



Professional Master's Degree

Hospital and Health Services Management

Course Modality: Online
Duration: 12 months

Certificate: TECH Technological University

Official No of hours: 1,500 h.

We bsite: www.techtitute.com/us/medicine/professional-master-degree/master-hospital-health-services-management

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Generally speaking, when a professional is appointed manager of a hospital without prior training or experience, their main shortcomings are:

- Lack of leadership and cultural change skills
- Problems in relationship management (internal and external)
- Negotiation problems
- Problems handling information management systems
- Financial management problems
- Problems with legal regulations
- Supply chain management issues
- Problems managing Public Health objectives
- Problems managing threats, risks, or emergency situations.

This program follows the competency development guidelines for managers and executives in the health, social health and social sectors, based on the Leadership Competencies for Healthcare Services Managersdocument, issued by the International Hospital Federation.

It combines the best of an Online Business School, so as to develop executive skills, together with managerial, communication and social and professional responsibility skills, coupled with the social awareness and ethical conduct required in a position of responsibility in a hospital; that is what we intend to achieve in a program like this.

The practical nature of the topics makes it easy for each student to transmit their experience and professional background, making each session, within the context of the program, an opportunity to expand knowledge and put it into practice.

This **Professional Master's Degree in Hospital and Health Services Management** comprises the most complete and up-to-date scientific program on the market. The most important features include:

- Case studies, presented by experts in health management and other specialties
- The graphic, schematic, and practical contents with which they are created provide scientific and healthcare information on situations that occur regularly in a hospital setting
- Presentation of practical workshops on procedures and decision making
- Algorithm-based interactive learning system for decision-making in the situations with which the students are presented
- Action protocols, where you can find the latest trends in healthcare management
- All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- Special emphasis is put on the scientific method and research methodology in health management
- Availability of content from any device, fixed or portable, with an Internet connection





This Professional Master's Degree in Hospital and Health Services Management is the best investment you can make in selecting a training program for two reasons: In addition to providing you with the ability to act as a health services manager, you will obtain a qualification from TECH Technological University"

The teaching staff includes a team of prestigious Health Management professionals, who bring their extensive work experience to this program, as well as renowned healthcare specialists who complement the program by adding interdisciplinary elements.

Thanks to its multimedia content developed using the latest educational technology, professionals are afforded situated, contextual learning, that is to say, a simulated environment that provides immersive learning programmed to train them for real-life situations.

This program is designed around Problem-Based Learning, whereby professionals must try to solve the different practice situations with which they are faced during the program. You will be assisted by an innovative, interactive video system created by renowned and experienced experts in the field of health management who have extensive teaching experience.

You will be able to complete the Professional Master's Degree 100% online, adapting it to your needs and making it easier for you to take it while you carry out your full-time healthcare activities.

Enhance your managerial skills through this program and improve patient care.







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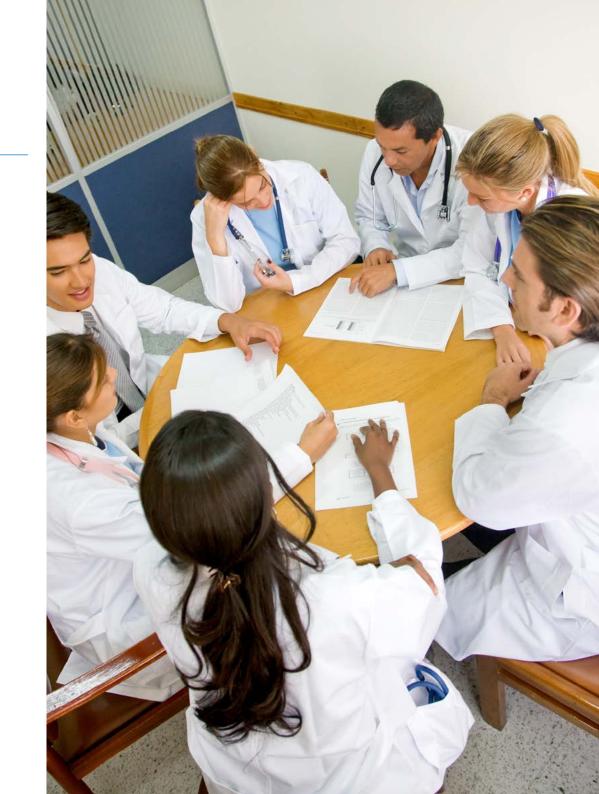


General Objectives

- Analyze the theories and models regarding the organization and functioning of Healthcare Systems, focusing on their political, social, legal, economic and organizational structure
- Improve knowledge and professional skills in health management from a Clinical Management perspective, while becoming familiar with the practical methodological tools that apply to the critical areas of both institutional and everyday health management
- Approach clinical management with efficacy, efficiency, effectiveness, equity, performance and profitability; and solve problems by using information systems appropriately
- Demonstrate and assess advanced initiatives and experiences in Clinical and Health Management
- Train professionals to uses basic skills to improve their problem solving and decision making in daily Clinical and Healthcare Management



Acquire the necessary skills to specialize in this field and give your professional career a significant boost"





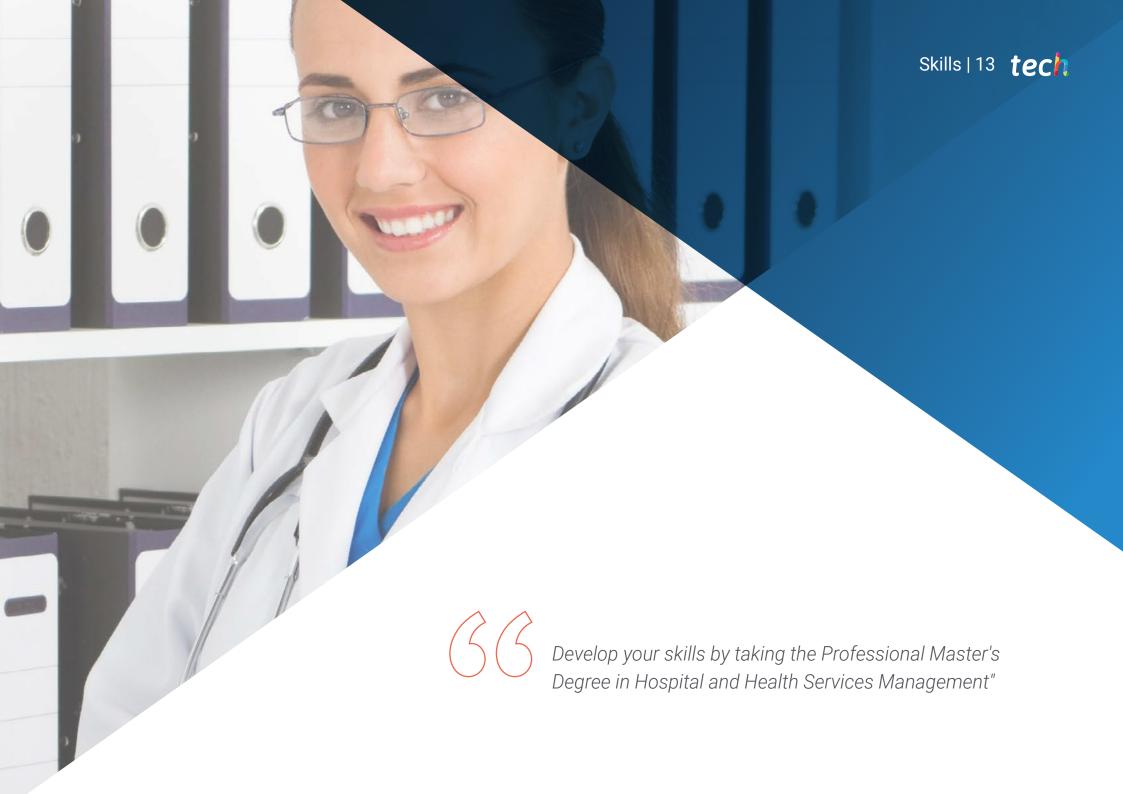
Specific Objectives

- Describe, compare and interpret features and performance data of different Healthcare Models and Systems
- Apply the essential concepts and methods of planning, organization and management of health institutions
- Contextualize the care and medical division in the interdisciplinary team and learn about the new challenges of the health sector
- Understand, interpret, transmit and apply regulatory norms for the activities and functions of health professionals in Clinical Management, in accordance with the legal framework of the health sector
- Recognize and learn how to apply and interpret health law to contextualize clinical practice in terms of professional and social responsibility, as well as the ethical aspects associated with health care
- Carry out an economic analysis of the of health institutions operate and the economic behavior of the stakeholders involved in Health Systems
- Apply the fundamental concepts of economic evaluation techniques and tools applied in management practice within Health Systems
- Determine the techniques, styles and methods for defining, guiding and leading professional talent management policies in health institutions
- Within a clinical setting, recognize, apply and learn how to assess the usefulness
 of different leadership and management tools that can also be applied to the
 context of healthcare practice
- Develop the ability to analyze different health benefits

- Lead patient quality and safety systems, applied to the context of Clinical Management units
- Develop methodological and instrumental skills in epidemiological research and the assessment of centers, services, technologies and the health programs
- Apply health accreditation approaches to different types of organizations and health centers
- Develop methodological and instrumental skills to adequately use the different health information systems in management and administration decisions in clinical units
- Understand, interpret and appropriately apply the most suitable tools for clinical assessment and decision making in each context
- Design and lead improvement, innovation and transformation processes in the units, services and centers
- Identify, understand and integrate managerial skills into daily health management procedures
- Manage scientific databases for carrying out reviews and bibliographic searches of scientific studies
- Conduct a critical and in-depth study on the attention paid to complexity, chronicity and care in the health system
- Communicate result findings after having analyzed, evaluated, and synthesized the data



Skills After passing the assessments of the Professional Master's Degree in Hospital and Health Services Management, professionals will have acquired the professional competencies required to manage hospitals effectively, in accordance with the latest international guidelines.



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Basic Skills

- Possess and understand knowledge that provides a basis or opportunity to be original in the development and/or application of ideas, often in a research context
- Know how to apply acquired knowledge and problem-solving skills in new or unfamiliar environments within broader (or multidisciplinary) contexts related to the area of study
- Integrate knowledge and face the complexity of making judgments based on incomplete or limited information, including reflections on the social and ethical responsibilities linked to the application of their knowledge and judgments
- Know how to communicate conclusions, knowledge, and supporting arguments to specialized and non-specialized audiences in a clear and unambiguous way
- Acquire the learning skills that will enable further studying in a largely selfdirected or autonomous manner



General Skills

- Develop within the profession in terms of working with other health professionals, acquiring skills to work as a team
- Recognize the need to maintain your professional skills and keep them up to date, with special emphasis on autonomous and continuous learning of new information
- Develop the capacity for critical analysis and research in your professional field



A unique opportunity to receive training at the best price and from the best teachers in the online market"



- Plan health services and structures from a Clinical Management, perspective, taking into account the differences in organizational models and experiences of the National Health System and other international entities, providing for the trends and future needs of the health system
- Determine the tools and resources for Clinical and Health Management, favoring both the best possible quality of care and the optimal management of available care resources, including both social and economic costs, based on continuity of care
- Improve attention to complexity and chronicity by acquiring the necessary information on their interrelation and coordination with the area of health
- Incorporate novelties on program contracts in a health area, as well as budget design and subsequent cost control, assessing and interpreting the financial and socio-economic results of the various clinical processes
- Evaluate the medical and healthcare division using bioethical criteria and good health governance, in a multi and interdisciplinary manner
- Carry out the functions of health manager, generating individual and collective critical reflection of each style of work, both individual and teamwork, within the organizational health setting
- Acquire the bases and principles of health economics, applied to the fields of Clinical Management, professional-talent management and economic management
- Develop an up-to-date management system for users/patients/clients with the main elements and systems of care quality management and clinical safety, improving the satisfaction and loyalty of the people/patients/clients and the professionals who care for them and their work environment

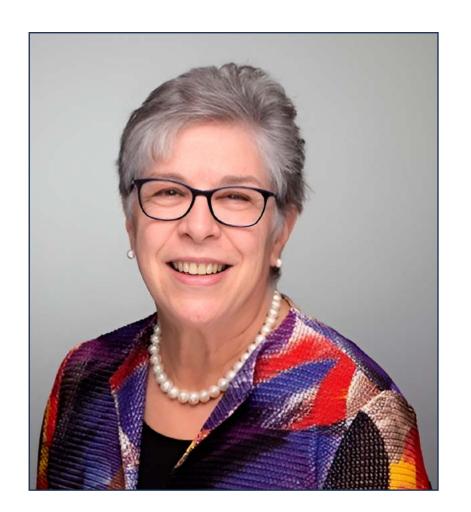
- Define and use the basic concepts of Clinical and Care Management for organizing the various inpatient services, central services, special services and hospital support services, as well as primary care and outpatient care, in a complex and chronic patient management environment
- Describe the stakeholders in the health field and their current and future relationships with health professionals, especially physicians, as well as the main aspects of our health system, with its current and future developments
- Apply leadership management tools, decision making and management skills in general, including encouraging the creation of an appropriate "personal brand" using both external communication and marketing and the health organization's internal resources





Directora Invitada Internacional

Dr. Leslie K. Breitner, Ph.D., is an internationally renowned specialist with a distinguished career in the fields of business administration, not-for-profit management, and health care. Her professional and research career has focused on analyzing the impact of initiatives that improve the quality of financial systems in healthcare organizations. In that sense, her main contributions have been related to education and leadership, collaborating with numerous educational institutions in the creation of training programs for managers. She is also co-author of the popular accounting books "Essentials of Accounting, 10th Edition" and "Essentials of Accounting Review". In these volumes, she reflects her extensive knowledge of financial management, budgeting and performance measurement in hospitals. In addition, many of the studies and contributions contained in her various publications have been supported by grants from the U.S. Department of Health and Human Services. Dr. Breitner is a graduate of Boston University and collaborates as a specialist at McGill University in Montreal, Canada. At McGill University, she founded the International Master's Degree in Healthcare Leadership (IMHL) program and served as Co-Academic Director of the Graduate Program in Healthcare Management. She also lectures frequently at Harvard University, Washington University and Seton Hall University. Dr. Breitner's professional experience has been recognized on numerous occasions, receiving awards from important organizations and university institutions around the world. Among other distinctions, she holds the Beekhuis Award from the Simmons College Graduate School of Management and is an honorary member of the Boston chapter of the Beta Gamma Sigma Society.



Dra. Breitner, Leslie

- · Director of the International Professional Master's Degree in Healthcare Leadership.
- · Co-Academic Director of the Graduate Program in Healthcare Management.
- · Supervisor of the Mitacs-Accelerate graduate research internship program.
- · Collaboration with UNICEF on Budget and Fiscal Analysis Training
- Doctorate in Business Administration (DBA) from Boston University Graduate School of Management
- Master's Degree in Business Administration (MBA), Simmons College Graduate School of Management



The teaching materials of this program, elaborated by these specialists, have contents that are completely applicable to your professional experiences"

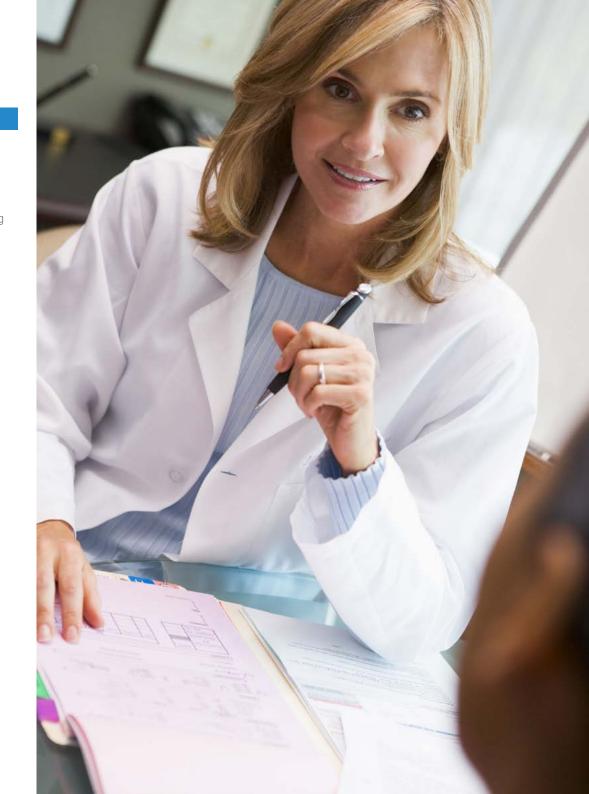




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Module 1. Health System and Health Organizations

- 1.1. Planning and Control in Health Organizations
 - 1.1.1. The Process of Strategic Planning
 - 1.1.1.1 Mission, Vision, and Values
 - 1.1.1.2. The Strategic Planning Cycle Strategic Plan and Strategic Lines
 - 1.1.1.3. Planning and Continuous Quality Improvement. Advantages of Planning
 - 1.1.1.4. Internal and Competitive Analysis of the Environment. Benchmarking
 - 1.1.2. Management by Values and Objectives
 - 1.1.2.1. Operational Planning. Obtaining Objectives from Strategic Lines of Action
 - 1.1.2.2. Types of Objectives Goals
 - 1.1.2.3. Management by Values and Objectives: Management Plans
 - 1.1.2.4. Assessment of the Strategic and Operational Plan
 - 1.1.3. Organizational Theory Applied to Healthcare
 - 1.1.3.1. Types of Organization
 - 1.1.3.2. Organizational Behavior Studies
 - 1.1.3.3. Characteristics of the Public Organization
 - 1.1.3.4. New Organizational Models. Fluid and Matrix Organizations
 - 1.1.4. Future Organization
 - 1.1.5. Management and Direction
 - 1.1.5.1. The Management Process
 - 1.1.5.2. Collegiate Management Bodies
 - 1.1.5.3. Management Styles
 - 1.1.6. Actors in the National Health System
 - 1.1.6.1. Planners, Funders, Providers and Managers, Relationships and Differences
 - 1.1.6.2. Control and Inspection
 - 1.1.6.3. Citizens: Clients and Patients. Patient Associations
 - 1.1.6.4. Professionals: Trade Unions and Professional Societies
 - 1.1.6.5. Activists: Citizen Platforms and Pressure Groups



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- 1.2. Health Systems and Policies
 - 1.2.1. Health Systems
 - 1.2.1.1. Main Models of Health Systems Comparison and Results
 - 1.2.1.2. Beveridge Model Health Systems NHS: Examples
 - 1.2.1.3. Bismark Model Health Insurance Systems: Examples
 - 1.2.1.4. Evolution of the Different Health Systems
 - 1.2.2. Health Financing and Provision
 - 1.2.2.1. Health Systems Financing. Public Contributions
 - 1.2.2.2. The Right to Health Care: Basic and Complementary Services
 - 1.2.2.3. Different Provision Models in an NHS. Private Provision
 - 1.2.2.4. Co-payment and User Financing
 - 1.2.3. Evolution and Other Aspects of Health Systems
 - 1.2.3.1. Complexity and Chronicity Care
 - 1.2.3.2. Information Technology as a Driver for the Transformation of Healthcare Systems
 - 1.2.3.3. Promotion of Health and Heath Education Prevention
 - 1.2.3.4. Traditional Public Health and its Evolution
 - 1.2.3.5. Health Coordination or Integration. The Concept of a Public Health Space
 - 1.2.4. Alternatives to the Traditional Management Models
 - 1.2.4.1. Description of the New Forms of NHS Management, Public Ownership and Public-Private Collaboration, Map of New Management Models in Spain
 - 1.2.4.2. Evaluation of New Management Models. Results and Experience
- 1.3. Medical and Welfare Management Department in the Health System
 - 1.3.1. Classic Medical Management vs. Care Management
 - 1.3.1.1. Structure and Content of Health System Governing Bodies. Current Organization Charts and Future Alternatives
 - 1.3.1.2. Physicians in Managerial Positions: From Board Members to Healthcare Directors and Managers, Including General Management
 - 1.3.1.3. Preparation and Value Contribution
 - 1.3.1.4. Medical Division: Critical Areas
 - 1.3.1.5. Different Organizational Structures within the Medical Division

- 1.3.2. Management Information Systems and Electronic Medical Records
 - 1.3.2.1. Control Panels
 - 1.3.2.2. Electronic Medical Records
 - 1.3.2.3. Assisted Prescription Systems
 - 1.3.2.4. MBDS, ICD
 - 1.3.2.5. Other Useful Information Systems in Health Management
- 1.3.3. Territorial Coordination and Care Continuity: Integration, Primary Care, Hospital Care and Health and Social Care
 - 1.3.3.1. Territorial Coordination and Levels of Care
 - 1.3.3.2. Welfare Continuity in the Care Process. Integrated Healthcare Processes
 - 1.3.3.3. Moving Towards a Public Healthcare Model
- 1.3.4. Bioethics and Humanization in Medical Practice
 - 1.3.4.1. Bioethical Principles
 - 1.3.4.2. Ethics Committees in Health Organizations
 - 1.3.4.3. Humanization of Health Care
- 1.3.5. Medical and Healthcare Management: Relations with the Nursing Division
 - 1.3.5.1. Tools for Knowledge Management in Clinical and Healthcare Management
 - 1.3.5.2. Medical and Healthcare Management: Relations with the Nursing Division
- 1.3.6. Public Health, Promotion of Health and Health Education for Healthcare Directorates
 - 1.3.6.1. Public Health: Concept and Scope
 - 1.3.6.2. Promotion of Health and Heath Education
 - 1.3.6.3. Prevention Programs: Types

Module 2. Clinical and Economic Management

- 2.1. Clinical Management
 - 2.1.1. Regulation of Clinical Management
 - 2.1.1.1. Different Definitions and Visions of Clinical Management
 - 2.1.1.2. Different decrees and Regulations on Clinical Management
 - 2.1.1.3. Levels of Autonomy
 - 2.1.2. Processes and Protocols in Clinical Management. Handling Scientific Evidence
 - 2.1.2.1. Types and Classification of Scientific Evidence

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		2.1.2.2. Protocois, Clinical Practice Guidelines, Clinical Pathways. Differences					
		2.1.2.3. Scale and Care Pathways					
2.1.3.		Patient Classification Systems					
		2.1.3.1. Patient Classification Systems					
		2.1.3.2. Patient Dependency Analysis. Dependency Scales and Classification					
		2.1.3.3. Calculation of Staffing/Cash Flow Based on Patient Classification. Workload Distribution					
2.1.4.	Models and Clinical Management Units: Inter-hospital Units						
		2.1.4.1. Types of Clinical Management Units					
		2.1.4.2. Mixed Primary and Specialized Care Units					
		2.1.4.3. Interdepartmental Units					
2.1.5.		2.1.4.4. Inter-hospital Units					
	2.1.5.	Prudent Drug Prescription. Electronic Prescription					
		2.1.5.1. Prudent Prescribing: Choosing Wisely					
		2.1.5.2. "Non-action" Strategies					
2.1.6.		Prescription Complementary Tests					
		2.1.6.1. Prudent Prescribing vs. Defensive Medicine					
		2.1.6.2. Prescription Audits and Prescription Monitoring: Results					
2.2. Ch	Chronic	onicity and Telemedicine Management					
	2.2.1.	Complex and Chronic Patient Management					
		2.2.1.1. Chronic Care Model and Population Stratification. Kaiser Permanente					
		2.2.1.2. Management of Population Groups at Risk. Management of Complex and/or Chronic Diseases at Home					
2.2.2.		2.2.1.3. Chronicity and Public Health Care					
	2.2.2.	Experiences in Patient Empowerment: Active Patients, School of Patients					
		2.2.2.1. Active Patient Model. Stanford University					
		2.2.2.2. Patient Schools					
		2.2.2.3. Patient Empowerment and Nursing Input					

- 2.2.4. Telemedicine
 - 2.2.3.1. Services Currently in Place and Future Perspectives
- People and Talent Management
 - 2.3.1. Health Professionals. Types and Relations
 - 2.3.1.1. Health Professions Management. Types of Professionals and Their Interactions
 - 2.3.1.2. Training of Health Personnel with Special Emphasis on Physicians, Situation and Opportunities for Improvement
 - 2.3.2. Rights and Responsibilities. Retributions
 - 2.3.2.1. Worker's Statute. Rights and Responsibilities
 - 2.3.2.2. Statutory and Civil Servant Personnel. Statutory Personnel Status. Disciplinary Regime. Incompatibilities
 - 2.3.2.3. Remuneration of Civil Servants and Statutory Personnel
 - 2.3.2.4. Employees in Public Administration and

Private Centers

- 2.3.2.5. Trade Unions. Representation, Participation and Collective Bargaining. Personnel Boards and Works Councils
- 2.3.3. Working Hours in Units and Services
 - 2.3.3.1. Working Hours; Personal Leave and Leaves of Absence for Statutory and Civil Servant Personnel
 - 2.3.3.2. Collective Bargaining Agreements in the Health Sector
 - 2.3.3.3. Shift Work and On-call System. Shift Planning Systems. Turnover. Continued Care
 - 2.3.3.4. Demand-Driven Staffing
- 2.3.4. Employability Tools in the Private and Public Sector
 - 2.3.4.1. Public Employment Offers. Types of offers. Merit Scales
 - 2.3.4.2. Personnel Selection Systems in the Private Sector
 - 2.3.4.3. Terminations or Dismissals, Motivation, Justification and Communication, thereof



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- 2.3.5. Staff Evaluation and Talent Development. Social and Institutional Climate
 - 2.3.5.1. Welcoming, Mentoring and Dismissal Plans
 - 2.3.5.2. Talent Detection and Development
 - 2.3.5.3. Institutional and Social Climate: Measurement and Improvement
- 2.3.6. Visibility in Clinical and Care Management: Blogs and Networks
 - 2.3.6.1. The Digital Revolution in Healthcare Practice and Clinical Management. Description of New Digital Tools. How to Improve Visibility
 - 2.3.6.2. Experiences on Health Professionals' Networks and Blogs
- 2.4. Management and Economic Assessment
 - 2.4.1. Cost Calculation
 - 2.4.1.1. Weighting and Calculation of Health Costs
 - 2.4.1.1.1. Cost/Benefit
 - 2.4.1.1.2. Cost/Utility
 - 2.4.1.1.3. Cost/Productivity
 - 2.4.2. Budget and Accounting
 - 2.4.2.1. General Accounting Principles
 - $\hbox{2.4.2.2. What is a Budget? Types of Budgeting and Financial Management}\\$
 - 2.4.2.3. Retrospective Income and Expenses Budget
 - 2.4.2.4. Prospective Public Budget by Chapters
 - 2.4.2.5. Public Legislation on Budgets
 - 2.4.3. Purchasing, Contracting and Supplies
 - 2.4.3.1. Purchasing Management. Purchasing and Procurement Commissions
 - 2.4.3.2. Integrated Procurement Systems. Centralized Purchasing
 - 2.4.3.3. Management of Public Service Contracting: Tenders and Agreements
 - 2.4.3.4. Hiring in the Private Sector
 - 2.4.3.5. Supply Logistics
 - 2.4.4. Efficiency and Sustainability of Health Systems
 - 2.4.4.1. Financial Situation of the Public Health System: The Sustainability Crisis
 - 2.4.4.2. Spending for Health Benefits. Comparison of Investments for Further Health Benefits
 - 2.4.4.3. Expenditure Control in the Public Health System

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- 2.4.5. Funding Models
 - 2.4.5.1. Financing Based on Historical Budget and Activity
 - 2.4.5.2. Capitation Funding
 - 2.4.5.3. Financing by DRGs and Processes, Payment per Procedure
 - 2.4.5.4. Incentives for Professionals Based on Funding
- 2.4.6. Clinical and Economic Management Agreements and Contracts
 - 2.4.6.1. Management Agreements. Definition and Models
 - 2.4.6.2. Development and Assessment of a Management Agreement

Module 3. Quality Management

- 3.1. Quality Management
 - 3.1.1. Quality in Health Care
 - 3.1.1.1. Definitions of Quality and of the Historical Development of the Concept. Quality Dimensions
 - 3.1.1.2. Quality Assessment and Improvement Cycle
 - 3.1.1.3. EFQM Quality Improvement Model. Implementation.
 - 3.1.1.4. ISO standards and External Quality Accreditation Models
 - 3.1.2. Quality of Care Programs. Improvement Cycles
 - 3.1.2.1. Quality Circles
 - 3.1.2.2. Continuous Quality Improvement Strategies
 - 3.1.2.3. LEAN
- 3.2. Management by Process Lean Healthcare
- 3.3. Competency Management
 - 3.3.1. Performance Evaluation. Competency Management
 - 3.3.1.1. Definition of Competencies
 - 3.3.1.2. Performance Evaluation Procedure. Implementation
 - 3.3.1.3. Feedback from Professions for Improving their Performance and Self-evaluation
 - 3.3.1.4. Training Itinerary Design for Skills Development
 - 3.3.2. Methods and Techniques
 - 3.3.2.1. The Assessment Interview. Instructions for the Assessor
 - 3.3.2.2. Main Common Errors and Impediments in Assessment
 - 3.3.2.3. Motivational Interview
 - 3.3.2.4. Miller's Pyramid



3.4. Patient Security

- 3.4.1. Patient Safety. Evolution Over Time
 - 3.4.1.1. Introduction and Definition. Background and Current Situation
 - 3.4.1.2. Basic Studies on Patient Safety
- 3.4.2. Nosocomial Infections
 - 3.4.2.1. Hospital Infection Control and Surveillance Programs and Networks
 - 3.4.2.2. Asepsis, Disinfection and Sterilization
- 3.4.3. Preventing Adverse Effects of Health Care
 - 3.4.3.1. Prevention and Detection of Adverse Events Related to Health Care
 - 3.4.3.2. FMEA: (Failure Modes and Effects Analysis) Root Cause Analysis
- 3.4.4. Information and Record Systems
 - 3.4.4.1. Adverse Event Reporting and Recording Systems
- 3.4.5. Secondary and Tertiary Victims
 - 3.4.5.1. Health Professionals in the Face of Adverse Effects
 - 3.4.5.2. Recovery Trajectory and Emotional Support
 - 3.4.5.3. Impact on Corporate Image
- 3.5. Quality Accreditation in Healthcare
 - 3.5.1. Accreditation in Health Care
 - 3.5.1.1. Specific Features of Health Services Accreditation
 - 3.5.1.2. The Value of Being Accredited. How the Organization and Patients Benefit
 - 3.5.1.3. Health Accreditation in Clinical Services
 - 3.5.2. Joint Commission International
 - 3.5.2.1 Criteria and Process Phases
 - 3.5.3. EFOM Model
 - 3.5.3.1. The Concept of Self-assessment
 - 3.5.3.2. Improvement Plans
 - 3.5.3.3. An Example of EFQM Model Implementation in a Hospital and in an Area of Health Care
 - 3.5.4. ISO Accreditation
 - 3.5.4.1. Definition and General Criteria
 - 3.5.4.2. ISO 9001
 - 3.5.4.3. ISO 14001
 - 3.5.4.4. Other Types of ISO Relevant to the Health Sector

Module 4. Decision-Making and Communication

- 4.1. Leadership Management
 - 4.1.1. Team Leadership
 - 4.1.1.1. Theories on the Nature and Origin of Authority: Traditional or Institutional Views. Functional Approach Behavioral Approach Integrative Approach
 - 4.1.1.2. Authority and Power, Types of Power
 - 4.1.1.3. Leadership: Components and Types
 - 4.1.1.4. How to Make a Leader
 - 4.1.1.5. New Leadership Models. Situational Leadership Coaching
 - 4.1.1.6. The Term "Staff", Functional Hierarchical Scheme, Different Types of Staff, Line and Staff Concepts; Theories, Influence of Cultures on Leadership
 - 4.1.2. Motivation
 - 4.1.2.1. Motivating Agents. Intrinsic and Extrinsic Motivation
 - 4.1.2.2. Differences between Motivation and Satisfaction, and the Theories Behind Them
 - 4.1.2.3. Available Evidence on How to Motivate Professionals
 - 4.1.3. Delegation
 - 4.1.3.1. What is Delegation? Types of Delegation. Ways of Evaluating Delegation. Tasks and Functions that Cannot be Delegated
 - 4.1.3.2. Personal Attitudes Towards Delegation. Guidelines for Effective Delegation
 - 4.1.4. Executive Coaching
 - 4.1.4.1. Coaching and Types of Coaching
 - 4.1.4.2. Organizational Benefits and Applications to the Health Sector. Examples:
- 4.2. Managerial Decision-making
 - 4.2.1. Change Management
 - 4.2.1.1. Change Management in Organizations: Cultural, Structural and Scientific Changes
 - 4.2.1.2. Growth, Transition or Transformation. Is Change Permanent in the World of Health Care?
 - 4.2.1.3. Resistance to Change: How can we Overcome it and Convince People Change is Good?
 - 422 The Decision Process
 - 4.2.2.1. Decision Process: Centralized, Individual and Group Decision-making

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4.2.2.2.	Limiting	Factor	Principle.	Cost	Effectivene	ess a	and	Efficie	ency	ir
the Dec	ision-Mak	king Pr	ocess							

- 4.2.2.3. Choosing the Best Solution. Prioritization. Decision Tree
- 4.2.3. Time, Stress and Personal and Professional Happiness Management
 - 4.2.3.1. Techniques for Managing Time, Personal Agenda and Work-Life Balance
 - 4.2.3.2. Stress Management Techniques and Techniques for Promoting Personal and Professional Happiness
- 4.3. Internal Communication in Management
 - 4.3.1. Communication
 - 4.3.1.1. Communication and Information. The Communication Process. Elements of Communication. Requirements for Communication. Communication Barriers
 - 4.3.1.2. Communication Methods and Tools. Verbal Communication. Non-Verbal Communication. Written Communication
 - 4.3.2. Meetings
 - 4.3.2.1. Techniques for Holding Profitable Meetings. Preparation for Meetings and Types of Meetings. Participant Selection
 - 4.3.2.2. Healthcare and Technical Committees and Commissions in Hospitals, Centers and Areas of Health Care
 - 4.3.2.3. Negotiation. Strategy Types, Assertiveness. WiN WiN Strategy
 - 4.3.3. Conflict Management
 - 4.3.3.1. Possible Conflicts in Health Organizations. Preventive Strategies
 - 4.3.3.2. Conflict Management. Mediation
- 4.4. Creating a Personal Brand
 - 4.4.1. Public Profile
 - 4.4.1.1. Presenting Ourselves to the World. Our Digital Footprint
 - 4.4.1.2. Professional Profile on Professional Social Networks
 - 4.4.1.3. Digital Reputation. Positive References
 - 4.4.1.4. Cover Letter
 - 4.4.2. Interview for a Managerial Position
 - 4.4.2.1. How to Face an Interview?
 - 4.4.2.2. Body Language During an Interview. Kinesics

- 4.5. Healthcare Marketing and Communication
 - 4.5.1. Marketing
 - 4.5.1.1. Definition of the Term. Marketing Dimensions: Mission, Cycles and Tools
 - 4.5.1.2. Patient, Client, User? Marketing Aimed at Public Health Care Users
 - 4.5.1.3. External Marketing Planning in a Private Center
 - 4.5.1.4. The Internal Client. Marketing and Internal Communication Plans in Healthcare Institutions
 - 4.5.1.5. Management of Institutional Presence on Social Networks. Facebook
 - 4.5.1.6. Use of Twitter by the Organization
 - 4.5.1.7. Use of LinkedIn by the Organization on a Professional Level
 - 4.5.1.8. Use of Other Networks: Instagram, Tumblr, etc.
 - 4.5.2. Communication in Organizations
 - 4.5.2.1. Communication Systems in Organizations. Intranet/Internet
 - 4.5.2.2. Communication Specific to Welfare Institutions. Hospitals
 - 4.5.2.3. Healthcare Awards. Presentation of Nominations
 - 4.5.2.4. Organization of Conferences, Congresses and Other Educational Events
 - 4.5.2.5. Managing Local Communication: Press
 - 4.5.2.6. Managing Local Communication: Radio
 - 4.5.2.7. Managing Local Communication: Television
 - 4.5.2.8. National Communication Management: Healthcare Press
 - $4.5.2.9. \ \ External \ \ Conflicts.$ Information Crises Due to Bad News and How it is Managed
 - 4.5.3. Relations with Social Agents, Users and Suppliers
 - 4.5.3.1. Communication with Citizens, and with Patient and Consumer-User Associations
 - $4.5.3.2. \ \ Communication$ with Political Leaders, Owners-Shareholders, and Suppliers
 - 4.5.3.3. Collaboration with the Pharmaceutical Industry
 - 4.5.3.4. Internationalisation of the Health Sector. Health Tourism



Structure and Content | 25 tech

- 4.5.4. Corporate Social Responsibility (CSR) and Good Healthcare Governance
 - 4.5.4.1. CSR in the Welfare Sector. CSR Strategic Plans in Organizations. Good Healthcare Governance: Transparency on the Part of Public and Private Companies
 - 4.5.4.2. Environmental Management and Energy Efficiency in Healthcare Institutions
 - 4.5.4.3. Development Cooperation through Healthcare Institutions
 - 4.5.4.4. Networking. Strategic Partnerships
 - 4.5.4.5. The Patient Portal. Health Promotion and Disease Prevention via the Internet
- 4.6. Teaching, Research and Innovation Management: R&D&I in the Healthcare Environment
 - 4.6.1. Basic Principles of Research Methodology Applied in Health Sciences
 - 4.6.2. Sources of Information for Research and Sourcing Strategies
 - 4.6.3. Critical Reading of Articles
 - 4.6.4. Epidemiology and Research Study Design and Bias
 - 4.6.5. Database Analysis
 - 4.6.6. Communication and Diffusion of Research Findings



tech 32 | Methodology

At TECH we use the Case Method

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you will experience a way of learning that is shaking the foundations of traditional universities around the world.



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in the physician's professional practice.



Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method"

The effectiveness of the method is justified by four fundamental achievements:

- Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that evaluate real situations and the application of knowledge.
- 2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
- 3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
- 4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.





Relearning Methodology

At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

This university is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, a real revolution with respect to the mere study and analysis of cases.

Professionals will learn through real cases and by resolving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



Methodology | 35 tech

At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology, more than 250,000 physicians have been trained with unprecedented success in all clinical specialties regardless of surgical load. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.

tech 36 | Methodology

This program offers the best educational material, prepared with professionals in mind:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



Surgical Techniques and Procedures on Video

TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many times as you like.



Interactive Summaries

The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".





Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.

Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



Testing & Retesting

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their goals.



Classes

There is scientific evidence on the usefulness of learning by observing experts.

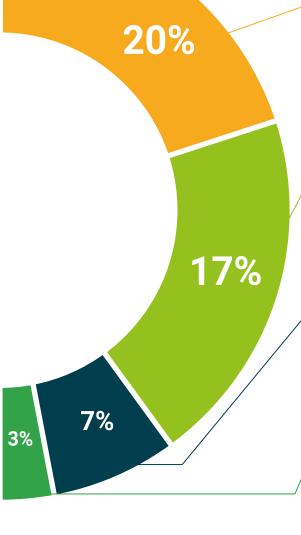
The system known as Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.









tech 36 | Certificate

This **Professional Master's Degree in Hospital and Health Services Management** contains the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Professional Master's Degree** issued by **TECH Technological University** via tracked delivery*.

The diploma issued by **TECH Technological University** will reflect the qualification obtained in the **Professional Master's Degree**, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: Professional Master's Degree in Hospital and Health Services Management Official N° of hours: 1,500 h.







^{*}Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.



Professional Master's Degree

Hospital and Health Services Management

Course Modality: Online Duration: 12 months

Certificate: TECH Technological University

Official N° of hours: 1,500 h.

Professional Master's Degree

Hospital and Health Services Management

