

“Review of the Leadership and Management Program of International Clinical Epidemiology Network (INCLEN)”

A dissertation submitted in partial fulfillment of the requirements

for the award of

Post- Graduate Diploma in Health and Hospital Management

By

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PG/ 11/ 117



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May, 2013

Certificate of Internship Completion

Date: 21/05/2013

TO WHOM IT MAY CONCERN

This is to certify that Mr. / Mrs. / Dr. Sanjiv Kumar has successfully completed his 3 months internship in our organization from January 16, 2013 to April 16, 2013. During his internship he has worked on REVIEW OF LAMP at INCLEN under my guidance and my team at INCLEN INSTITUTE OF GLOBAL HEALTH

Comments: Dedicated and committed work in the project

We wish him/ her good luck for his/ her future assignments.

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The following dissertation titled "Review of the Leadership and Management Program of International Clinical Epidemiology Network (INCLEN)" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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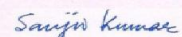
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This is to certify that Dr Vivek Bhatnagar, a graduate student of the **Post-Graduate Diploma in Health & Hospital Management** has worked under our guidance and supervision. He is submitting this Dissertation titled **“Review of the Leadership And Management Program of International Clinical Epidemiology Network (INCLen)”** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health & Hospital Management**.

This Dissertation has the requisite standard and to the best of my knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



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Dissertation Organization: INCLIN INSTITUTE OF GLOBAL HEALTH

Area of Dissertation: REVIEW OF LEADERSHIP & MANAGEMENT PROGRAM

Attendance: 100%.

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Deliverables: Ten Draft modules reviewed & report submitted

Strengths: Dedication, details oriented, meticulous & excellent computer skills

Suggestions for improvement: Has shown good writing skills and is working on improving further

Signature of the Officer-in-Charge/ Organization Mentor (Dissertation): Sanjay Kumar

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Abstract:

The Leadership And Management Program was started by INCLEN in 2000-2001. It was a one of its kind initiative in the health sector in the country at that time; an early step towards developing leadership in the healthcare industry. Much effort was put in designing and implementing the capacity building program. The basic ideology behind the start of the program was to strengthen the research capacity within the organization. It was more of an in-house, on-going discussion and mentoring exercise rather than a conventional learning program.

The core team involved in the complete process had high hopes from LAMP, but when the board decided to conduct a mid-line evaluation things turned out to be different. Though the program was still in its infancy, roughly four years after the start of the program, it was found to be not very fruitful. Thus, the program had to be suspended as non-performing in 2005 because of various internal reasons.

The INCLEN executive committee met in April 2012 to decide on its strategic plan for 2012-2021. It was decided that the Network needed to take a new aggressive start to revive its lost vigor. Under the new strategy the executive board came to a consensus on acquiring an institutionalized structure and strengthening the research and capacity building activities. LAMP was thus planned to be reintroduced as the flagship program of the Network.

This review study was done to identify the gaps and revise the all the aspects thoroughly before it is reintroduced to make it a comprehensive and robust training/ capacity building program.

The review of the program included revision of the existing study material made for the training program, its scope and coverage and also the strategies adopted for the marketing of the program. Gap analysis was done for the same purpose. The gaps identified included factors such as very INCLEN oriented approach in the designing of the program and its limited participation from only the Network members. Other factors identified were incomprehensive studied material, online approach, no practical exercises and inability to acquire the experienced leaders from within the Network as well.

New strategies for the review of existing modules and promotion of the program were decided upon in the study. These included multi level review committees for the modules, using the partner institutions for the promotion of the program, selection of candidates from different organizations, conducting the training program as workshop to ensure practical and participative learning.

Organizational Profile:

INCLEN began in 1980 as a project of the Rockefeller Foundation. INCLEN, Inc. was formally launched as an independent non-profit 501 (c) 3 organization in 1988. It is a unique international network of healthcare professionals (clinical epidemiologists, biostatisticians, health social scientists, and other health professionals) who apply multidisciplinary approaches to identify best practices to improve “health for all” in local, national, regional and global settings. INCLEN achieves this by using the network to conduct collaborative, inter-disciplinary research on high-priority health problems, and to train future generations of leaders in health-care research.

Vision: "To attain equity in health for development through essential research and training in global health and related disciplines."

INCLEN seeks to build ‘Bridges’ between Clinicians, Public Health Researchers and Policy makers.

Mission: “We are a unique global network of clinical epidemiologists, biostatisticians, health social scientists, health economists and other health professionals affiliated with key academic healthcare institutions."

"We are dedicated to improving the health of disadvantaged populations, particularly in low- and middle-income countries, by promoting equitable healthcare based on the best evidence of effectiveness and the efficient use of resources."

"We achieve this by using the network to conduct collaborative, inter-disciplinary research on high-priority health problems, and to train future generations of leaders in healthcare research."

The current global head quarter is in New Delhi, India. Presently, INCLEN is a network of 90 academic medical institutions/ universities in 34 countries around the world with over 1843 members who are academicians and researchers related to health and medical sciences. The core units of the Network are Clinical Epidemiology Units (CEUs) housed at apex Medical Institutions affiliated to Universities. Almost 1/5 of these CEUs are upgraded to Clinical Epidemiology Research & Training Centers (CERTCs) as next generation of capacity building hubs. In India there are 15 institutes, 13 CEUs and 2 CERTCs based at apex medical institutions in different parts of the country.

INCLEN provides a forum for researchers to discuss critical health issues through educational projects, global meetings, and an international communications network. It supports young researchers and provides network members opportunities to participate in collaborative clinical studies. As a partnership of clinicians and health scientists who are trained to use and produce the best possible evidence in their medical decision making, INCLEN can have a profound impact on global health.

The INCLEN Trust International was officially launched in Bangkok, Thailand with the signing of trust deed on October 15, 2000. This marked a new phase of INCLEN- new phase of learning, where the regional CLENs or networks became the pillars of INCLEN Trust and where CEUs interact with each other through the CLENs and through collaborative work.

In India, INCLEN is registered as a not-for-profit Trust at New Delhi since 2005. The Trust is governed by the Board of Trustees, the highest policy-and decision making body, which is represented by individuals of international repute from academia, research, and international organizations. The Board's decisions are implemented by the INCLEN Executive Office at New Delhi. The Network also maintains an office at Philadelphia for administrative and financial management of grants. The Executive Office ensures the network communication and management, fund receiving, research monitoring and efficient grant management. INCLEN has approval from Ministry of Home Affairs, Government India, under Foreign Currency Regulation Act (FCRA) which enables receiving funds from outside India, and has been recognized as a SIRO (Scientific and Industrial Research Organization) by Department of Science and Industrial Research, Government of India.

IndiaCLEN, one of the seven regional networks of INCLEN is registered as a non-profit health research network with the registrar of societies at Trivandrum, Kerala since 1991. The other Regional CLENs are CanUSACLEN, EuroMedCLEN, LatinCLEN, INCLENAfrica, INCLENAsia, and ChinaCLEN. . INCLEN has a functional and dynamic collaborative network of 185 Indian institutes including 160 Medical Schools, 10 Public Health Institutions, 8 Research Institutions, 12 non-medical Universities and 9 Non-government Organizations across India, known as the **INCLEN Program Evaluation Network (IPEN)**. INCLEN is also working with 15 Regional ICMR Institutes in India. This network has conducted 16 countrywide public health systems and program evaluation research in last 16 years.

Other Initiatives:

SOMAARTH Demographic Development Health Environment Surveillance Site (DDHESS) is located in district Palwal, Haryana (about 80 kms from Delhi). SOMAARTH DDESS site is comprised of 51 villages and approximately 200,000 populations. INCLEN has a field project office for coordinating the activities. There are 40 field workers, 10 supervisors, 6 technical managers and 2 administrative managers who are currently engaged for the diocese project activities. Several community based projects are underway in this DDESS site.

INCLEN Research Laboratory: INCLEN has set-up a state-of-art laboratory (area 5000 sq ft.) in New Delhi. It has bacteriology, virology and biochemistry analysis facilities along with molecular biology facilities.

INCLEN Strategic Plan 2012- 2021:

The Board of Trustees have developed and initiated implementation of the new Strategic Plan to take INCLEN into its next phase of growth and contribution to global health with particular focus on poor and excluded segments of population residing in low and middle income countries..

Strategic Goal: In pursuant to its original mission & vision, the Network shall work for the improvement of global health by way of its research and capacity building activities.

Improve the health of the populations of developing countries by promoting healthcare based on the best evidence of effectiveness and the efficient use of resources.

Strategic Objectives:

1. Establish INCLEN Institute of Global Health (IIGH): to intensify, escalate and coordinate research and capacity building activities
2. Expand and re-align research portfolio: Policy, Program and practice relevant research agenda which contributes to improvement of health
3. Revitalize research capacity building component of INCLEN: obtain international recognition and accreditation
4. Knowledge translation and policy advocacy: for better outcomes
5. Network consolidation and expansion: further ameliorate perceived value of Network

INCLEN Institute of Global Health (IIGH):

INCLEN Institute of Global Health is an umbrella for INCLEN to intensify and coordinate its different activities. It has been identified to fulfill the vision and mission of the 'new' INCLEN. IIGH is a resource platform for research, capacity building, knowledge management and fund generation to adapt the overall goal of INCLEN to the currently prevailing challenges in global and international health and ensure further development and sustainability of INCLEN based on its initial spirit. It is essentially engaged in policy and program relevant collaborative studies to influence population health at local, regional and global level. With the extensive base of network institutions and field sites, IIGH aims at blending the research with capacity building for awarding PhD, postdoctoral degrees.

The umbrella structure of IIGH intends to hire world class leaders and establish thematic groups and think tank to strategically invest its resources in research and capacity building in health sector and also to improvise in program development and resource generation activities to fulfill INCLEN's vision and mission. Key approaches planned for this vision include generating an attractive ecosystem for investigators to work, promote North-South and South-South partnerships, reposition the institution to align with current global healthcare initiatives and escalate funding while empowering the global image of the Network.

Institutional Framework of IIGH:

- Intensify, escalate and coordinate research and capacity building activities of the Network
- Ability and flexibility to raise funds
- Fertile collaborative environment

- Access to network - Seven regional CLENs, & INCLEN Centers for Global Health, associated demographic, environmental and health surveillance sites
- Professional support for multi-centric & multi-country studies
- Availability of laboratory support
- Centralized state of art data management & analysis centre
- Low overheads & indirect costs
- Speedy peer reviews and IRB clearances of proposals
- Expansion and consolidation for repositioning the Network in the current international health scenario through linkages with other global health initiatives

Chapter 1:

Introduction:

INCLLEN began in 1980 as a project funded by the Rockefeller Foundation. INCLLEN, Inc. was formally launched as an independent non-profit 501 (c) 3 organization in 1988. It is a unique international network of healthcare professionals (clinical epidemiologists, biostatisticians, health social scientists, and other health professionals) who apply multidisciplinary approaches to identify best practices to improve “health for all” in local, national, regional and global settings. INCLLEN achieves this by using the network to conduct collaborative, inter-disciplinary research on high-priority health problems, and to train future generations of leaders in health-care research.

The current global head quarter is in New Delhi, India. Presently, INCLLEN is a network of 91 academic medical institutions/ universities in 34 countries around the world with over 1843 members who are academicians and researchers related to health and medical sciences. The core units of the Network are Clinical Epidemiology Units (CEUs) housed at Medical Institutions affiliated to Universities. Almost 1/5 of these CEUs are upgraded to Clinical Epidemiology Research & Training Centers (CERTCs) as next generation of capacity building hubs. In India there are 15 institutes, 13 CEUs and 2 CERTCs based at apex medical institutions in different parts of the country.

Leadership and Management Program (LAMP):

In line with INCLLEN’s mission of strengthening leadership capacity in health research, INCLLEN had developed and conducted a course on leadership and management. This course has been reviewed and revised to strengthen leadership and strategic management elements in the course. The course also includes pre workshop exercises related to self assessment of various aspects of leadership which will be used in developing personal leadership plan during the course. The progress in strengthening leadership will be reviewed through the post course online contact program.

Goals of the course:

The LAMP is designed to reinforce the values and goals of the revised strategy of INCLLEN and therefore has the following special features:

1. The inclusion of cross-cultural elements, to reflect INCLLEN's regional diversity;
2. The use of strategies tailored to the realities of participants who are mostly "part-time" professional peers.
3. An emphasis on partnership development with other "like-minded" organizations

Objectives of the course:

1. To familiarize participants with the latest concepts and theories in leadership and research.

2. To apply these concepts and theories to strengthen skills of the participants in leadership and management, networking and partnership in health research by fostering skills in leadership and management.
3. To develop personal action plans to strengthen skills in managing self, teams and networking through reflection of current levels of skills.

Methods and strategies:

1. A "learning while doing" experience-based approach--this will include an analysis of the participant's own professional reflection and the specific elements which he or she would like to change. In addition, relevant case studies will be used; most of these will be derived directly from the INCLEN's research experience.
2. The use of modules will be available in both print and electronic forms. Each module will include: a brief overview, a concept paper (providing a more detailed description), a variety of "tools", and case studies.
3. A variety of events, such as inter-active sessions with leaders in health research. These sessions will complement the learning processes already underway through individualized study and mentoring.
4. Senior mentors will be recruited to work with program participants; the mentors will provide encouragement, advice and guidance to LAMP participants.

The healthcare scenario is rapidly changing across the globe. Equity in health services and achievement of the MDG targets are the call of the day. Developing nations, including India, need to put in more efforts to achieve the targets and put up respectable indicators in front of the world community. Also, with increasing awareness and education the society now seeks access to basic public services, including health services, as their fundamental right. This is boosted by the ever increasing role of media which plays important role in encouraging transparency and accountability in public services. All these factors together strongly demand streamlining of processes in the health care sector and improved management and leadership to achieve better outcomes. Many international organizations, including the WHO, identify leadership and management in health as the enabling tools to meet desired outcomes under difficult situations and limited resources.

The extent to which we are able to improve the health of the public depends, in large part, upon the quality and preparedness of the public health workforce, which is in turn dependent upon the relevance and quality of its education and training. ^[1] The public health system has since long been trying to find a resolve for improvement in healthcare status by empowering the existing health workforce. It is more important in the context of developing states, much like India, with limited workforce availability with respect to the population. One of the most staggering problems in the health sector in India is the lack of skilled workforce to match the populations demand. India still has less than one physician per thousand populations ^[2] which is not sufficient to meet the health needs of the population. The situation in rural areas is still worse owing to apprehension of doctors to work in rural setups. Enhancing the

management and leadership skills of the health professionals can enable them to better tackle the demands of their responsibilities.

The World Health Organization organized “Regional Conference on Public Health Education and Practice in the South East Asia Region in the 21st Century” in Kolkata in 1999. It was concluded that the best way to strengthen the public health system in the region was through strengthening the workforce. The “Calcutta Declaration on Public Health”, the main outcome of this conference, identified reform in the education system in healthcare sector as the most important tool for taking on the widespread challenges in the country.

A career progression structure is needed to retain public health professionals in the public health system of the country. ^[4] The opportunities for learning communication skills and leadership qualities, which are required for a good public health professional, are rarely made available to PGs. ^[5]

Traditionally, when we talk about the public health education in India, we usually refer to undergraduate (MBBS) and postgraduate education (MD [Community Medicine/Preventive and Social Medicine], Diploma in Public Health [DPH], and Diploma in Community Medicine [DCM]) in medical colleges, which is primarily training in core public health without any specialization in specific areas of public health. ^[1] It leaves a big gap in managerial and leadership skills among doctors when they reach senior positions. This vacuum is being filled by recent mushrooming of health and hospital management courses offered by various private institutions and universities, approved by AICTE and not by Medical Council of India. ^[6] In the last few years there is a conscious shift in public health education in India with a few institutions (with medical and nonmedical background) initiating public health programs for both medical and nonmedical graduates. Despite these initiatives toward building the capacity of public health professionals in the country, there is still a limited availability in teaching and training courses in specialized areas of public health. Therefore, the challenge is to work out a written protocol stating the competencies to be acquired and methods to be adopted to acquire such competencies within a time frame. ^[1]

How do the medical professionals acquire leadership and managerial skills? With lack of proper teaching and training in managerial and leadership areas an average health professional reaching leadership positions acquires these skills, if at all, essentially in three ways (i) Hit and trial (or trial and error), (ii) Observation of others and the third possible way is through individual driven self-learning by reading or taking up some courses available within the health system or outside. ^[6] Right after graduating from their medical schools all doctors and nurses have to play an active role in leadership. Their work directly involves leading and managing not just their teams and support staff but also the patients, their attendants and other influencers. The scope of leadership and strategic management work expands as they move into leadership positions by virtue of length of service and not because they have acquired managerial and leadership skills. This leaves a gap in managerial and leadership skills among senior medical and paramedical professional in health facilities and hospitals. ^[6] This lack of formal training in leadership qualities at graduate and post graduate levels of education leaves scope for inclusion of subjects like leadership and strategic management in both basic and in-service training.

The World Bank has identified the following key management challenges for health services: (i) very few professional health managers especially at district level; (ii) lack of appropriate management competencies and opportunities for further learning; (iii) inflexible/prescriptive planning and budgeting system; (iv) limited control of managers over resources; (v) poor accountability for results; and (vi) Lack of clarity in roles and responsibilities of managers and service providing organizations.⁽³⁾

The INCLEN Trust International, an eminent organization in the field of health research globally, has training in health related disciplines as is fundamental pillars. Going in line with its vision, INCLEN has been trying to cater to this rising need of leadership and management qualities in health care professionals. The Leadership and Management Program (LAMP) initiative is the first step in this direction.

Rationale:

The LAMP was discontinued because the INCLEN Executive Office (IEO) felt that the initiative in its content and approach was not appropriate in achieving its objectives. INCLEN decided to review and revise the program to address its weaknesses and reintroduce it under the INCLEN Institute of Global Health (IIGH) umbrella. Therefore there was a need to assess the program and identify the gaps. This study was conducted to review the program, identify the gaps, revise it and develop a strategy to promote the program.

Problem Statement:

Leadership and Management Program (LAMP) of INCLEN was the first of its kind in the health sector in India; a brain child of IndiaCLEN. All the core group members and support staff had put dedicated efforts and the program was launched with preparation and enthusiasm. It introduced the concept of internet based learning in the country and was expected to be a tremendous success. The program though could not get the anticipated response and was discontinued.

The Network planned to reintroduce the program under the umbrella of INCLEN Institute of Global Health (IIGH). This review was done to revise the training program.

Objectives:

General Objective: To review the Leadership And Management Program of INCLEN.

Specific Objectives:

1. To review the existing modules of INCLEN's Leadership and Management Program
2. To identify gaps in the training modules and the program
3. To develop marketing strategy for better response to the program within and outside INCLEN

Review of Literature:

“Public health education in India: Need and demand paradox” talks about the dire need of capacity building training courses in specialized areas of public health, including leadership. It emphasizes on the strong and urgent need to develop trained manpower to address various issues of the healthcare system in the country. The focus should be to make public health learning more practically oriented to equip practitioners and policy makers alike with problem solving skills. With reference to the Calcutta Declaration the authors call for a holistic and multidisciplinary approach towards developing skills of health workers across the spectrum of public health.

“Are we really producing public health experts in India? Need for a paradigm shift in post graduate teaching in community medicine” acknowledges the need of inculcating leadership and management related subjects in the curriculum from the post graduate level itself. The article addresses the difficulties doctors and nurses face when they have to work as leaders and managers in large teams without any prior exposure. It says that the opportunities required for learning leadership qualities required for a public health professional are rarely made available to them.

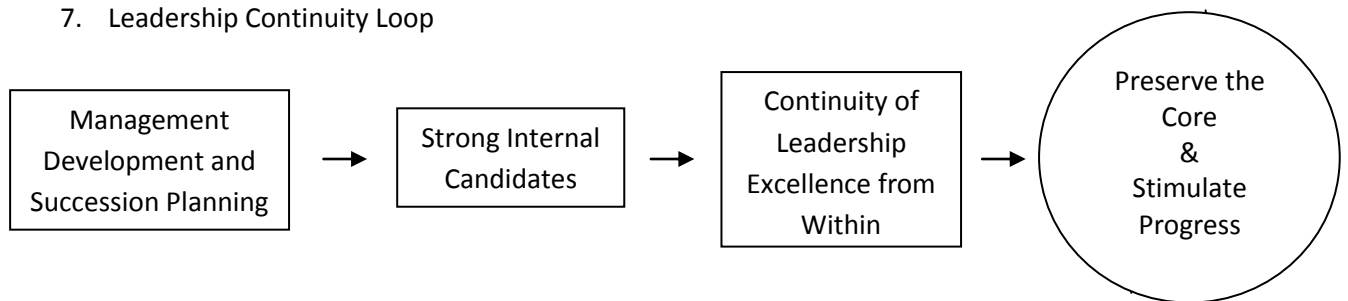
“Necessity of Leadership Development in Allied Health Education Programs” discusses promoting leadership training in Allied Health education and gives leadership an edge over basic management studies. The article discusses the need of leadership in public health and compares how leadership can be developed or is an inherent quality in a select few. It then compares management and leadership qualities and points out the differences between them. It advocates the need of developing leaders in professionals and not merely managers and administrators.

“Built to Last” is a research work done by James P Collins and his team which focuses on identifying the behavior which differentiates highly successful companies which have sustained their success, from the companies which did enjoy all the same opportunities but could not quite make it to the top. It is a compilation of six years long research on what does it take to make enduring great companies. The authors like to call them the visionary companies. This study identified 700 CEOs of different companies listed in Fortune 500 (both industrial and service) and from Inc. 500 private and Inc. 100 public companies. Each of these CEOs was asked to enlist 5 companies they considered highly visionary. 18 of the most frequently mentioned companies were selected at the end to be studied in the quest to find out the secret of lasting success.

To compare the achievements of these visionary companies the team selected one fairly comparable company for each of the eighteen selected companies, in the respective industry and established nearly around the same time as the visionary company. All of the visionary and comparison companies were then studied through their lives in the market and inferences drawn accordingly.

The main findings drawn by the authors in the effort are as follows:

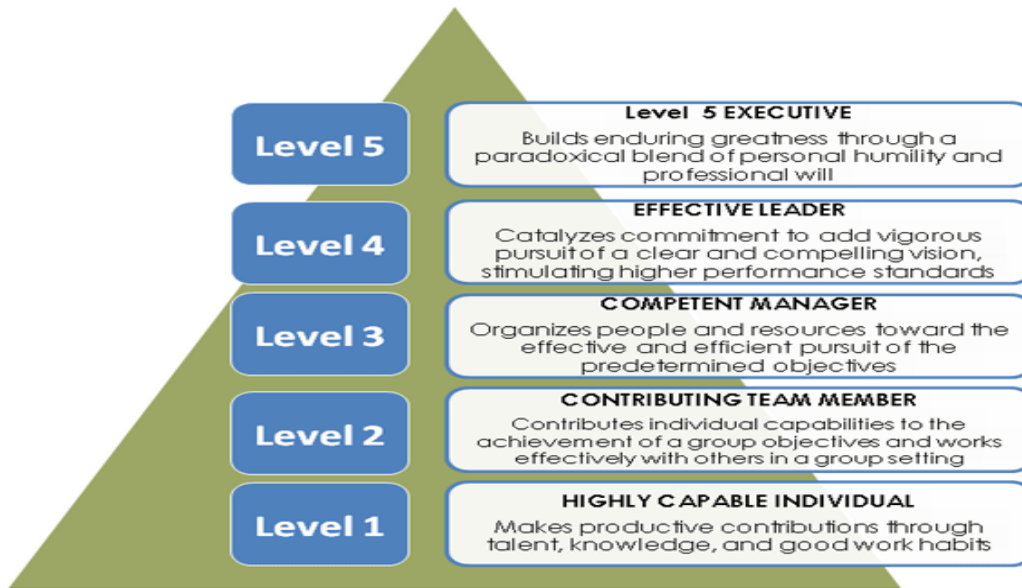
1. Great leaders are clock builders. They do not only bring great changes along with their tenure but they make sure that they arrange for the sustenance of those changes.
2. Visionary companies look beyond just making profits. They are essentially driven by their vision and values and put their purpose the top most priority in the long run. They follow their core ideologies and in doing this they make profits for their survival and prosperity.
3. All efforts are directed towards preserving the core ideology while also continuously adapting to the changes in the environment.
4. Setting big, seemingly outrageous, challenges as the target and then fuelling all energy to in achieving those targets.
5. Have a tremendous bonding within the organization, a force to drive everyone in the common direction. Make it a culture.
6. Be explorative. “Try a lot of stuff and keep what works.”
7. Leadership Continuity Loop



8. Compete not with your contemporaries but with yourself. Strive to be better with every passing day. Lead the market in adopting technological changes and innovative industry practices.
9. Create a vision, describe it vividly. And generate a zest to strive for it.

“Good to Great”, the second book by the renowned author James P Collins is all about how any team or organization can achieve unprecedented success by following simple, basic steps. It is a research work done over five laborious years by Jim and his team. The study includes twenty eight companies, including the companies which went from being good to great over the years, and the comparison companies which were good but could never become great. The team ends up deducing five points which make the difference between the good and the great teams. One of these points, and the first to start with, is leadership. The research talks in detail about the qualities which make a leader outstanding performer and achiever. A summary of inherent qualities of a great leader has been generated in the form of a pyramid of hierarchy. The research team has also deduced a formula for defining level 5 leaders:

$$\text{Professional will} + \text{Personal humility} = \text{Level 5}$$



Some of the specific virtues identified in distinguished leaders are:

- Compelling modesty, never boastful or ego centric
- Unwavering resolve to do what must be done for long term results
- Ambitious for the team, organization, bigger cause than self
- Workmanlike diligence
- Identifying the successor for future leadership
- Never blaming others for poor results
- Apportion of credit for success to team members and good luck

Chapter 2:

Methodology:

Study Design: This was a Qualitative Study focused at reviewing the Leadership and Management Program of INCLEN.

Study Technique: Interviews with key informants, Desk Review of the existing INCLEN LAMP modules, the modules were revised and rewritten by experts. These revised modules were sent to external experts in subject matter. The inputs received from them were incorporated. The modules were kept as drafts for the first two training courses to be finalized based on this experience. The new modules on leadership and emotional competencies were pre-tested in separate workshops/ lectures in corporate offices and with senior hospital administrators.

Key informants: LAMP Facilitators, Program Director, Other external experts.

Data Collection Tools and Techniques:

1. Key Informants Interviews:

Four key informants were identified to get insight on the course and restructure it accordingly. A questionnaire format was developed as a tool for collecting basic information about the Leadership And Management Program conducted by INCLEN in the past. It focused on finding out why the program could not get desired response so that the gaps can be taken care of and the reintroduction of the program can achieve anticipated success.

Telephonic interviews were conducted for getting the response of two facilitators of the previous LAMP course, namely Dr Manjula Datta and Dr Ramesh Ahuja. Another two key respondents, Dr Narendra Arora (Executive Director, INCLEN Trust International) and Dr Sanjiv Kumar (Adjunct Professor, INCLEN Trust International), were interviewed in person.

2. Review meetings:

Number of meetings was conducted at INCLEN to review the existing modules and strategies adopted in the conduction of the LAMP course. All the modules were first reviewed by Dr Sanjiv Kumar, a public health veteran retired from UNICEF after 22 years of experience and having worked for UNICEF in more than 25 countries. Reviews from the external experts on specific modules were attained after meetings held with them to brief on the concept of the program and the direction in which the flow of modules was expected to fall. Based on the valuable suggestions changes were made in the existing modules and new sections were added. New modules were also introduced in the curriculum to make it more comprehensive and oriented as per the current and future needs of the industry.

3. Reviews by external experts:

The existing modules were sent to experts on respective subjects from various organizations for their views. Changes were made in the drafts based on their comments and suggestions. Some sections were also newly written by external reviewers to beef up the modules as per the present and upcoming trends in the industry.

4. Pre-testing of sessions of new areas introduced in the new and revised modules:

The exercises on emotional competencies and team building were pre-tested at a corporate office based in New Delhi and the exercises on application of leadership and strategic management concepts in hospital setup were conducted with senior level hospital administrators. The findings, based on the feedback from the participants, were incorporated in the methodology and conduct of the exercises for future workshops.

Chapter 3:

Results and findings:

Reviews on existing modules in consultation with INCLEN Executive Office:

The modules need to be rearranged in a proper sequence. Module one of the training program should come as an introduction to the organization and the background and objectives behind conducting this particular program.

All the modules should be essentially based on the pattern of 'Fact, Reflect and Act' concept used by NMS. This will mean that the initial section of each module will contain knowledge and concepts related with the subject followed by self reflection exercises under the Reflect section. The last section will comprise developing an individual action plan for self improvement based on the learning from the module and reflections on participants own experience to identify areas for strengthening.

The curriculum and the existing modules are more focused on research and technical aspects and the leadership skills aspect is weak. Also, some of the modules are INCLEN oriented in their approach, owing to the fact that previously the LAMP course was designed with INCLEN leaders in mind. Now that the main focus is going to be delegates from various organizations, this orientation will have to be changed.

Module1. The existing Module1, 'Strategic Planning', needs to be renamed, as the organization would like to cover overall Strategic Management in the module. The name Strategic Planning as such conveys just a part of the whole idea of it. The focus of the module should however be retained on planning aspect only.

Module2. Module2, 'Team and Coalition Building', needs to be beefed up with more inputs on team building. The idea is to introduce concepts such as hierarchy of leadership levels by Jim Collins in his book 'Good to Great' and the like.

Module3. The module on 'Time Management' can be made a part of a bigger module which can be called 'Managing Self for Leadership'. This module will also contain other topics on emotional competencies, work life balance, and managing up and across which were missing from the earlier curriculum.

Module4. The module on 'Locating, Appraising and Referencing Research on the Web' requires some external help for review. It can be incorporated with Research Methodology module and include research communication to make it a consolidated document.

Module5. This module on 'Efficient email' will be retained as a part of a bigger module on communication. It will include other topics also including teleconferencing, listening skills etc. This module thus will cover the existing Module6 as well under its scope.

Module7. The ‘Mentoring’ module will include concepts of coaching and facilitating as well. These can be made part of a bigger module on team management including knowledge on working in multi-cultural environment and also networking.

Module8. ‘Governance and Management of Multicenter Collaborative Projects’

Module9. ‘Research to Policy Making’ module shall also include Strength of Evidence, Advocacy, Importance of Networking and such topics under its scope.

Module10. ‘Budgeting and Accounting’ module will require external help for the review process. This can include concepts of Financial Management which are at present discussed under Resource Guide 1 in the curriculum.

Resource Guide 2, ‘Project Management’, can be made into another module by itself. This module can also include Proposal Writing concepts.

Table 1: Review of the existing LAMP modules.

| Existing Modules | Missing elements | Remarks |
|--|--|--|
| Strategic Planning | Concepts of Strategic Management | Make the module comprehensive, keep focus on Strategic Planning in Health and Health research |
| Team and Coalition Building | Team building concepts, team managing, alliance building, organizational culture, change management | Team building is one of the key modules in the program. It will be pivotal and should be comprehensive. |
| Time management | Work life balance, Emotional Competencies, Managing Stress, Managing Up and Across | Approach should be not only bookish but practical and focused on best utilization of time; managing self according to available time |
| Locating, Appraising and Referencing Research on the Web | General introduction to Research Methodology, practical exercises | Emphasize on the importance of strength of evidence, Research Communication, Research paper writing also |
| Efficient Email | Other topics of effective professional communication such as facilitating teleconferences, meetings, effective listening | Emphasis on how improper communication can hamper uniform proceedings of projects, and may spoil all dedicated efforts |
| Mentoring | Add basic concepts of coaching, mentoring, principles of adult learning | Club this module with the module on Building and Managing Teams, Alliance Building |
| Governance and Management | - | This module can be made a part |

| of multi-centric projects | | of other modules in fragments |
|---------------------------|---|--|
| Research to Policy Making | Systematic Review, Assessing strength of evidence, advocacy, importance of networking | Importance of scientific credibility and proper conveyance of results and findings |
| Budgeting and Accounting | Concepts of financial management | Comprehensive approach to understating all economics related to research projects |

Review Meetings of LAMP modules:

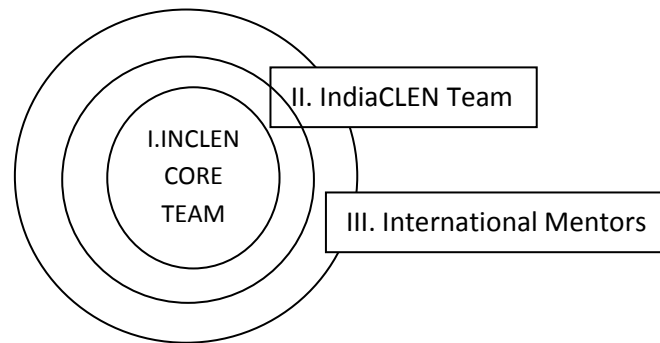
The meetings with Dr N K Arora, Dr Sanjiv Kumar, Dr Manoj Das and Vivek Bhatnagar essentially focused on discussing the issues related with the LAMP course comprehensively. The discussion went well beyond just reviewing the modules for the training in July, but much heed was paid to make sure everything related with the course is well understood and discussed including mentoring of participants after the two weeks course.

There were six meetings conducted during the course of three months to review the progress of the work been done. These meetings also included interactions with external experts on various subjects for their views on the existing modules. Modules from the previous LAMP sessions were sent to the concerned reviewers prior to the meetings. Their advices were then incorporated after discussion and consideration within the INCLEN team. All the modules, as decided earlier, were formatted to meet the Fact, Reflect and Act model adopted for the revised modules.

A brief overview from the meetings and other conversation regarding LAMP has been presented below.

1. The team should identify experienced health professionals working in the field of health research to join as facilitators
2. Revise the format of every session; ensure learning be more interactive and based on discussions
3. A motto must be decided for INCLEN Institute of Global Health (IIGH) which should clearly convey the vision behind the existence of the venture. The LAMP course is to be conducted under the umbrella of IIGH.
4. The LAMP program must focus on enhancing skills of faculty members in PG academic institutes, including medical colleges, and of students at such institutes by direct learning. The benefit sought from such a training program is to improve the quality of research conducted in the health sector. The findings and suggestions of such credible reports can then be transformed into policy development at the highest levels and brought into practice.
5. The idea should be to get all the participants of LAMP into on-going research projects of INCLEN to promote learning while doing.

6. Selection of the participants should be done strategically to ensure the candidates who really show a keen interest in research and leadership development get short-listed. This shall be done to increase the sustainability of the learning and increasing efficacy of the program.
7. The module drafts, once prepared up to the team's best, shall be sent for review to a panel of national and international experts. The vetting scheme should be as:



8. The pre-workshop exercises must also be attached with all the modules to make them consolidated documents.

Interview with Dr Manjula Datta:

A telephonic interview was conducted with Dr Manjula Datta on March 22, 2013. Dr Datta has been involved as the core group of members of the INCLIN team right from the start of the network. She was also essentially involved with the previous LAMP exercises, right from the conception of the idea to its execution. This interview was conducted to get her insight into the previous programs and the modules. Excerpts from the interview:

- INCLIN started in India in 1983 with six core group people, all were trained in the direction of INCLIN's objectives
- Later people were recruited for CEUs who were not so thoroughly trained
- LAMP was an original idea of IndiaCLEN
- Idea behind starting the program was to spark sustainable leadership qualities
- The nine modules of the LAMP training were made by the six core group people
- There was a internet group was made on which discussions were carried out and it was probably the first of its kind e-learning exercise
- This was to abolish the wastage of time and resources over conventional meetings and workshops

- Research questions were discussed over the sessions, barriers were identified and discussed over
- The nine modules were made keeping in mind developing research proficiency in young professionals in the field
- All the modules were developed with much care and were initially thought to be made into 'leadership development guides' at later stages
- LAMP was started with a telescopic view of generating new talent and ties with various organizations within the sector and beyond, partnership development was considered vital for organizations like INCLEN
- Participants in the program were encouraged to come to solutions for their problems by themselves over the discussions and treat them as classroom students and spoon feed the solutions
- Focus was on continuous mentorship over the net as the main channel of knowledge transfer

Interview with Dr N K Arora:

The interview with Dr Arora, Executive Director, INCLEN Trust International, was conducted on April 20, 2013 at INCLEN Executive Office. Excerpts from the interview:

LAMP, the program was started in 2000-2001 when the Rockefeller Trust decided to stop its funding to INCLEN. The basic idea behind it was to empower the organization, "both technically and financially" for its sustenance and development in the future. The program was supposed to generate a global visibility in the field of leadership development and become a pillar for leveraging the image of the organization.

The Rockefeller Society had granted \$4Mn to INCLEN as its last grant when it decided to stop any further funding. The society provided around \$75Mn in total to INCLEN over the two decades (1980-2000) of the collaboration. It was then decided internally to utilize the amount in capacity building within the organization to attract further partnerships with reputed organizations for the networks growth.

Victor Neufield, a distinguished academician from Canada and an eminent member of the network, was the lead guide in the program. The core team included representatives from all the regional CLENs. The program was designed and course structure was developed all within the organization. Feedback from the participants was being taken as the guidance for any improvements in the program. A series of workshops and follow up exercises were conducted under the banner of the program and a sum of approximately \$900,000 was spent in the initiative in the initial five years of its execution.

In the year 2005, when the program was still quite young, a review of the program was done to assess the success it had achieved during the time. The reports generated were found to be not very impressive in terms of achievements. The program perceived as expenditure without much outcomes. It was considered not robust and not fit to achieve desired goals. It had not generated the expected

enthusiasm in the duration. The board thus decided on the suggestion of the Executive Director that the program should be suspended. The funding to the program was suspended as a consequence and it was terminated.

The organization had no doubts about the value of the program but the way it was executed. It was realized the program was seen as INCLEN oriented and had given the organization a “clubby orientation”. The program had minimum interaction from outside the organization and no involvement from external leaders was encouraged. The initiative was seen as “by INCLEN and for INCLEN” by the board.

One bigger shortcoming was that it had failed to include the involvement of key researchers from within the organization as well. In the ideology of generating next generation of leaders the major focus had shifted towards young professionals. The program was not driven by active researchers, which was considered “a major handicap” by the board. Further the exercises and examples were highly INCLEN oriented and primarily focused on issues from the developed world rather than the developing world, which should actually be the focus of a leadership development program.

The major gap in the system until now is that a formal training in research does not include knowledge about the challenges which are encountered in day to day activities on the field. Real life scenarios of interacting with funding agencies, writing proposals for grants, managing a team, leadership, dealing with the bosses etc are the issues beyond technical knowledge which are not addressed otherwise. Execution is the key for any project, and this fact makes such a comprehensive training not a luxury but “an essential component”.

Thus, the idea behind rejuvenating the Leadership and Management Program under the IIGH banner is to “develop a structured and comprehensive program which can at least sensitize” relatively young professionals to meet the execution challenges and barriers when they encounter them in their professional future.

Gaps identified in the modules over review of all the feedbacks collected from various experts:

1. **INCLEN-exclusive orientation:** The program focused only on INCLEN members as participants. It shall invite a broader group of participants from its various links with research organizations and medical colleges.
2. **INCLEN heavy course material:** The modules were completely INCLEN oriented. The course material should be generalized make participants from other organizations relate to the content more comfortably.
3. **Technically Oriented course structure:** The existing modules had very less leadership and management related topics in them which did not match with the cause. Modules should focus on comprehensive learning related to leadership in health sector and should not be only research heavy.
4. **Questionable immediate outputs:** The program should prefer training middle and senior level health professionals, instead of young budding professionals, so that effective leadership can be delivered with immediate effect. Moreover, senior researchers can then pass on their knowledge to their staff while they are on a project together which further increases the reach of the effort.
Young professional, even if they are very enthusiastic and competent are not in positions to be leading big projects all by themselves. They will definitely have the edge in their future exposures through various research projects but immediate results of the learning can hardly be expected.
5. **Approach of conduct:** The program was conducted mainly as an online discussion. There were contact sessions conducted but it was not a formal learning exercise. There was a lag in formal learning sessions. The learning may not so effective if not done in this format.

Chapter 4:

Discussion:

INCLLEN had “never had any doubts about the value of the program” but it had to be suspended in lack of anticipated response in the outcomes. This is evident in the effort being put into revitalizing the program and reintroducing it under IIGH banner.

INCLLEN has big expectations from the program once again and they are planning to make it global after initial training within the country. The plan is to conduct training workshops in India first and then to apply for funding and expand the program to other countries. It is also being seen as a major leveraging tool in the core ideology of INCLLEN of network and alliance building. This will lead the organization towards fulfilling its vision and mission and also establishing itself as not just a network of organizations but a brand.

The reviewing of the program and reconsidering the strategies to be adopted came with a lot of discussions and brainstorming. Along with the in-house meetings help had to sought from various external experts for the latest and upcoming trends in specific subjects so that they all can be included in some way in the course to make more robust and comprehensive.

Once the modules are drafted they are reviewed by peers from the organization for any corrections or amendments to be done. The revised drafts are sent to the experts in the field across the country for their opinion and further changes are made based on the suggestions. Pre-testing of leadership and team building exercises has been done in corporate and healthcare sectors to gauge the response and efficacy of these exercises. INCLLEN is planning to take the first few workshops as pilot exercises and further strengthen its program with the feedback response it gets from these exercises and participants. After this, the organization will send the documents to other international experts on various subjects to seek their comments and suggestion based on their experiences in their respective countries and beyond.

There were some basic shortcomings in the previous strategies of the LAMP which might have proven self limiting for the program. These present study has tried to identify those gaps and the new approach is going to check all the gaps. The scope of the program has been broadened to cover multidisciplinary knowledge and provide a comprehensive sensitization to the participants from across the network and country. This has been done to do away with the previous image of a “clubby orientation” of the program. The advertisement strategies have also been planned strategically to invoke maximum recommendation from different institutions. This will help in best possible professionals getting selected for the inaugural workshop. Course fee has also been waived off completely for the participants as an encouraging factor.

INCLLEN has been pulling its links up and putting in all necessary efforts to revamp its old course over the last one year now. The first workshop in July is going to be the stepping stone for it. Once that is crossed the road will become much easier and hopefully the credibility will set in along with it.

Conclusion and Recommendations:

It can be said with conviction that there is, and will be, a tremendous demand of leadership and effective management of available resources in public health sector. The initiative taken by INCLEN of reintroducing its program in leadership and management is justified in that sense. The level of caution, though, shall be kept very high to make the program meet its anticipated response and can be scaled up later according to the new strategy.

During the process of review of the training course strategies and modules and after going through much literature it is understood that leadership is not about technical perfection alone. The success of all team endeavors depends more on interpersonal understanding and coordination than just core technical prowess of independent subgroups. In 2008 a study by MarketWatch found that more than 85 percent of what we succeed at results from the ability to create a good atmosphere. Thus the new training program, and the modules, is developed for a comprehensive sensitization towards effective and sustainable leadership.

Strategies Suggested for LAMP:

1. Advertise the program well. Putting an announcement on the official website will not generate sufficient response because people usually do not visit organizational websites regularly. Consider utilizing links with over 150 medical colleges through IPEN and individual experts there to get recommendations of candidates to be sent as delegates to participate and benefit out of the course.
2. The organization should look for funding from various donor agencies to help meet the expenses of organizing the course and not charge any fees from the participants.
3. The experts who reviewed the modules, and those who wrote the modules were requested to be available for these sessions in the workshop.
4. The modules were kept as drafts for the first two training courses and finalized based on this experience before the scale up.
5. The course shall provide a comprehensive learning to the participant in the field of health research. But, as the name of the program goes, the whole curriculum must revolve around developing effective leaders who can make and sustain great teams.
6. The LAMP program should be conducted as a workshop and all the participants should be invited to attend the regular two weeks intensive and participative workshop. The concept of online learning and continuous mentoring can still be retained in post workshop follow up activities for three months after the workshop.
7. The workshop shall be developed to not just provide knowledge but essentially indulge every participant in developing his/ her own development plan for future professional endeavors. To meet this idea all sessions must contain individual or group exercises and activities. Also there must be a follow up activity conducted for at least three months post workshop in which each participant must keep in continuous touch with the group and his mentor to assess the progress. This format of workshop will be very helpful in sensitizing all the participants in various subject topics with extensive practical exercises and activities conducted with every session.

8. Many new topics need to be added to beef the entire curriculum. Subjects pertaining to team building, motivation, managing teams, organizational culture, work ethics, effective communication strategies, change management etc all need to be added in the curriculum. These small aspects are believed to play important role in sustenance of successful teams as identified by various literatures reviewed.
Other topics which need to be introduced include maintaining work life balance, managing up and across, alliance building, and facilitating meetings/ teleconferences.

Limitations of the Study:

The feedback from previous LAMP participants could not be collected. Our best efforts made to recollect the contact details of the participants from the previous LAMP exercises did not yield. Thus, the present attempt to revamp the modules is based only on the opinions of various high level experts in their respective fields but reviews of none of the representative from the receiving end could be incorporated. However to justify this lag deliberate measures have been made to get the new modules reviewed by experts with diverse work profiles and experiences. Also, the core team involved with the remodeling of the modules for the July 2013 exercise is open to suggestions and changes based on participants' feedback.

References: Add references of all the books reviewed at last; NMS document

1. Gebbie K, Rosenstock L, Hernandez LM, editors. Institute of Medicine (IOM). Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21 st Century. Washington, DC: The National Academic Press; 2003.
2. http://gamapserver.who.int/gho/interactive_charts/health_workforce/PhysiciansDensity_Total/atlas.html
3. World Bank. The UN Millennium Development Goals, Rising to the Challenges.
4. Kumar R. Human resources for public health service. Indian J Community Med 2007;32:1-2
5. Garg R, Gupta S. Are we really producing public health experts in india? Need for a paradigm shift in postgraduate teaching in community medicine. Indian J Community Med 2011;36:93-
6. S Kumar, V Adhish. Introduction to Strategic Management and Leadership for Health Professionals (unpublished).
7. S Kumar, Three domains of Leadership Capacity Development Model Framework (unpublished).
8. Lal S. Scenario of postgraduate medical education in community medicine in India. Indian J Community Med 2004;29:56-61
9. Kutz RM. Necessity of Leadership Development in Allied Health Education Programs. The Internet Journal of Allied Health Sciences and Practice 2004; 2 (2) <http://ijahsp.nova.edu> Last accessed on 2012 April 21).
10. NHS Leadership Academy at <http://www.leadershipacademy.nhs.uk/> (Last accessed 2012 May 14)
11. Sharma K, Zodpey S. Public health education in India: Need and demand paradox. Indian J Community Med [serial online]2011 [cited 2013 Feb 19];36:178-81.

Annexes:

Annexure 1: List of Modules

Old:

1. Strategic Mgt
2. Team And Coalition Building
3. Time Management
4. Locating, Appraising and Referencing Research on the Web
5. Efficient Email
6. E-Conferencing Module
7. Mentoring Module
8. Governance Module
9. Research to Policy Module
10. Budgeting and Accounting Manual
11. RG1. Financial Management Resource Guide
12. RG2. Project Management Resource Guide

New:

1. Introduction module:
 - Introduction to INCLIN
 - Objectives and methodology of the course
2. Leadership in Health Research:
 - Concepts and Models of Leadership in Health Research
 - Managing Vs Leading
3. Strategic Management:
 - Concepts of Strategic Planning
 - Strategic Management
4. Proposal writing and Project Management:
 - Project Management

- Proposal Writing
 - Ethics in research
 - Search for funding agencies
5. Research Methodology, Locating, Referencing, Appraising research on the web:
 - Research Methodology
 - Strength of evidence
 - Locating, Referencing, Appraising research on the web
 - Research communication, Research Paper writing
 6. Systematic Review, Research to Policy, Advocacy and Networking for advocacy:
 - Systematic Review
 - Research to Policy
 - Advocacy and Networking for Advocacy
 7. Finance, Budgeting, Accounting:
 - Finance Management of Projects
 - Budgeting and Accounting
 8. Preparing self for Leadership:
 - Emotional Competencies
 - Work-Life Balance, Managing Time
 - Managing Stress
 - Managing Up and Across
 9. Preparing self for Leadership: Communication
 - Communication with focus on Listening Skills
 - Efficient e-mail writing
 - Meeting/ Facilitation
 - Teleconferencing/ Video conferencing
 10. Managing teams:
 - Team building, Managing team, Coaching, Mentoring
 - Networking and alliance building
 - Organization culture and Change Management

Annexure 2: Questionnaire Formats for the Review

Facilitators:

Q1. Can you please brief me about the history of the LAMP Program? How did the idea come up initially? How was the implementation done?

Q2. You have been a part of the healthcare industry for so many years now; do you think there is a need of such leadership and management training to healthcare professionals?

Q3. As a part of the facilitating team you must have had some expectations from the course and the participants. How much success do you think the course achieved?

Q4. What were the challenges or barriers faced during the first attempt of implementation?

Q5. Who were the participants in the training you facilitated? (Do you have the contact details of the participants? If not where can I get it?)

Q6. (Which module you were involved with?) Kindly comment on the modules you facilitated and other modules of the course.

Q7. What gaps you identified in the modules and how can they be overcome?

Q8. What other suggestions you have for improving the INCLEN LAMP program?

Participants:

Q1. Tell us about your experience from the LAMP program of INCLEN.

Q2. What were your expectations from the program and how were they catered?

Q3. What new did you learn from the program and how has it affected your personal and professional life?

Q4. What gaps can you identify which if erected can improve the efficiency of the program?

Q5. What other suggestions do you suggest to be incorporated in the program for its betterment?