery of trainings by Punjab Resource Management Program.

2) Were you satisfied with the logistical arrangements for training before your departure and during the program?

Yes No

If no, why [please use extra sheet, if required]:

3) Training Program:

a. Title of the Training:

b. Name of the Institute / Department:

c. Are you satisfied with the Training attended?

Yes No

If no, than kindly elaborate [Please feel free to use extra sheet, if required]:

d. Out of the whole course, which, modules did you find most beneficial for the Public Sector?

e. What were the modules, which were not so relevant (identify 2-3 only) for the Public Sector?

f. What modules you think should have been added to the current course, to make it more useful?

g. Would you like to recommend your Course and Institute for future training to other officers?

Yes No

		Poor	Fair	Good	Very good	Excellent
h.	Your overall rating of Training Program and Institute.	1	2	3	4	5

4) Learning Objectives

4.a) What were your objectives for going to this Training?

4.b) To what extent were these objectives fulfilled?

Objectives		Fulfilled	Not Fulfilled
1.			
2.			
3.			
4.			
5.			

4.c) How would you evaluate the training in achieving your objectives at the departmental level?

5) Training Evaluation

5.a) Overall Evaluation of Training

How satisfied are you with:	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
The relevance of information to your needs	1	2	3	4
Course content	1	2	3	4
Pace of course	1	2	3	4
Training Material	1	2	3	4
Relevance of Case Studies	1	2	3	4
Overall Presentation quality of instructor(s)	1	2	3	4
Subject matter knowledge of instructor(s)	1	2	3	4
Training facilities	1	2	3	4
Administration	1	2	3	4
The overall quality of the training workshop	1	2	3	4

5.b) Resource Person Evaluation:

a. Resource Persons Evaluation (_____)

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5

F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

b. Resource Persons Evaluation (_____)

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

c. Resource Persons Evaluation (_____)

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

d. Resource Persons Evaluation (_____)

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

e. Resource Persons Evaluation (_____)

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

f. Resource Persons Evaluation (_____)

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5

D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

5. c) Please explain how beneficial and related were the study visits with the rest of your training, and was there any model which can be replicated in Pakistan:

6) Level of Knowledge: (Hospital Management)

Please circle the appropriate number to indicate your level of knowledge about the following topics **before** and **after** completing the program. Please use the following key for rating:

- 1. Very Low = Know nothing about this topic
- 2. Low = Know very little about this topic
- 3. Moderate = Know about this topic but there is still a lot to learn
- 4. High = Have a good knowledge but there are still more things to learn
- 5. Very High = Know almost everything about this topic

How do you rate your knowledge about:	BEFORE THIS WORKSHOP					AFTER THIS WORKSHOP				
	Very Low	Low	Mode-rate	High	Very High	Very Low	Low	Mode-rate	High	Very High
Overview of Modern Management Concepts and Approaches	1	2	3	4	5	1	2	3	4	5
Strategic Planning for Organizational Change	1	2	3	4	5	1	2	3	4	5
Performance-Based Management	1	2	3	4	5	1	2	3	4	5
Performance Appraisal and Key Performance Indicators	1	2	3	4	5	1	2	3	4	5
Assessing Financial Health of Organization	1	2	3	4	5	1	2	3	4	5
Financial Management	1	2	3	4	5	1	2	3	4	5

Information System (FMIS)										
Strategic Human Resource Management	1	2	3	4	5	1	2	3	4	5
Leadership and Change Manager	1	2	3	4	5	1	2	3	4	5
Client-oriented Approaches in Health Care Service	1	2	3	4	5	1	2	3	4	5

7) Any other suggestion / comment.

Name: _____ Signature: _____

Date: _____ Contact Telephone No: _____

Note:

The information contained in this Performa will be used for evaluation and analysis. We may also use your comments in certain publications/ reports.

ANNEX B: METHODOLOGY

Evaluation is the comparison of actual project impacts against the agreed strategic plans. It looks at what you set out to do, at what you have accomplished, and how you accomplished it. It can be **formative** (taking place during the life of a project or organization, with the intention of improving the strategy or way of functioning of the project or organization). It can also be **summative** (drawing lessons from a completed project or an organization that is no longer functioning). In addition, experts usually distinguish among four levels of training evaluation, which were first developed by Donald L. Kirkpatrick in 1959:

Level 1 : Reaction - *Measures participant's opinions about the course. This is the most common way to evaluate a course and provides a measure of customer satisfaction. It is low cost; easy to administer, provides insights into participants' opinions. This method provides quick feedback regarding successes and failures.*

Level 2: Learning - *Can include tests of performance before and after the course*

Level 3: Transfer to the job - *Measures how the knowledge, skills and values from a course are used on the job. Typically measures 3 to 6 months after training*

Level 4: Organizational impact - *Measures performance improvements, quality improvements and cost savings to an organization*

This evaluation report is based on the first level technique, that is the reaction of the participants. The other three advanced levels of evaluation require much more time and resources than level 1.

Methods used:

The total number of participants was 20, out of which only 12 have filled in the Questionnaire. This means that we were handicapped by the small number of participants, which obviously resulted in the availability of limited data. It is because of this that the sampling technique was not used, as the total amount of data available was itself small enough to be easily manageable. It is because of this that all the available data has been carefully and systematically incorporated in the evaluation process.

In the development of this report Methodological triangulation was employed. Two separate sources of data collection were used, one of the questionnaire, and the other of the select interview. However, within the first method of questionnaire, two within-method techniques were used, that is *the Rankings* and the *Rating Scales*. The objective is that to see if there is room for improvement and to communicate that information to AIT.

Structure of Post-Training Evaluation Form / Questionnaires:

Questionnaires were carefully designed in such a way so as to acquire the relevant data from participants, which could subsequently be used to review and assess the quality of training provided by AIT. Evaluation process requires a combination of quantitative and qualitative

information in order to be comprehensive and hence the questionnaires were custom designed to yield quantitative as well as qualitative data. The questions used in the questionnaire were both open-ended questions and the closed-ended ones. The objective was to obtain explanatory responses from participants, their observations and their candid views on different aspects of training.

The questionnaire was further developed in a way that involved both the ranking and ratings scale. Ranking was incorporated to judge what participants found most/ least useful during the course. The Rankings method involves getting participants to state what they consider most important, most useful, least important, least useful, etc. It can be used with individuals and groups, as part of an interview schedule or questionnaire, or as a separate session. The Rating Scale method was included to let the participants express their level of liking and disliking about various fields of training. This technique makes use of a continuum, along which participants are expected to place their own feelings, observations etc. People are usually asked to say whether they agree strongly, agree, don't know, disagree, disagree strongly with a statement.

Process:

All the participants of the course were provided with the questionnaires and were requested to fill in the required fields as per their experiences and observations during training.

In addition, the method of select semi-structured one on one interview was employed to complement the process of information acquisition and these outcomes were considered while preparing recommendations.

The data from questionnaires was meticulously extracted and compiled. Statistical techniques were used to convert responses into means (averages), frequencies and percentages for further clearer analysis. After a thorough analysis, the analyzed data was organized in the form of lists, graphs, summaries and charts and has been included in the succeeding section.

At the end of the report recommendations and suggestions for improvement of training courses has been provided as per the recommendations provided by the participants themselves.

ANNEX C: ALL THE STATED OBJECTIVES OF PARTICIPANTS FOR THE TRAINING

(√ represents fulfilled objectives while X represents those that were not fulfilled)

OBJECTIVES	Fulfilled / Not Fulfilled
❖ <i>Comparison of Health Care System</i>	√
❖ <i>Leadership and Motivation</i>	√
❖ <i>Information Technology</i>	X
❖ <i>To learn about the administration and management of the bigger hospitals</i>	√
❖ <i>Comparison of the hospitals in Pakistan with those in Thailand</i>	√
❖ <i>Getting the knowledge on Hospital Management</i>	√
❖ <i>Comparison</i>	√
❖ <i>Gain of useful information for beneficial implementation</i>	To some extent
❖ <i>Beneficial implementation in our set up</i>	To be fulfilled
❖ <i>Health care system study</i>	√
❖ <i>Study system of accreditation</i>	√
❖ <i>Information technology use</i>	√
❖ <i>Referral network & health education</i>	√
❖ <i>Tour of health facilities</i>	√
❖ <i>To see and compare the Health System in Thailand with our system in Punjab</i>	√
❖ <i>To become task oriented officer and to make proper use of information</i>	Trying best and working on the use of information
❖ <i>To compare training system in my institute (PHDC) and AIT</i>	
❖ <i>To update the Hospital Management training in my institute (PHDC)</i>	
❖ <i>To examine the Regulatory System in Thailand in Private and Public Hospitals</i>	
❖ <i>To examine the services, KPI and Financial sustainability in Private and Public Hospitals in Thailand</i>	
❖ <i>Up-to-date Management skills</i>	√
❖ <i>Understanding of Org. strategy</i>	√
❖ <i>Performance Based Management</i>	√
❖ <i>Leadership skills</i>	√
❖ <i>MIS in Hospital Management</i>	√
❖ <i>Upgradation of knowledge</i>	√
❖ <i>Exposure to best practices in Hospital Management</i>	√
❖ <i>To learn more and improve the knowledge about Management at Tertiary Health Care</i>	√
❖ <i>To be better Manager and improve Management skills</i>	√
❖ <i>Apply the improved degree of Management level at our Institution</i>	√
❖ <i>To add knowledge and compare our system with Thailand Health System so to add positive & constructive change in our system</i>	√
❖ <i>To get acquaintance of the trends of Hospital Management abroad</i>	√
❖ <i>To compare their health system with ours</i>	√

- ❖ *To extract useful information regarding health system and implement in our hospitals* ✓
- ❖ *Understanding on Performance Based Management (PBM)* ✓
- ❖ *Knowledge on up-to-date management concepts* ✓
- ❖ *Knowledge in MIS in Hospital Management* ✓
- ❖ *Lessons from visit to hospitals* ✓
- ❖ *Key leadership skills* ✓