

# PEGGY LEATT

## and the Department of Health Administration

by David Menzies



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**D**r. Peggy Leatt, Chair of the Department of Health Administration, Faculty of Medicine, University of Toronto, has fond memories of Saturday, June 14, 1997. Attending the annual meeting of the Arlington, Virginia-based Association of University Programs in Health Administration (AUPHA) at Chicago's historic Drake Hotel, Leatt was presented with the Filerman Prize, an AUPHA award recognizing the individual "who has made outstanding contributions to the field of health administration education and practice, and who demonstrates the professional and personal values of great educators."

### **MASTERING A RADICAL TRANSFORMATION TO PROBLEM-BASED LEARNING**

Yet, while it was indeed an achievement to beat out 24 other nominees for the 1997 Filerman Prize, Leatt



had no way of knowing that she would be doubly-honored this day. Upon completing her acceptance speech and stepping down from the podium, Leatt found herself surrounded by AUPHA colleagues, who, in addition to congratulating Leatt on her prestigious award, also asked her to send along more information regarding the all-new, all-improved Master of Health Administration course being taught at the University of Toronto.

In addition to being the ultimate peer-rendered compliment, the incident served as vindication of sorts: three years ago, when Leatt began radically-transforming University of Toronto's Master of Health Administration program, success was far from guaranteed. Indeed, the sweeping reforms to the program – now internationally-acclaimed – were not warmly welcomed by everyone connected with the Department of Health Administration at the University of Toronto's Faculty of Medicine.

Still, Leatt strongly felt that changes were necessary for the program to both succeed – and remain relevant. The old program was meant for full-time participation over a two-year period, meaning students had to give up their day jobs in order to go back to school. That might not have been such a hindrance a decade or two ago, but an increasing number of today's would-be students were

finding such a time-intensive format unfeasible given their present-day work demands.

“In the early years, this system was very successful because what would happen is a hospital's chief executive officer would identify someone within the organization to take the program and the participant would do one year academic and one year in field placement before returning to their hospital,” Leatt notes. “Over the years, we started getting people who were not sent by their organization, they were just trying to better themselves. That's when I knew we had to reconsider what we were doing.”

### **PRIMARY RESEARCH - AN INSIDE LOOK AT THE COMPETITION**

The initial idea of radically-altering the Master of Health Administration program came to Leatt after serving as Commissioner of the council that accredits health administration programs across North America (ACHESA). Her tour of duty required Leatt to visit 25 health administration master's programs scattered across North America so that she could make a first hand evaluation of each institution's standards. As it turned out, the fact-finding trip turned out to be an education for Leatt herself.

“The great thing for me – selfishly – is that I got to see what all these other programs were doing, so

it was a very good way for me to keep up to date with our competitors,” says Leatt, barely able to suppress her smile. “It (health administration education) is becoming very competitive today thanks to Internet learning, e-mail technology and executive programs.”

Unselfishly, Leatt also did a fine job on the behalf of the AUPHA according to the association's president and CEO, Henry Fernandez. “As chairman of our accrediting commission, she helped move the criteria in the way we measure the programs from a very traditional mechanism to one that more parallels what has happened in healthcare institutions in industry as a whole,” he says. “I think in the health management field, she has been a leader in promoting the standards that we in this association profess – which is to promote excellence.”)

When a newly-enlightened Leatt returned to Toronto, she immediately went into “strategic planning mode . . . I began to look at our very traditional programs and see what should and could be changed.” So, what did Leatt change? In a word, everything.

For starters, an on-job, on-campus format was chosen for the master's program, modeled closely after a format that was already in place at the University of Michigan. Instead of requiring full-time student



participation, course work was offered once a month on Wednesday evenings and all-day Thursday, Friday and Saturday over a 20-month period (five terms of four months each.) This meant persons taking the course need only miss work one Thursday and one Friday each month. “We wanted to make the course readily accessible for people who were working full-time but still wanted to update their education,” says Leatt, noting that a participant beginning the course in September 1997 could be able to fully complete it as early as Spring 1999.

The new program – described by one graduating student as a “mind-stretching” experience – has since earned numerous kudos. “What Peggy has done over the last few years with these changes is attract a different kind of student – for example, those who have been working in the healthcare field for a number of years as opposed to those who have just received a Bachelor’s Degree,” says Tom Closson, Sunnybrook Hospital’s chief executive officer and a non-status professor at University of Toronto’s Faculty of Medicine. “Peggy has given these people an opportunity to pick up a bit more and broaden themselves by working with other students who have different kinds of knowledge.”

Indeed, part of the program’s appeal is that students learn from a

variety of disciplines, ranging from finances and marketing to ethics and sociology. At the same time, the new program incorporates the “feel” of an executive MBA program although tuition is approximately \$5,000 as opposed to \$25,000.

Even so, there were hurdles encountered along the way: This new format meant that a totally different type of instruction was required. “Professors had to organize things,” Leatt says. “We had to do a lot of careful planning and thinking and actually work with our faculty to figure out how to teach in this way.”

This was far from standard operating procedure. For example, under the “traditional system,” Leatt herself would teach each Tuesday from 9 a.m.-11 a.m., “So I didn’t need to know what somebody else was teaching (students) on a Tuesday afternoon because the students were not working. But now, if I’m teaching on a Thursday afternoon, I want to know what someone’s done with them in the classroom on Thursday morning because they are in the classroom for eight hours on Thursday, Friday and Saturday. The communication and connection between course work and the professors is now much more important.”

While this may not appear problematic on the surface, Leatt points out an academic truism:

“Professors don’t really like to communicate with one and other unless they really have to.”

Another major change was to move to problem-based education. Students in the program are typically about 35 years old, there are more women than men and they usually hold positions in senior management. “They tend to be a very mature group of people who are very busy and don’t want you to waste their time,” says Leatt. “So when we moved to this problem-based learning, we had to tell the professors, ‘You are no longer the sage on the stage; you’re the guide on the side.’ That’s quite a challenge if you are a professor and you have four hours with 40 people in the room and you’re not allowed to lecture.”

Indeed, Leatt says there’s no disputing that the old way of teaching – lecturing – was infinitely easier for the faculty. “If I had a class on organizational change, I’d go to my file cabinet, dig out last year’s overheads, dust them off, add a couple of new ones, go into the classroom and just lecture. The students would either take notes thinking every word would be on an upcoming exam . . . or they’d fall asleep.”

The emphasis now is on both students and professors being prepared for class. There are very few exams and students are expected to do

their reading and homework and come to class prepared to work in groups on case studies. (As an added bonus, Leatt says no student has fallen asleep during a group discussion.)

### **RESISTANCE TO CHANGE PROVES TO BE SHORT-LIVED**

Leatt admits the drastic changes were not greeted with universal enthusiasm in its initial stages. Younger students, for example, actually preferred the old system – listening to lectures was relatively easy; they were used to it; and it didn't require any reading or preparation before class (typically, a three-hour time commitment.)

Still, even if it wasn't a universally-popular move in its initial stages, it was felt that scrapping lecture-based learning in favor of group work was a necessary measure given the way the Canadian healthcare system continues to radically evolve.

“The 1970s and 1980s were pretty boring – there weren't many changes occurring (in the healthcare system) and hospitals tended to just run themselves,” says Sunnybrook's Closson. “But in the '90s, we have big reductions in available resources and big changes are occurring to the way medical services are being offered. There's so much happening simultaneously, it requires senior managers in the healthcare system to have great interpersonal skills, communication skills, and political skills – and these are the kind of things you don't pick up on when you're just being lectured to.”

Indeed, emphasizing teamwork,

however, was a logical progression. “We were making the assumption that in order to work in healthcare today, you have to be able to work in teams,” says Leatt. A typical example: analyzing a report such as the one put forward by the Health Care Restructuring Committee from the point of view of a hospital chief executive officer. The exercise would involve the group organizing a formal response to the report's recommendations.


While Leatt admits there is no empirical data suggesting the new format is necessarily better than the one it replaced, there is some positive anecdotal evidence. “We are getting rave reviews (from the students),” she says, noting that since the format was implemented, not a single student has dropped out. That compares favorably to a drop-out rate of approximately five students per year under the old format. The new format is also responsible for another positive spin-off: it's now viable for people outside Toronto to come into the city for an extended weekend once a month to take the course. Indeed, the Master of Health Administration program currently attracts 25% of its enrollment from beyond the greater Toronto area.

Perhaps the most meaningful indicator of success, says Leatt, is that several of the students taking the revamped master's course are either offered a job upon graduation, or, if they are already employed, they typically receive promotion within their organization.

“The course is fabulous,” says Victoria Carlton, a recent graduate

and director of strategic planning & collaborative initiatives at Mount Sinai Hospital in Toronto. “I needed the combination of learning in the academic sense but I also needed the flexibility of going to school with a flexible schedule.”

Indeed, because the typical student in the program is someone who's been in healthcare for at least 10 years, “working in groups and doing projects as opposed to sitting through a lecture is much more interactive,” says Carlton. “You get to learn from your classmates as well as your professor.”

Ironically, in some respects, Fernandez of the AUPHA feels the trend-setting changes implemented by Leatt have had the effect of returning the health administration program back to its roots. “The early pioneers of health management education were practitioners, who felt they had to bring within the university walls the experience and the training necessary to ensure the continued professionalization of the profession,” he says. “In time, more and more traditional academics came into the field and it had taken on an academic aura in the last several years. But the pendulum is swinging back. We are increasingly seeing more and more practitioners in the faculty ranks, and more faculty recognizing that if they are going to stay current – if they are going to impact the field – they must be a part of it and engage the field as colleagues. Toronto's program reflects that now.” 

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