BAYLOR
UNIVERSITY

Robbins MBA
Healthcare Program

One Bear Place #98003
Waco, Texas 76798-8003
PH (254) 710–1447
FAX (254) 710-7480

2011
Administrative Residency
Manual

Points of Contact

Scott H. Garner, FACHE
Administrative Director
Tel :   (254) 710-3072
Fax: (254) 710-7480
Email: Scott_H_Garner@baylor.edu

Dr. James W. Henderson
Academic Director
Tel: (254) 710-4139
Fax: (254) 710-6142
Email: Jim_Henderson@baylor.edu

Dr. Gary R. Carini
Associate Dean for Graduate Programs
Tel: (254) 710-4091
Email: Gary_Carini@baylor.edu

Tom Haines, FACHE
Preceptor Coordinator
Tel : (254) 710-1447
Fax : (254) 710-7480
Email: Thomas_Haines@baylor.edu

Dr. Terry S. Maness
Dean, Hankamer School of Business
Tel: (254) 710-3411
Email: Terry_Maness@baylor.edu
_____
Shannon Johansen
Administrative Associate
Tel: (254) 710-1447
Fax: (254) 710-7480
Email : Shannon_Johansen@baylor.edu

WEBSITE :   http://www.baylor.edu/mba/healthcare

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The Administrative Residency Overview

This manual is designed to provide information on the Robbins MBA Healthcare Program required residency. It has been prepared to serve as a guide for students, preceptors, and faculty to ensure the educational value of the residency.

<u>Vision Statement</u>   The Robbins MBA Healthcare Program aims to become a reliable source of motivated, committed, and highly-trained executive leaders for service to the healthcare industry. We seek to develop a program that is nationally recognized for the value of its academic preparation, the development of knowledge through quality scholarship, and a commitment to the highest ethical standards as reflected in Christian values.

<u>Mission Statement</u>   The mission of the Robbins MBA Healthcare Program is guided by Christian commitment to promote the study of healthcare administration within the shared mission of the University and Hankamer School of Business. In this context, the program will support the core convictions of the University as described in Baylor Vision 2012 by:

– Encouraging intellectual activity through the development of new knowledge through basic and applied research within an interdisciplinary community of committed, Christian scholars
– Developing a network of dedicated preceptors to provide students with the practical experience required for successful development as executive leaders in the health services industry
– Coordinating and developing a program of continuing education that serves the lifetime needs of our alumni
– Contributing to the national dialogue on health economics, health policy, and healthcare administration
– Promoting academic excellence through the education and preparation of healthcare administrative professionals
– Creating a culture that fosters the development of strategic alliances and partnerships that further the program's mission

<u>Core Values</u>

– Excellence
– Integrity
– Leadership
– Stewardship
– Respect
– Service

Introduction

Healthcare administration is a rapidly changing field. The speed and direction of major alterations in utilization, reimbursement, operations, competition, regulation, and technology make it difficult for an administrator to learn from a series of academic courses alone. A graduate of a healthcare administration program must possess the knowledge and theory necessary to understand and adapt to these rapidly changing times. At minimum, a student should be prepared to deal effectively with:

- Economic Change
- Information Processing
- Governmental Agencies
- Capital Scarcity
- Competitive Market/Managed Care
- Demographic Trends
- Productivity

The role of the academic institution is to provide the fundamental knowledge, theory, and competencies needed for adaptive administrative behavior. The Robbins MBA Healthcare program provides exposure to:

- Management Theory and Organizational Behavior
- Managed Care
- Accounting and Finance
- Strategic Planning and Marketing
- Research and Evaluation
- Health and Disease Concepts (Epidemiology)
- Healthcare Law and Ethics
- Management Information Systems
- Healthcare Delivery Systems
- Leadership and Communication
- Human Resources
- Public Health Issues

Merely possessing knowledge and theory, however, does not ensure that students can successfully translate what they have learned into practice. The process of translation is the function of the administrative residency.

The residency demands that the student demonstrate leadership competencies that contribute to the profession of healthcare administration. The Preceptor becomes the key player in this transition. The Preceptor is an advisor, teacher, role model, tutor, mentor and guide.

The Preceptor assists the Resident in developing a philosophy of administration, a code of values and ethics, and a life-long professionalism. In this role, the Preceptor will guide the Resident toward:

- Improving skills and capabilities
- Strengthening interpersonal attributes
- Becoming an executive and a leader

Purpose

The administrative residency is an integral part of the Robbins MBA Healthcare program. The residency is designed to supplement course work and give each student the opportunity to receive guidance from a well qualified, practicing healthcare executive; to apply and test administrative theory in practical work situations; and to develop the ability to assume major responsibility in a healthcare organization.

Residency Eligibility and Options

An administrative residency is required for all students admitted to the Robbins MBA Healthcare program. Students will be matched for residencies during their second semester (spring) through an interview process with prospective residency sites and preceptors. Residencies will be served during the following summer and fall sessions. The institution and nature of the residency are varied in keeping with the evaluated needs of each student. The residency is a nine credit-hour field experience supervised by the Preceptor Coordinator.

Objectives

The goals for the administrative residency encompass three broad areas:

Mentoring Relationship, Observation/Familiarization, and Application

1. **Mentoring Relationship** - Through a mentoring relationship between the Preceptor and the student, the student acquires an in-depth understanding of the Preceptor's attitudes and beliefs concerning quality of patient care, strategic thinking, operations management, interpersonal skills, professional socialization, analysis of political processes, community relationships, and medical ethics, among other topics.

   The Mentoring Relationship Objectives

   The following are the objectives, stated from the point of view of the Resident, to be accomplished in the mentoring relationship:

   - To participate with the Preceptor in debriefing sessions which follow regular formal and/or informal meetings
   - To engage in discussions in which the Preceptor can evaluate the skills of the Resident and provide feedback
   - To work on Preceptor-assigned projects so that the Preceptor can evaluate the skills of the Resident and provide feedback
   - To participate in discussions with the Preceptor regarding his or her views on leadership philosophy and techniques
   - To develop a personal philosophy, value system, code of ethics, and a dedication to high professional standards and ideals of a healthcare administrator

2. **Observation / Familiarization** – The student develops an understanding of the organization's mission, administrative structure, operation and interrelationship of major units within the organization, and means through which the organization carries out its major functions. The student also develops an understanding of the operations of decision-making bodies and processes at various levels including policy making, medical and professional staff, administrative staff, and important external organizations such as regulatory, financing, and professional associations.

Observation/Familiarization Objectives

The resident will strive to meet the following objectives:

- To gain a full understanding of the organization, its mission, goals, and objectives
- To observe, participate in, and critically evaluate the administrative and policy activities of the institution
- To observe the complex interrelationships within the institution
- To develop a knowledge and understanding of the structural and interpersonal relationships between health professionals and healthcare administrators
- To develop an understanding of the organization's influence on its environment and the environment's influence on the organization
- To gain exposure to medical staff issues and concerns
- To examine the roles and responsibilities of external healthcare organizations through attendance at external meetings as well as site visits to other healthcare institutions, public health agencies, extended care facilities, reimbursement agencies, and professional associations
- To develop an understanding of the institution's competitive strategies
- To attend internal meetings at all levels of the organization and participate in some or all of the following ways:
  > (1) Observation
  > (2) Preparation of minutes for meeting
  > (3) Active participation in discussion
  > (4) Presentation of reports

  The following are examples of possible meetings in which the Resident might participate: department head briefing, coordinating council, quality assurance, community advisory council, board of trustees, executive committee, finance committee, medical staff, tissue committee, medical records, infection control, information management, utilization review, administrative staff, union-management negotiation, risk management, legal interaction, consultants, and long-range planning committees.

- To understand the internal operation and policies through reading internal documents.

  The following are examples of such documents: strategic planning documents including organization mission, values, and objectives; administrative policy manual; personnel manual; disaster manual; medical staff bylaws, rules and regulations; coordinating council bylaws; corporate board bylaws; business plan of parent and subsidiaries; and budgets of parent and subsidiaries.

3. **Application -** The student applies and tests administrative theory and tools in a "real world" setting. Through this application process the student will build upon knowledge acquired in the didactic curriculum (refer to Appendix C.)

   Application Objectives

   The following are the objectives, stated from the point of view of the Resident, to be accomplished in the application goal:

   - To perform projects as assigned -- *For example: board reports, contract negotiations, personnel management, marketing/planning, legal projects, formal presentations (written/oral), and participation with key outside public organizations.*

   - To perform studies for the organization -- *For example: marketing /planning, joint venture projects, evaluation of an operation, evaluation and recommendation of a proposition, specific strategic planning activities, and gathering of internal financial and statistical data.*

   - To assume responsibilities within the organization and utilize the opportunities that the residency offers to strengthen leadership, judgment, problem solving, decision making, administrative, and communication skills -- *For example: on-call duty, coordination/participation in a regulatory inspection, experience leadership in both large and small groups, department accountability, and line responsibility.*

Residency Site & Preceptor Selection

Site and preceptor selection are vital to a successful residency. To ensure that every Resident is placed in a suitable learning environment, the Robbins MBA Healthcare program has established the following guidelines that every site must meet:

- Accreditation(s) by appropriate, recognized accrediting organization(s)
- A Preceptor who is interested in providing time for teaching the Resident, and who is accessible, committed, knowledgeable, skillful, and professionally mature
- A management staff willing to contribute to the administrative residency experience
- Opportunities which provide productive and varied experiences for the Resident and assist the Resident in developing marketable skills
- A Preceptor and other key officials willing to support the educational policies, requirements, and standards of the Robbins MBA Healthcare program
- A site approved by the Dean of the Hankamer School of Business under advice from the Robbins MBA Healthcare program Directors and Faculty

Preceptors are selected, approved, and appointed by the Dean of the Hankamer School of Business and cannot be changed without prior approval. In connection with the educational supervision of a Resident, the University works directly with the appointed Preceptor.

Stipend

Participation in the administrative residency program is not predicated on a residency stipend of any minimum amount. It is recognized that unless reasonable financial support is given to the Resident, Baylor's ability to attract the best students for graduate study will be seriously impaired. It is customary for management of the residency organization to provide residents with a stipend and such fringe benefits as are possible and appropriate.

Grading

The residency course grade is assigned by the Preceptor Coordinator and is determined by the following:

- Residency Plan

- Monthly Activity Reports

- Management/Problem Solving Projects

- Preceptor Evaluation Reports

- Oral Presentation

- Input gained by the Preceptor Coordinator through interaction with the Preceptor

- Observations made during the site visits

Project papers will be scored on the basis of practical application, completeness, organization, flow, and content. Additionally, timely submission of all work, as scheduled in this manual, will be considered. The necessity to return work to the student for significant correction or major changes will also be considered in the scoring.

Roles & Responsibilities

Preceptor

The Preceptor is responsible for the continuing education and development of the Resident during the residency. One of the initial responsibilities of the Preceptor is to assist the Resident in the creation of a Residency Plan. This is done at the beginning of the residency to help clarify the expectations of both parties. A Preceptor is further expected to:

- Provide supervision, guidance, and counseling
- Be an accessible teacher and mentor
- Provide access to vital internal and external resources that include meetings and projects across the various departments of the residency organization

  It is extremely important that the Resident have meaningful learning opportunities in as many functional areas as possible. In the overall structure of the graduate program curriculum, the residency experience serves to provide exposure of sufficient breadth and involvement of sufficient depth to achieve operational professionalism in the healthcare field.

- Notify the Preceptor Coordinator immediately if the student is not meeting expectations
- Offer continuous feedback to the Resident, including formal evaluation during and at the completion of the residency (See Appendices H and I)

  Evaluations need to be based on personal observation, *not solely on written reports or second-hand information. They should be seen as a useful learning tool and should be discussed with the Resident prior to submission to the faculty of the Robbins MBA Healthcare program.*

Every effort will be made by the faculty to keep close contact with the Preceptors throughout the residency period. Letters, scheduled visits, and conferences will maintain this contact on the part of the faculty of the program. At the end of the program, the Preceptor Coordinator and a faculty member will meet with the Preceptor at the residency site to receive a formal presentation from the Resident on a major research topic the Resident has undertaken. The Preceptor may select other attendees from the institution.

University

Through the Preceptor Coordinator, Baylor University agrees to:

- Assist students in finding and obtaining a suitable residency

- Prepare students for their residency through a series of seminars and a one-hour course

- Send a faculty member to visit the Preceptor and Resident at least once during the residency

- Provide ongoing academic and career counseling

- Grade the Resident on his or her documentation and projects

- Maintain confidentiality of all reports and information from the Resident concerning the residency organization

Resident

The Resident agrees to:

- Serve as an ambassador representing Baylor University

- Create a Residency Plan, with the assistance of the Preceptor, and meet the expectations set therein

- Prepare all projects, reports and evaluations, as required by this manual, and submit them on time to the Preceptor Coordinator

- Organize and coordinate site visits between the Preceptor Coordinator and Preceptor

Residency Requirements

I. Residency Plan

The Resident is responsible for submitting to the Preceptor Coordinator a Residency Plan. The Residency Plan should be developed between the Resident and the Preceptor, and should be designed to meet the educational needs of the Resident for his or her residency period. It is recognized that the Resident may subsequently report some changes in the plan to the Preceptor Coordinator such as amendments to the rotation schedule or additions to external site visits.

While the residency is considered primarily an educational experience, each Resident may make worthwhile contributions to the institution/organization during this period. By requiring the Resident and Preceptor to identify specific learning objectives, the educational focus of the residency is sharpened.

The Residency Plan should be developed utilizing the competencies in Appendix E. The Resident and Preceptor will review Appendix E and then design a Residency Plan, using the format in Appendix F that strengthens the identified competencies and develops the Resident's full potential.

Sample Items to Include in Residency Plan (Format in Appendix F)

- An initial orientation and introduction to the physical plant and key organizational personnel *(For example: early access to the facility's library and other reference areas)*
- A description of a planned format for the residency, developed by the Preceptor and the Resident, emphasizing either a project based residency, a rotation based residency or some combination of projects and rotations. A residency based on multiple projects which include interactions throughout the organization will usually allow the Resident to gain a broad understanding of the organization. If the residency will concentrate on one major project then rotations may be necessary to insure the Resident gains sufficient knowledge of the organization
- Regularly scheduled personal meetings between the Preceptor and the Resident, and attendance at meetings the Preceptor is scheduled to attend *(For example: obtain a copy of the Preceptor's calendar and then request attendance at the meetings that will support competency development)*
- The scheduling of a major management/problem-solving project, monthly reports, and evaluations
- Visits to external healthcare facilities such as hospitals, pre-payment plans, HMOs, regulatory agencies, health departments, welfare agencies, government offices, various sized homes for the aged, nursing homes, and mental health facilities *(Attendance at state, regional, or city medical meetings such as the Texas Hospital Association is highly recommended)*
- Practical observation and experience to the extent possible in supervising others during all times of the day and week that involve all activities in the institution
- Opportunities to engage in organizational decision-making through assignments such as night or weekend administrator
- Attendance at meetings of the governing board, medical staff, and management staff, including meetings within these groups

II. Monthly Activity Reports (Format in Appendix G)

Each student is required to submit to the Preceptor Coordinator a monthly report of the activities in which he or she has been engaged. The resident's Preceptor may review each monthly report before submission.

The report should follow the residency monthly activity report format found in Appendix G.

Communications or requests concerning subjects other than residency problems should not be included with the report. They should be made the subject of separate letters addressed to the Preceptor Coordinator. Monthly reports should be submitted by e-mail when possible.

III. Readings

Students will be required to engage in professional reading on healthcare topics. In each monthly report, students should identify readings (books and articles) completed during the month with a short comment on lessons or competencies addressed by each reading. The Preceptor should be consulted for book and article selections. The report should also include a summary of discussions the Resident has with the Preceptor and other staff on the material read. When possible, the Resident should present a summary of the reading at staff meetings in the organization.

IV. Competitive Paper

Each student will submit a high quality essay with a focus on health management topics such as: strategic planning and policy; accountability of and/or relationships among board, medical staff, and executive management; financial management; human resources management; systems management; plant and facility management; comprehensive systems of services; quality assessment and assurance; professional, public, community or inter-organization relations; governmental relations or regulation; marketing; education; research; or law and ethics. The essay format will follow the published rules of the American College of Healthcare Executives for the annual ACHE Student Essay Competition in Healthcare Management. Rules and information are on the ACHE website (www.ache.org).

One essay will be selected by the Program Director to be submitted to the ACHE competition. The following five equally weighted criteria will be used for grading and selection:

1. Significance of the subject to healthcare management
2. Innovativeness in approach to the topic
3. Thoroughness and precision in developing the subject
4. Practical usefulness for guiding management action
5. Clarity and conciseness of expression

V. Major Project

Each student is required to complete one major management/problem solving project, and present an oral report, during the residency period at the prescribed time. The purpose of this project is to test the Resident's ability to utilize the skills and competencies gained during the academic portion of the program. The project should benefit both the organization and the Resident. The project will be selected based on the:

- Ability of the project to develop competencies of the Resident

- Requirements of the institution

- Ability to complete the project or research within the time allocated for the residency

General Guidelines

1. Project reports should be professionally written, concise, and free of grammatical and spelling errors
2. Pages should be numbered
3. A title page should include: a designation of the report as the "Robbins MBA Healthcare Program, Administrative Residency Project Report;" the project title; the Resident's name; residency site organization, address, and telephone number; and the date of the report
4. Confidential information and materials should also be labeled

When preparing a project report, a Resident should consider that:

- Although the project does not have a mandatory length requirement, it should be considered a **major academic paper** and should thoroughly cover the approved subject. The subject matter of each project should be well developed and explained prior to selection. The Preceptor Coordinator and the Preceptor will approve the selection of the topic for the major project.

- The project **must** include a major quantitative research element meeting Baylor academic research standards.

- At the end of the residency, the student will present an oral report of project findings to Baylor Faculty Member(s), the Preceptor Coordinator, and the Preceptor. The Preceptor may also select any additional attendees.

- The final written report will be due during the final semester for HPA 5121, Current Issues in Healthcare Administration. Students will also make an oral presentation to the combined HPA 5120 and HPA 5121 classes.

Project Report Organization

In general, the project report and oral presentation should contain the following sections:

1.   Executive Summary

In one or two pages, briefly describe the project and its purpose from both organizational and educational points of view; methods and activities; results and outcomes; management implications; and contributions made to the organization and to the Resident's educational experience.

The body of the report should expand upon the executive summary and include the following sections:

2.   Background

Give a historical or competitive perspective as to why this project was undertaken by the residency site organization. Review specific opportunities, threats, or problems that will be addressed during the project. Delineate the scope and time frame of the project. List expected educational objectives to be met by the Resident and/or Preceptor.

3.   Planning and Execution

Discuss the project planning and organization processes and subsequent steps that are undertaken to complete the project. Describe any major unforeseen circumstances or problems that were encountered during the course of the project. Provide a review of the approaches or methods employed to overcome or otherwise mediate the effects of these circumstances or problems. Relate the application of models, theories and/or methods learned during course work to the planning and execution of the project.

4.   Results and Outcomes

Detail project results and outcomes and describe assumptions made during the planning and/or analysis phases, which should be considered while interpreting or employing the results. Justify the assumptions. Communicate limitations of any reported data, along with attempts made during the course of the project to overcome these limitations. Include the major quantitative research elements accomplished. Summarize any presentations made. Describe at what organizational levels these took place.

5.   Management Implications

Discuss the current impact or implications of the project results and outcomes on the organization's management at strategic and functional levels. Relate the potential future impacts or implications of the project's results and outcomes to significant industry and/or market trends and identify needs for further research uncovered by the project.

6. **Organizational and Educational Contributions**

   Describe the immediate or near-term contributions made to the residency site organization as a result of the Resident's execution of the project. When possible, define anticipated long-term contributions.

   Discuss educational objectives that are met as a result of involvement in the project. Relate important political, interpersonal, and communication skills or insights gained during the project.

   Discuss ways in which the Robbins MBA Healthcare program curriculum could have better supported the planning and/or execution of the project and comment on program strengths that contributed to its successful completion.

7. **Appendices and Bibliography**

   Items to be included in the appendices are sample contracts, tables, data, and presentation materials. These materials should be well organized, clearly labeled, and appropriately referenced in the body of the report.

VI. Preceptor Evaluation of the Resident

The Preceptor will make an evaluation report (Appendix H) at the end of the Summer session. The Preceptor should make special reports or telephone calls to the Preceptor Coordinator whenever the progress or conduct of the student is considered to be deficient. In addition the Preceptor will complete a Core Competency Evaluation (Appendix I) at the conclusion of the residency.

VII. Site Visits

A representative of the Robbins MBA Healthcare Program for Baylor University will make at least one visit during the residency period. During the final stages of the residency a Baylor Faculty Member and the Preceptor Coordinator will visit the site to receive the oral project report with the Preceptor and selected staff.

Appendix A
Commitments: University, Agency, and Student

Between

BAYLOR UNIVERSITY

And

_____
AGENCY
(Organization/City Name)

And

_____
STUDENT
(Student Name)

Baylor University, hereinafter referred to as "University", and the "Agency," agree to establish an affiliation for the purpose of providing a residency course in healthcare administration for a graduate student at the University.

I.   The University, Student, and Agency jointly agree that:

1.   The purpose of residency is to provide opportunities for teaching and learning activities that will enable Student to meet stated objectives.

2.   There shall be open channels of communication between University and Agency relative to the residency through designated representatives.

3.   The Student will adhere to Agency working hours, policies and procedures; however, the University will determine beginning and ending dates for the residency.

4.   The term of this Statement of Agreement shall cover the period: _____ - _____.

5.   Any of the parties may withdraw from this affiliation by giving notice in writing to the other parties.

6.   This Statement does not require the payment of any compensation or benefits by the Agency to the Student. Payment of a stipend or benefits or reimbursement of business or travel expenses is a matter solely between the Student and the Agency.

7.   No faculty member of the University shall be considered an employee or agent of the Agency, unless specified in an additional agreement. Similarly, neither the Student nor any employee of the Agency is considered an employee or agent of the University, unless specified in an additional written agreement signed by Baylor University.

8.   The Student will adhere to the professional policies, personnel policies, and privacy policies and regulations of or applicable to the Agency during the residency.

II.   The University agrees to:

1.   Assign a faculty member to serve as Preceptor Coordinator. This representative may make appropriate visits to the Agency during the semester and will be responsible for points 2 and 7 below.

2.   Select students who shall be placed at the Agency, subject to the approval of the Agency.

3.   Provide information, upon request, regarding the background, experience, and educational needs of each student to the Agency prior to the student's placement.

4.   Restrict the activities of its Preceptor Coordinator from performing any service for the Agency except in the course of performance of instruction, unless otherwise contracted in writing.

5.   Administer the residency.

6.   Respect the mission of the Agency.

7.   Immediately withdraw from the residency program, upon written request from the Agency, any student whose performance is unsatisfactory or whose conduct is unacceptable to the Agency.

III.   The Agency agrees to:

1.   Accept students for the practicum or residency in the Agency with the provision that the students may participate in overall Agency programs and activities as appropriate.

2.   Accept students without regard to race, color, nationality, ethnic origin, sex, age, or disability.

3.   Provide appropriate instruction by a qualified Agency representative, hereinafter known as "Preceptor," approved by the University.

4.   Allow Preceptor time to prepare for conferences with students, to maintain conferences with students, and to consult with the University's representative.

5.   Provide for the Student suitable office space, equipment and materials. Allow, if applicable, clerical assistance necessary to the accomplishment of the teaching/learning task.

6.   Inform the University of changes in Agency policy, procedures, and staffing that affect residency courses.

7.   Provide reimbursement for Student's travel and business expenses related to Student's participation in Agency programs, activities, and services.

Appendix B
Resident Information Form

To be completed by the <u>Resident</u> no later than the first (1st) week of Residency and returned to the <u>Preceptor Coordinator.</u>

Please complete and e-mail or mail/fax [254-710-7480] this page to the Preceptor Coordinator by the end of your first week of Residency.

Name: _____

Resident Home Address:_____

Resident Home Phone: _____

Resident Cell Phone: _____

Resident Home Email: _____

Site/Work Address: _____

_____

Site/Work Phone: _____ Site/Work Fax: _____

Site Email: _____

Preceptor Name: _____

Preceptor Title: _____

Preceptor Phone: _____

Preceptor Email: _____

Appendix C
Degree Plan

Robbins MBA Healthcare Program

CLASS OF 2012 (Fall 2010 Start)

Core One – Define
Fall 2010

MIS	5151	Technical Foundations of Information Systems	1
ACC	5121	Accounting Planning	1
FIN	5161	Corporate Finance-Planning	1
QBA	5131	Quantitative Methods for Decision Making-Part 1	1
ECO	5115	Demand Analysis	1
MGT	5131	Operations Management Core 1	1
BUS	5390	Management Communication	3
HPA	5310	Healthcare Administration	3
XXX	XXX	3 Hour Required Course (MKT, STR, or OB)—see page 2	3
XXX	XXX	3 Hour Required Course (MKT, STR, or OB)—see page 2	3
			18 hrs.

Core Two-Discover
Spring 2011

MIS	5152	Aligning Info Technology with the Business Enterprise	1
ACC	5122	Accounting Implementation	1
FIN	5162	Corporate Finance- Implementation	1
QBA	5132	Quantitative Methods for Decision Making-Part 2	1
ECO	5116	Production and Cost Analysis	1
MGT	5132	Operations Management Core 2 (Healthcare Section)	1
HPA	5120	Preparation for Healthcare Admin. Residency	1
HPA	5126	Public Health Issues for Healthcare Executives	1
HPA	5350	Health Economics	3
HPA	5380	Healthcare Finance	3
XXX	XXX	3 Hour Required Course (MKT, STR, or OB)—see page 2	3
			17 hrs.

Application
Summer and Fall 2011

HPA	5V90	Healthcare Administration Residency—see page 2	Summer 3 & Fall 6
			9 hrs.

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Core Three-Deliver
Spring 2012

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MIS	5153	Managing the Info Technology Resource	1
ACC	5123	Accounting in a Changing Environment	1
FIN	5163	Financial Control	1
QBA	5133	Quantitative Methods for Decision Making-Part 3	1
ECO	5117	Market Structure Analysis and Estimation	1
MGT	5133	Operations Management Core 3	1
HPA	5367	Managerial Epidemiology	3
HPA	5330	Healthcare Law and Ethics	3
HPA	5121	Current Issues in Healthcare Administration —see page 2	1
HPA	5395	U.S. Healthcare Directions—see page 2	3

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16 hrs.

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60 Total Hours

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Robbins MBA Healthcare Program

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Required 3 hour flexible courses:			**9 hours**
MGT	5310	Management of Organizational Behavior	3
MKT	5310	Marketing Administration	3
MGT	5385	Strategic Management	3

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Healthcare Specialization Integrative Experience

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Practicum Integrative Experience HPA 5V90 Healthcare Administration Residency	Summer & Fall 2011
Critical Thinking and Analysis—Foundation of Policy and Legislative Policy Assessment HPA 5395 U.S. Healthcare Directions	Spring 2012
Post Residency Integrative Experience and Program Assessment HPA 5121 Current Issues in Healthcare Administration	Spring 2012

If an Integrated Management Seminar (IMS) is required it should be taken in the Summer preceding Core One. IMS is a 12-hour semester for non-business undergraduates and includes business prerequisites in accounting, finance, micro & macro economics, and business law.

(This is the standard degree plan. The degree plan for individual students may vary in timing but the course elements remain the same.)

Appendix D
Calendar of Residency

Item	Reference(s)	Due
Resident Information Form	Appendix B	Week 1
Residency Plan	Page 13; Appendix F	Week 2
Monthly Activity Reports	Page 14; Appendix G	By last day of each month, June through December
Competitive Paper	Page 14	By September 15
Major Project	Pages 15-17	• Oral Report due at close of Residency • Final written paper due during Lockstep 3 for HPA 5121 (Current Issues in Healthcare Administration). • Students will also make an oral presentation to the combined HPA 5120 and HPA 5121 classes
Preceptor Evaluation of the Resident	Page 17; Appendix H	• August Preceptor Coordinator visit
Core Competency Evaluation	Page 17; Appendix I	• December Preceptor Coordinator and Faculty Visit

Appendix E
Healthcare Administration Competencies

Robbins MBA Healthcare Program—Competency Model

DOMAIN 1 – Knowledge of the Healthcare Environment
1. Healthcare Environment: The ability to understand and explain issues and advancements in the healthcare industry.
1. Recognizes and understands health and medical care terminology
2. Understands the regulatory environment related to healthcare delivery (CMS, JCAHO, HIPAA)
3. Develops an understanding of healthcare issues and trends, and is familiar with technological research and advancements related to medical care
2. Economics and statistical methods: The ability to use, understand, and apply the basic principles of economics, statistics, and epidemiology to health care issues.
1. Uses and applies methods and practice of economics to healthcare
2. Understands basic statistical and epidemiology analysis (e.g., research design, scientific method)
3. Policy and Advocacy: The ability to understand the legislative and bioethical environment and effectively participate in discussions relating to health policy and healthcare ethics at the local, state, and federal levels.
1. Understands pertinent legislative issues and is familiar with healthcare policy issues (e.g., uninsured, access, quality, cost, medical malpractice, system reform)
2. Recognizes bioethical issues and applies concepts of autonomy, non-malfeasance, beneficence, and social justice

DOMAIN 2 – Critical Thinking and Analysis
1. Critical Thinking and Analysis: The ability to understand a situation, issue, or problem by breaking it into smaller pieces or tracing its implications in a step-by-step way.
1. Breaks down problems into simple lists of tasks or activities and asks the right questions when making decisions
2. Identifies basic relationships including the cause-and-effect between two situations and is able to sort and prioritize tasks and alternatives
3. Recognizes multiple relationships and causal links: several potential causes of events, several consequences of actions, or multiple-part chain of events (A leads to B leads to C leads to D)
2. Innovative Thinking: The ability to apply complex concepts, develop creative solutions, or adapt previous solutions in new ways.
1. Applies basic rules, common sense, evidence, and past experiences to identify problems
2. Recognizes patterns based on life experience, sees patterns, trends, or missing pieces/linkages and can identify similarities and differences
3. Clarifies complex ideas or situations by making them clear, simple, and/or understandable
3. Strategic Orientation: The ability to consider the business, demographic, ethno-cultural, political, and regulatory implications of decisions and develop strategies that continually improve the long-term success and viability of the organization
1. Conducts environmental scanning including present and future analyses that identify the competitive/market, governmental and regulatory, public opinion, scientific, and technological forces that shape the organization
2. Develops strategic goals and plans for the organization that take advantage of its strengths, addresses its weaknesses, builds on opportunities, and attempts to minimize environmental threats (SWOT Analysis)

3.	Understands the forces that are shaping healthcare over the next 5 to 10 years (market, social, cultural, economic, and political)

DOMAIN 3 – Business and Management Knowledge

1. Financial Skills: The ability to understand and explain financial and accounting information, prepare and manage budgets, and make sound long-term investment decisions.

1.	Explains the organization's financial metrics and reports including key financial statements and ratio analysis and is able to use them to drive, track and project the organization's financial health and profitability
2.	Demonstrates skills in budget and asset management, strategic planning, capital budgeting, budget development, expense and revenue management, budget variance analysis, and sensitivity analysis
3.	Understands the impact of reimbursement models including payment system alternatives such as Medicare, Medicaid, managed care, and insurance models when assessing management alternatives
4.	Evaluates financial projections and investments and analyzes population, disease and utilization data (is able to create and use rate of return, net present value, cash flow analyses, risk-return trade-offs and cost-benefit analyses)
5.	Develops long-term financial planning methodologies for new service lines, community outreach, and capital spending for building renovation and system expansion.

2. Information Seeking: An underlying curiosity and desire to know more about things, people, or issues, including the lifelong desire for knowledge and staying current with health, organizational, industry, and professional trends and developments.

1.	Consults available resources including knowledgeable people and other readily available information
2.	Conducts preliminary investigations regarding a problem or situation beyond routine questioning
3.	Conducts research to obtain needed information through newspapers, magazines, field experts, computer search systems, or other resources regarding practices in healthcare and other industries for the purpose of keeping current
4.	Establishes a proactive approach to gathering information to remain abreast of best practices

3. Information technology management: The ability to see the potential in and understand the use of administrative and clinical technology and decision-support tools in process and performance improvement.

1.	Recognizes the potential of information systems for patient service and quality of care improvement and understands and implements patient security and information management under HIPAA
2.	Actively promotes the use of information technology to improve processes and performance outcomes
3.	Understands critical IT governance mechanisms necessary to insure that major technology initiatives are aligned with organizational needs, the systems development lifecycle, and best practices for managing complex medical and business information technology

4. Organizational awareness: The ability to understand and learn the formal and informal decision-making structures and power relationships in an organization or industry (e.g., stakeholders, suppliers). This includes the ability to identify key decision makers and the individuals who can influence them, and to predict how new events will affect individuals and groups within the organization.

1.	Recognizes the formal structure or hierarchy of an organization and understands organizational dynamics, principles, and practices of management and organizational behavior
2.	Applies understanding of the informal structure of an organization
3.	Recognizes norms and values of an organization including the unspoken guidelines about what people are and are not comfortable doing, and what is and is not possible at certain times or by people in certain positions
4.	Considers priorities and values of multiple constituencies including physicians, nurses, patients, staff, patient families, and community leaders, and uses this knowledge to build coalitions and consensus among stakeholders

5. Performance Measurement: The ability to understand and use statistical and financial methods and metrics to set goals and measure clinical as well as organizational performance; commitment to and employment of evidence-based techniques.
1. Monitors performance indicators and uses knowledge of basic patient tracking, markets, and financial and management accounting to track organization performance and financial results
2. Is able to develop and monitor a "scorecard" of quantitative and qualitative measures to track financial, customer, quality, and employee performance

6. Organizational Design and Governance: The ability to analyze and design or improve an organizational process, including incorporating the principles of quality management and customer satisfaction.
1. Understands the basics of organizational governance including board relations, committee structure, and fiduciary, ethical, and clinical review responsibilities, and is familiar with key state, county, and city governing and regulatory organizations
2. Benchmarks good processes and practices for clinical and non-clinical organizational practices across different delivery sites (e.g., outpatient, inpatient, acute care, specialty clinic)
3. Assesses organization structures (functional, departmental, service line, provider structure, etc.) and uses organization structure and design to improve performance

7. Human Resource Management: The ability to implement staff development and other management practices that represent contemporary best practices, comply with legal regulatory requirements, optimize the performance of the workforce, including performance assessments, alternative compensation and benefit methods, and the alignment of human resource practices and processes to meet the strategic goals of the organization.
1. Demonstrates basic knowledge of employment management principles, policies, and law in relation to hiring, promotion, or dismissal
2. Demonstrates an understanding of union/labor principles and practices (e.g., contracting, negotiation, grievance process, mediation), equal opportunity and federal contract compliance (EEOC/OFCCP), the disabilities act (ADA), fair labor standards (FLSA), employee income, security, retirement regulations (ERISA), and worker safety (OSHA)

DOMAIN 4 – Political and Community Development

1. Community Orientation: The ability to align one's own and the organization's priorities with the needs and values of the community, including its cultural and ethnocentric values and to move health forward in line with population-based wellness needs.
1. Identifies key community stakeholders including agencies and organizations providing and directing community health programs such as family and child advocacy
2. Understands broad managerial epidemiology concepts and their impact on the community
3. Actively serves the community by participating in local community health initiatives (such as "Race for the Cure") and supporting programs that address specific public health needs

2. Professionalism: The demonstration of ethics, sound professional practices, social accountability, and community stewardship.
1. Acts openly and honestly according to both the organization's expressed core values and personal ethical values
2. Promotes organizational integrity including equitable application of professional roles/values that are compatible with the improvement of health and wellness
3. Maintains social accountability by handling issues and mistakes with openness, honestly, and fairness
4. Promotes community and organizational stewardship for honesty and fair dealing with all constituents

3. Relationship Building: The ability to establish, build, and sustain professional contacts for the purpose of building networks of people with similar goals and that support similar interests.
1. Develops and/or sustains informal contacts – is approachable
2. Builds friendly rapport with associates both at work and at outside events
3. Sustains formal contacts by participating in a broad range of relationships with others who have the potential to become strong business allies
4. Establishes important relationships with key leaders within the organization, community, and other constituencies including physicians, nurses and medical technical staff

5.	Builds and sustains strong personal networks

4. Self-Development: The ability to have an accurate view of one's own strengths and development needs, including the impact that one has on others. A willingness to address needs through reflective, self-directed learning, and by trying new approaches.

1.	Routinely seeks feedback from others including those who are likely to be critical
2.	Improves own performance, learning from successes and missteps – is open to coaching
3.	Considers the impact one has on others and modifies behaviors in response to informal cues as well as formal feedback, integrating the results into personal development efforts
4.	Pursues long-term personal development, proactively pursues multi-year personal development, including willingness to tackle fundamental behavior change (e.g., from pacesetter to consensus builder)

DOMAIN 5 – Communication

1. Accountability: The ability to hold people accountable to standards of performance or ensure compliance using the power of one's position or force of personality appropriately and effectively, with the long-term good of the organization in mind.

1.	Communicates requirements and expectations in a clear, concise manner
2.	Sets limits establishing high but achievable performance, quality, and resource utilization standards while maintaining the ability to say no to unreasonable requests
3.	Openly addresses performance problems and directly assesses individual and team performance shortfalls
4.	Creates a culture of accountability and accepts responsibility for results of own work and that delegated to others

2. Communication Skills: The ability to facilitate a group; speak and write in a clear, logical, and grammatical manner in formal and informal situations to prepare cogent business presentations.

1.	Speaks and writes clearly and effectively using generally accepted English grammar
2.	Prepares effective written reports or presentations, accurately presenting facts in a clear and logical manner
3.	Makes persuasive oral presentations using appropriate audiovisual media and staying on topic and within time limits
4.	Effectively facilitates group interactions using various communications strategies

3. Interpersonal Communication: The ability to understand other people including hearing and understanding the unspoken or partly expressed thoughts, feelings, and concerns of others as well as the ability to communicate one's position to others.

1.	Recognizes and is sensitive to the emotions and concerns of others by reading body language, facial expression and/or tone of voice
2.	Commits to understanding others, genuinely seeking to understand people as individuals and their point of view
3.	Displays sensitivity to cultural, ethnic, and social issues
4.	Is able to accurately and effectively communicate positions with others using understanding of individual emotional, cultural and ethnic differences

DOMAIN 6 - Leadership

1. Personal Leadership: Demonstrates strong leadership characteristics including speaking, acting and living as an ethical leader.

1.	Develops a strong personal ethical and spiritual base for one's conduct and decision-making
2.	Demonstrates strong ethical leadership by personally establishing and modeling the norms for ethical behavior; coaches and develops organization members to top performance
3.	Demonstrates leadership, providing effective management of team meetings including controlling time, pace, agenda, objectives and assignments
4.	Keeps people informed by providing essential information for decision making and fulfillment of responsibilities both individually and collectively
5.	Promotes team effectiveness by establishing the environment, structure, membership, performance management, and team development actions in a manner that promotes team morale and productivity

6.   Obtains resources/takes care of the team
2.   Change Leadership: The ability to energize stakeholders and sustain their commitment to changes in approaches, processes, and strategies.
1.   Identifies areas for change
2.   Expresses vision for change
3.   Provides calm during the storm of change by keeping an eye on the target, providing focused leadership, exemplifying quiet confidence, and providing direction to overcome adversity and resistance to change
3.   Collaboration: The ability to work cooperatively with others, to be a part of a team, to work together, as opposed to working separately or competitively.
1.   Conducts work in a cooperative manner, sharing the work load and supporting team decisions
2.   Expresses positive attitudes and expectations of team or team members and develops effective working interactions with teammates
3.   Solicits input from team members and others including subordinates and peers; and genuinely values others' input and expertise
4.   Encourages and empowers others, publicly giving credit for strong performance
5.   Builds team commitment, acting to promote good working relationships, breaking down barriers, encouraging cooperation, and facilitating resolutions to conflict
4.   Self-Confidence: A belief in one's own capability to accomplish a task and select an effective approach to a task or problem. This includes confidence in one's ability as expressed in increasingly challenging circumstances and confidence in one's decisions or opinions.
1.   Acts confidently within job or role without need of direct supervision
2.   Acts confidently at the limits or slightly beyond the limits of job or role
3.   Seeks challenging assignments and looks for and receives new responsibilities

Appendix F
Residency Plan (Format)

Overview: (Preceptor and student should determine a planned format for the residency. It could emphasize a project based residency, a rotation based residency or some combination of rotations and projects. A residency based on multiple projects which include interactions throughout the organization will usually allow the student to gain a broad understanding of the organization. If the residency will concentrate on one major project then rotations may be necessary to insure the student gains sufficient knowledge of the organization.)

Planned Rotation Schedule: (If rotations are to be used during the residency the Student and Preceptor should develop an overview of a monthly rotation plan using the management competencies listed in Appendix E. Rotations can be external or internal to the organization. It is recommended that the rotation orientation schedule be heavier during summer to allow more time in fall for project research.)

Mentoring: (Student and Preceptor should identify scheduled meetings with Preceptor. Preceptor should identify appropriate organization meetings for student to attend. During specific department rotations, meeting attendance may vary but does not need to be identified for residency plan. Actual meeting attendance should be identified in the Residency Monthly Activity Report, Appendix G.)

Project: (Student and Preceptor should identify potential projects for residency with emphasis on identifying the major residency project.)

Readings: (Preceptor should identify expectations for academic readings to be completed during the residency.)

Other: (Student and Preceptor can identify any residency specific issue.)

Student should take the lead early in the residency to propose the residency plan to the Preceptor. The Preceptor will offer advice and approve the plan prior to submission to the Baylor Preceptor Coordinator. Additional information for plan development can be found on page 13 of this manual. Remember that the plan can be altered during the residency. Changes can be identified in the Residency Monthly Activity Report, Appendix G.

Appendix G
Residency Monthly Activity Report (Format)

Rotations:
> **Internal Organization Rotation**
>> **Department:** (Student should identify each department or function visited during the month, and include dates of rotation, key personnel interactions, and management competency(ies) addressed.)
>
> **External Organization Rotation**
>> **Organization:** (Student should identify each outside organization visited during the month, and include dates of rotation, key personnel interactions, and management competency(ies) addressed.)

Mentoring:
> **Preceptor Meetings**:
> **Executive Meetings**:
> **Organization Meetings Attended**:

(Student should identify all major meetings attended during the month including individual and organization meetings. When possible identify person met with or chair of meeting, purpose or name of meeting, and competency(ies) addressed.)

Project Status:
> **Major Project:** (Student should provide a status update as appropriate of the identification and selection of a major research project. Remember that the organization Preceptor and Baylor Preceptor Coordinator will need to approve the major project selection.)
> **Other Projects:** (Student should identify any projects worked on during the month.)

Readings: (Student should identify readings – books and articles – completed during the month with a short comment on lessons or competencies addressed by each reading. A short summary of discussions the Resident has with the Preceptor and other staff on the book or article should also be included.)

Service Activities: (Student should detail any service or volunteer activities he or she is involved in, as well as outcomes and impact on residency and residency location. If the Resident organized the service activity(ies), describe the process and competency(ies) addressed.)

Other: (Student can address any residency specific issue.)

(Keeping a daily diary of residency activities is highly recommended for purposes of retaining information.)

Appendix H

Preceptor Evaluation of Resident Form

Preceptor Name _____

Title_____

Organization _____

Name of Resident_____

Please rate the Resident according to the following regarding his or her abilities, skills and attitudes. This evaluation should be discussed with the Resident before submission to the Preceptor Coordinator.

Relations with Others	Outstanding	Above Average	Average	Below Average	Poor	Did Not Observe
Preceptor						
Management						
Physicians						
Employees						
Public						

Comments:_____
_____
_____

Communication Skills	Outstanding	Above Average	Average	Below Average	Poor	Did Not Observe
Oral						
Written						
Manner						
Contribution at Meetings						

Comments:_____
_____
_____
_____

Professional Skills	Outstanding	Above Average	Average	Below Average	Poor	Did Not Observe
Willingness to accept criticism						
Self-reliance						
Resourcefulness						
Flexibility						
Thoroughness						
Dependability						
Curiosity						
Personal appearance						
Attendance & punctuality						
Maturity & professionalism						
Development of administrative skill/knowledge						
Common sense usage						
Decision-making ability						
Ability to conceptualize						
Management style						

Comments:_____
_____
_____
_____

Discuss strengths and weaknesses, levels of achievement, willingness to devote time and energy, sense of purpose and commitment.

Specify problems and recommendations:

Please describe any improvements you have noticed in the student's performance.

Has this report been discussed with the Resident?

_____

Signature of Preceptor   Date

Information Shared with Resident: _____   _____
                                    Date   Initials

Appendix I

Core Competency Evaluation

Student: _____

Residency Site: _____

Date: _____

Preceptor(s): _____

Scale
E = Excellent
G = Good
F = Fair
P = Poor
N/O = Not Observed

DOMAIN 1 – Knowledge of the Healthcare Environment
_____1. Healthcare Environment: The ability to understand and explain issues and advancements in the healthcare industry.
_____2. Economics and statistical methods: The ability to use, understand, and apply the basic principles of economics, statistics, and epidemiology to health care issues.
_____3. Policy and Advocacy: The ability to understand the legislative and bioethical environment and effectively participate in discussions relating to health policy and healthcare ethics at the local, state, and federal levels.
DOMAIN 2 – Critical Thinking and Analysis
_____1. Critical Thinking and Analysis: The ability to understand a situation, issue, or problem by breaking it into smaller pieces or tracing its implications in a step-by-step way.
_____2. Innovative Thinking: The ability to apply complex concepts, develop creative solutions, or adapt previous solutions in new ways.
_____3. Strategic Orientation: The ability to consider the business, demographic, ethno-cultural, political, and regulatory implications of decisions and develop strategies that continually improve the long-term success and viability of the organization
DOMAIN 3 – Business and Management Knowledge

_____1. **Financial Skills: The ability to understand and explain financial and accounting information, prepare and manage budgets, and make sound long-term investment decisions.**

_____2. **Information Seeking: An underlying curiosity and desire to know more about things, people, or issues, including the lifelong desire for knowledge and staying current with health, organizational, industry, and professional trends and developments.**

_____3. **Information technology management: The ability to see the potential in and understand the use of administrative and clinical technology and decision-support tools in process and performance improvement.**

_____4. **Organizational awareness: The ability to understand and learn the formal and informal decision-making structures and power relationships in an organization or industry (e.g., stakeholders, suppliers). This includes the ability to identify key decision makers and the individuals who can influence them, and to predict how new events will affect individuals and groups within the organization.**

_____5. **Performance Measurement: The ability to understand and use statistical and financial methods and metrics to set goals and measure clinical as well as organizational performance; commitment to and employment of evidence-based techniques.**

_____6. **Organizational Design and Governance: The ability to analyze and design or improve an organizational process, including incorporating the principles of quality management and customer satisfaction.**

_____7. **Human Resource Management: The ability to implement staff development and other management practices that represent contemporary best practices, comply with legal regulatory requirements, optimize the performance of the workforce, including performance assessments, alternative compensation and benefit methods, and the alignment of human resource practices and processes to meet the strategic goals of the organization.**

DOMAIN 4 – Political and Community Development

_____1. **Community Orientation: The ability to align one's own and the organization's priorities with the needs and values of the community, including its cultural and ethnocentric values and to move health forward in line with population-based wellness needs.**

_____2. **Professionalism: The demonstration of ethics, sound professional practices, social accountability, and community stewardship.**

_____3. **Relationship Building: The ability to establish, build, and sustain professional contacts for the purpose of building networks of people with similar goals and that support similar interests.**

_____4. **Self-Development: The ability to have an accurate view of one's own strengths and development needs, including the impact that one has on others. A willingness to address needs through reflective, self-directed learning, and by trying new approaches.**

DOMAIN 5 – Communication

_____1. **Accountability: The ability to hold people accountable to standards of performance or ensure compliance using the power of one's position or force of personality appropriately and effectively, with the long-term good of the organization in mind.**

_____2. **Communication Skills: The ability to facilitate a group; speak and write in a clear, logical, and grammatical manner in formal and informal situations to prepare cogent business presentations.**

_____3. **Interpersonal Communication: The ability to understand other people including hearing and understanding the unspoken or partly expressed thoughts, feelings, and concerns of others as well as the ability to communicate one's position with others.**

DOMAIN 6 - Leadership
_____1. **Personal Leadership: Demonstrates strong leadership characteristics including speaking, acting and living as an ethical leader.**
_____2. **Change Leadership: The ability to energize stakeholders and sustain their commitment to changes in approaches, processes, and strategies.**
_____3. **Collaboration: The ability to work cooperatively with others, to be a part of a team, to work together, as opposed to working separately or competitively.**
_____4. **Self-Confidence: A belief in one's own capability to accomplish a task and select an effective approach to a task or problem. This includes confidence in one's ability as expressed in increasingly challenging circumstances and confidence in one's decisions or opinions.**

Preceptor Signature: _____

Baylor Faculty Signature: _____