

Master of Health Administration Program

FIELDWORK MANUAL

Administrative Residency (HAD 581)

Department of Health Administration & Human Resources

**University of Scranton
Scranton, Pennsylvania**



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I. INTRODUCTION

A. **COURSE DESCRIPTION – RESIDENCY IN HEALTH ADMINISTRATION**

A 1000 hour fieldwork placement over a 6-month period in a staff or administrative position. A meeting with your Fieldwork coordinator to discuss site selection and preceptor designation is required at least 8 months prior to enrollment. Prerequisite, Completion of HAD 509.

B. **PROGRAM OVERVIEW**

Emphasis is placed on the development of analytical, technical and human skills essential to successful practice as a health care executive. The MHA Degree is a practitioner's degree, requiring skills and exposure beyond the classroom. Therefore, the program requires fieldwork to help ensure that graduates have mastered and can apply the requisite theory, knowledge, skills and values essential to their future career. Fieldwork helps the student develop essential competencies required in the MHA Program. This administrative residency manual provides information about the residency requirements and how to fulfill them. The manual is updated annually, and requirements in this year's revision apply to students who entered the Program as of Summer 2018.

C. **PHILOSOPHY OF FIELDWORK**

The cornerstone of professional education for a career in health administration is a learning process that effectively couples the online didactic and field experience components of the educational program. Through field training during an Residency, or directed study, faculty and experienced health care executives pool their expertise for the benefit of students who are preparing for future leadership positions in the health care industry.

In addition to the obvious benefits for students pursuing fieldwork experience, both faculty and preceptors benefit through such an affiliation. Faculty gains an additional opportunity to keep abreast of changes in the field of practice. Preceptors gain benefit and satisfaction in fulfilling their professional duty as teachers or mentors while their organizations realize the many contributions that graduate students in training can make.

With the guidance of a preceptor and the fieldwork coordinator, fieldwork allows students the opportunity to apply theories, concepts, principles, and skills learned during the online phase of their education in a real work setting. Furthermore, students are offered the opportunity to prove themselves to potential employers, an opportunity not available in the traditional employment search process. The structured exposure to the field of practice is the real distinction between an academic and a professional degree. It is the means by which graduate students may become adequately prepared to competently fill management positions upon graduation.

D. **FIT FOR THE PROFESSION**

In order to promote overall professional success and enhance the behavioral skill sets necessary to productive and positive professional relationships, the Department of Health Administration & Human Resources has developed a new program for our Masters in Health Administration students called Fit-for-the-Profession. The purpose of the program is to provide a faculty-based, interdisciplinary approach to further developing and enhancing our students behavioral and professional "soft skills" through a select series of extracurricular activities and other professional interactions. It is expected that this additional professional exposure, and the redundancy provided by various non-classroom based activities, will better prepare our students to function in an active workplace environment, and better meet the needs and expectations of their future employers and all those they encounter and interact with on a professional level. **Detail of the Fit for the Profession Requirements are more fully described in Appendix E of this Manual.**

E. **MHA COMPETENCY MODEL & COURSE OBJECTIVES**

The MHA program utilizes the ACHE Healthcare Leadership Alliance (HLA) domains and competencies.

Through a thorough assessment and input process from key stakeholders, the program faculty have adopted twenty-four (24) core comprehensive standards expected to develop through the curriculum progress. Various assessment measures are used throughout the program.

Students will be required to complete the ACHE Healthcare Executive Competencies Assessment Tool three times throughout the Program, in HAD 519 in the beginning of the first year, HAD 508 at the mid-point of the program, and at the end of the terminal fieldwork HAD 581.

Adopted MHA Program Core Competencies
For
Academic Year Beginning Fall 2018

1. COMMUNICATION AND RELATIONSHIP MANAGEMENT

- Demonstrate effective interpersonal relations.
- Identify Stakeholder needs/expectations.
- Sensitivity to what is correct behavior when communicating with diverse cultures, internal and external.
- Present results of data analysis to decision makers.
- Provide and receive constructive feedback
- Use factual data to produce and deliver credible and understandable reports.
- Facilitate group dynamics, process, meetings and discussions

2. LEADERSHIP

- Explain Potential impacts and consequences of decision making in situations both internal and external
- Foster an environment of mutual trust
- Create an organizational climate that encourages teamwork
- Knowledge of own and others' cultural norm
- Encourage a high level of commitment to the purpose and values of the organization
- Build trust and cooperation between/among stakeholder

3. PROFESSIONALISM

- Understand, Uphold and act upon ethical and professional standards.
- Professional societies and memberships
- Network with colleagues
- Participate in community service

4. KNOWLEDGE OF THE HEALTHCARE ENVIRONMENT

- Recognize and address the interdependency, integration and competition among healthcare sectors
- Access the interrelationships among access, quality, cost, resource allocation, accountability and community.
- Use business techniques to support program development in alignment with health care trends and health policy
- Make recommendations and take actions compatible with Governmental, regulatory, professional and accreditation agencies.

5. BUSINESS SKILLS AND KNOWLEDGE

- Ability to integrate information from various sources to make decisions or recommendations.
- Demonstrate critical thinking and analysis.
- Use project management techniques.
- Financial management and analysis principles.
- Reimbursement principles, ramifications and techniques, including rate setting and contracts.
- Principles of operating, project and capital budgeting.

SECTION II - FIELDWORK SITE SELECTION AND COURSE REQUIREMENTS

OVERVIEW

The administrative residency in the MHA Program allows the student the opportunity to apply theories and skills learned in the classroom under the supervision of a qualified preceptor in an organizational setting. The primary objective of the residency is to provide practical training experience to augment the classroom didactic. The experience is designed to help the student acquire proficiency and gain competence by integrating applied skills while under the supervision and guidance of an experienced and qualified health care professional. Additionally, the residency offers an opportunity to experience the realities of health care management, becoming acquainted with organizational structure, protocol, professional relationships, working conditions, and to stimulate the formation of and identification with a professional role.

The administrative resident will complete one thousand (1000) hours at the host institution, and will earn eight (8) credits. The distribution of hours will be developed between the student, preceptor and the fieldwork coordinator. The administrative resident will work cooperatively with the preceptor and other members of the organizational staff toward the completion of goals and objectives set forth in the Administrative Residency Work Plan. This work plan is a written outline of the expectations of the student, preceptor and fieldwork coordinator which will be completed before the residency is begun. Prerequisite: Completion of HAD 509.

A. CONSIDERATIONS IN SELECTING AN RESIDENCY SITE

The following guidelines will help in assessing various residency sites, and will help the student make a prudent decision resulting in a rewarding and fulfilling fieldwork experience:

- Clarify your objectives and determine exactly what it is you want to accomplish and what skills you want to develop from the residency.
- Assess your academic preparation. Determine the quantity of knowledge you possess in the particular area of health care you are hoping to do a residency in, and how successfully you will be able to apply that knowledge to projects or tasks given by the preceptor in the work environment. This self-assessment is important when considering residency experience.
- Assess your interpersonal skills. Determine the amount of interpersonal communication experience you have, and the sufficiency of that relative to the prospective residency setting. Remember that you may be involved in situations where interviewing, group leadership, group presentations, crisis management, and other types of personal interaction will be required.
- Consider the time commitment involved. Evaluate your present workload and the number of hours per week that could be devoted to the residency. Weigh these variables with the requirements of the program and the expectations of the preceptor to determine if indeed a residency is feasible.
- Discuss residency logistics, for example, work requirements, stipends and/or wages (if any), office space, mileage reimbursement (if any), and other related issues.

B. ASSIGNMENT OF STUDENTS TO RESIDENCY SITES

The residency assignment process is competitive. Most of the time students will compete for sites of their choice. Preceptors will compete for students of their choice as well. This competitive process will in most cases result in a match of student and preceptor that is satisfactory to both parties; however, in the event that a match does not occur through the usual process, the fieldwork coordinator has the final responsibility to make assignments. A student will not be assigned to an residency location that is determined to be unacceptable. A student will not be assigned to an residency where the preceptor has rated the student as unacceptable.

SECTION III – RESPONSIBLE PARTIES DUTIES AND RESPONSIBILITIES

A. STUDENT RESPONSIBILITIES

1: PRELIMINARY RESPONSIBILITIES OF THE STUDENT (PRE-FIELDWORK)

The student interested in pursuing a fieldwork experience should complete the following activities before beginning the experience.

1. Completion of 44 core credits and completion of HAD 509.
2. Review this manual.
3. Up-date or develop resume to review with fieldwork coordinator.
- **4. **At least 8 months prior to the proposed start of the residency** meet with fieldwork coordinator advisor to discuss:
 - Type of fieldwork to do.
 - Type of organization in which to do the fieldwork.
 - Assignment of preceptor by January 31.
 - Workplan requirements.
 - Career goals and strategies.
 - Fieldwork course requirements and pre-requisites.
 - Specific semester(s) selected for the fieldwork as well as the specific time commitment possible such as total number of hours, number of hours per week and number of weeks.
 - Site visits, interviews at facilities, and interviewing skills.
 - **The specific process of establishing the fieldwork is as follows:**
 - The student must meet with advisor and fieldwork coordinator before commencing search.
 - Student begins a fieldwork plan to identify desired goals and objectives.
 - Students learn about prospective locations by reviewing available information via the organizations' websites, graduate program files, the annual AHA Guide, AUPHA information, discussions with former students, discussions with faculty members, guidance from external mentors, and discussions with adjunct faculty.
 - Students identify one or several locations they would like to investigate. The choice may come from the available list or from another source of personal preference.
 - Students submit their choice(s) to the fieldwork coordinator.
 - The fieldwork coordinator considers and approves the choices. Modifications, if necessary, are made only after consultation with the student.
 - Students communicate with preceptors to make arrangement for an interview/visit.
 - Students visit prospective locations and meet with prospective preceptors and other relevant members of the organization. Students discuss their desired goals and learn if those could be met at a fieldwork site.
 - The student and fieldwork coordinator discuss outcomes of site visits and agree on a preferred site by January 31.
 - The student and preceptor provide the fieldwork coordinator with a completed Residency Workplan (prepared in accordance with **Appendix A-2**) by April 1.
 - Formal Affiliation Agreement for Fieldwork Experience is executed.
 - Written correspondence from the preceptor and fieldwork coordinator confirms the residency by completion of **Appendix A-3** of this manual.
 - Final workplan should provide a Table of Contents in format shown in **Appendix A-4** herein.
5. Complete **Section II of Appendix A-1** by March 1.
6. Fill out Course Registration form for HAD 581 and have signed by students assigned MHA faculty advisor – (Note this is a manual form and there is no on-line registration for this course) by April 30.

2: STUDENT FIELDWORK RESPONSIBILITIES (On-Site) DURING- RESIDENCY

Each administrative resident must fulfill the following responsibilities to earn credit for the residency:

- Complete one thousand (1000) hours of work as a administrative resident.
- Maintain a Daily Residency Log with dates and times worked and journal entries of significant activities. (**Appendix B-1**) and Monthly log outlining attainment of goals and objectives as well as cumulative hours worked course. (**Appendix B-2**)
- Follow the organization's policies and procedures.

- Communicate frequently with fieldwork coordinator. Request fieldwork coordinator input when useful.
- Maintain regular telephone contact and email contact.
- Schedule two site visits with fieldwork coordinator during the residency; one at the 3 month 500 hour mid-point of the residency and one at the 1000 hours 6 month completion date.
- Maintain student membership with the ACHE or similar professional organization.
- Adhere to code of ethics and confidentiality requirements.
- Complete required reading assignments designated by the residency preceptor and fieldwork coordinator (see **Appendix D** Grading Rubric).
- Complete residency project(s) as assigned by the preceptor. To include at minimum:
 - **(1) Major project (approved by the fieldwork coordinator) – should consume approximately 250-400 hours of student’s time.**
 - **(10-14) Minor projects (as approved by fieldwork coordinator) should consume approximately 40 hours per project of the student’s time.**
 - **(1) Sustainability Project on either population health or other area of healthcare that affects the environment or community at large without necessarily have direct quantifiable benefit to the residency site – should consume approximately 40-60 hours of student’s time.**
- Projects should include deliverables as discussed with fieldwork coordinator and maintained in project documentation file.
- Refer to **Appendix B-3** for examples of Project Related Reporting at onset of each project.
- Have regular communication with preceptor and seek feedback on a regular basis. Ask for clarification of unclear instructions, and ask for preceptor’s input when encountering new problem situations.

3 **STUDENT FIELDWORK RESPONSIBILITIES POST-INTERNSHIP**

- Complete Application for Degree
- Have the preceptor prepare and complete a Residency Evaluation Form on the administrative resident's performance during the residency. (**Appendix C-1**).
- Prepare a Residency Reflection Paper which summarizes the resident's analysis of his/her residency experience and discusses the significance of specific activities contained in the Residency Log. This summary paper must include a reflection that illustrates cura personalis and Magis.
- Arrange a final meeting between the resident, preceptor and fieldwork coordinator.
- Summary of Goals and Objectives (student may use final cumulative monthly report if this depicts complete goals and objectives summary).
- Course Evaluation Survey
- Exit Survey
- Final ACHE Competency Assessment
- Documentation Binder (copies of all relative reports, workplan projects, including all back-up documentation). Either hard copy or flash drive of documentation is acceptable, but flash drive is preferred.

Flash drive at minimum must include copies of all weekly reports, monthly reports, final versions of “executive summaries” and project overviews and final workplan.

Hard copy at minimum must include copies of all final versions of all project overviews and all project “executive summaries.”

B. **FIELDWORK COORDINATOR RESPONSIBILITIES**

1. **FIELDWORK COORDINATOR RESPONSIBILITIES PRE-FIELDWORK START DATE**

- Develop affiliations with reputable health care organizations for fieldwork experience.
- Advise and assist the student in selecting an appropriate site that will meet professional growth and learning requirements identified by the student.
- Facilitate an effective transition for the student from the online coursework to fieldwork site.
- Approve course registration.
- Approve Final Workplan as prepared by the student.
- Confirm residency fieldwork experience and preceptor in writing.
- Execute Affiliation Agreement for Residency Experience. Complete **Section II-B of Appendix A-1** hereto in conjunction with student.

2. **FIELDWORK COORDINATOR RESPONSIBILITIES DURING-FIELDWORK**

- Maintain open communication with preceptor and student during the residency experience; review and monitor progress reports.
- Resolve any problems that may occur in the residency experience.
- Ensure that the student understands what is expected during the residency fieldwork experience and assignments including all project and reporting requirements.
- Review and provide feedback to students on weekly, monthly and project overview reports on a timely basis as received from students in accordance with student reporting requirement guidelines.
- Maintain contact with student and preceptor through phone calls, emails, and site visit.
- Complete site visit (mid point visit @ approximately 3-months and 500 hours).

3. **FIELDWORK COORDINATOR RESPONSIBILITIES POST-FIELDWORK**

- Schedule and arrange final site visit with student and preceptor.
- Complete Student Grade in accordance with **Appendix D**
- Collect and File all fieldwork documentation related to student's fieldwork experience.

C. **PRECEPTOR RESPONSIBILITIES**

1. **PRECEPTOR RESPONSIBILITIES PRE-RESIDENCY**

The preceptor's role in preparing students for their careers is essential. As educators, they transmit ideas, stimulate thinking, guide the fieldwork, and help with professional growth. The preceptor has the following responsibilities:

- Meet with student to determine if the site will proceed in offering the fieldwork experience.
- Help the student clarify goals and objectives for the fieldwork experience.
- Approve final workplan.
- Assist Coordinator with on boarding.
- With fieldwork coordinator to assure final Affiliation Agreement is signed and in place prior to the start of any student fieldwork experience.
- Complete and Sign **Appendix A-3**.

2. **PRECEPTOR RESPONSIBILITIES DURING RESIDENCY**

- Create and maintain a supportive learning environment that includes resources needed, accessibility to all aspects of the organization, instructive assignments, challenging experience, responsive feedback and professional guidance.
- Assign appropriate reading materials, journals, and/or books during the fieldwork experience to augment appropriate learning.
- Monitor student progress in meeting fieldwork experience course requirements.
- Interact with the graduate program through providing constructive feedback in the individual's academic preparation, by advising the faculty regarding the curriculum, and by taking an active role in teaching the student at the fieldwork site.
- Evaluate the student, based on preceptor evaluation form, and forward documentation to the faculty coordinator.
- Review all project assignments and reports for accuracy and adequacy.
- Assign meaningful and relevant projects.
- Provide the student with an initial orientation to the organization, history, policies, procedures and personnel requirements of the health care facility.
- Introduce the student to staff and members of the community and members of the organization who may be participating in the student's fieldwork experience through shadowing or project that are required to be completed pursuant to the student responsibilities under **Section III A.2** hereof.
- Arrange conferences with the student to discuss work related issues, progress of the fieldwork experience, projects and assignments.
- Provide exposure to learning experience in the community and other health-related agencies.
- Meet with the student and fieldwork coordinator at least 2 times during the fieldwork experience to discuss student progress on projects and attainment of goals and objectives. (First visit after student's completion of 500 hours and second visit after student's completion of 1000 hours).

3. **PRECEPTOR RESPONSIBILITIES POST- INTERNSHIP**

- Complete Preceptor Evaluation – **Appendix C-1A and C-1B**.
- Participate in Final site visit as scheduled by fieldwork coordinator and student.

SECTION IV - OTHER/GENERAL INFORMATION

General Responsibilities of the University

- A. Students with disabilities need to be registered with the Center for Teaching and Learning Excellence (CTLE) at least one to three months prior to the academic year if they anticipate needing disability-related accommodations and/or support services. In order to register with the office, the student must self-disclose the presence of a specific disability and provide the appropriate documentation complete with diagnosis and specific limitations.

Non-discrimination Statement

The University of Scranton is committed to providing a safe and nondiscriminatory employment and educational environment. The University does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, gender identity or expression, sexual orientation, or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The University does not discriminate on the basis of sex in its educational, extracurricular, athletic, or other programs or in the context of employment.

Students who believe they have been subject to sexual harassment, sexual misconduct or sex or gender discrimination should contact Elizabeth Garcia, Title IX Coordinator, at (570) 941-6645 or elizabeth.garcia2@scranton.edu, Christine M. Black, the Deputy Title IX Coordinator, at (570) 941-6645 or christine.black@scranton.edu or Ms. Lauren Rivera, AVP for Student Formation & Campus Life and Dean of Students, at (570) 941-7680 or lauren.rivera@scranton.edu. The United States Department of Education's Office for Civil Rights (OCR) enforces Title IX. Information regarding OCR may be found at www.ed.gov/about/offices/list/ocr/index.html

The University of Scranton Sexual Harassment and Sexual Misconduct Policy can be found online at www.scranton.edu/diversity. All reporting options and resources are available at www.scranton.edu/CARE.

Resolution of Problems

Problems which arise during the residency experience should be resolved immediately and at the lowest level possible. Normally, most issues will be resolved by the student and preceptor. If however, problems cannot be resolved at the first level, then the fieldwork coordinator should be contacted to assist in the problem solving process. The preceptor and host site have the option of terminating the student's residency experience if serious problems cannot be resolved. The fieldwork coordinator may consider transferring the student to another residency site if so requested by the student, assuming an acceptable site is available.

Evaluating Performance and Grading

Appraisal of the residency experience by the preceptor, student, and fieldwork coordinator should be a continuous process based on the satisfactory completion of the activities outlined in the fieldwork work plan, the residency course requirements, and all other projects, reports, and duties that are assigned to the student by the preceptor and faculty coordinator. The student will be graded using the academic regulations of the University of Scranton as follows:

Grade	Definition	Quality Points
A	Superior/Outstanding	4.00
A-	Excellent	3.67
B+	Very Good	3.33
B	Good	3.00
B-	Fair	2.67
C+	Passing Grade	2.33
C	Minimal Passing Grade	2.00
F	Failure	0.00

The fieldwork coordinator will monitor the student's progress during the residency experience through: site visit, telephone contacts, email, fieldwork experience reports, and preceptor's evaluation. The final grade is assigned by the faculty coordinator in consultation with the preceptor.

A student may be given an "Incomplete" by the fieldwork coordinator. "I" indicates postponement of the completion of a course. It is given at the discretion of the instructor to a student who is doing satisfactory work but who has not completed all of the course requirements at the end of a given semester. Given such an extension, the student must complete all the required work, unless otherwise agreed, before the midpoint of the next regular semester. Failure to complete the necessary work within the stipulated time results in automatic conversion of the "Incomplete" to a permanent grade of F.

E. **Students with Disabilities**

Request for Accommodations: Reasonable academic accommodations may be provided to students who submit appropriate and current documentation of their disability. Students are encouraged to contact the Center for Teaching and Learning Excellence (CTLE) at disabilityservices@scranton.edu or (570) 941-4038 if they have, or think they may have, a disability and wish to determine eligibility for any accommodations. For more information, please visit www.scranton.edu/disabilities

APPENDIX A-1
Department of Health Administration and Human Resources
HAD 581 – Residency Program

Residency Checklist

Student Name: _____

Section I – Student

MHA Fit For The Profession Checklist (All must be completed prior to residency start date):

		Yes	No
1) Demonstrate Competency in Excel	By End of 1 st Semester	___	___
2) Attainment/Assignment of External Mentor	By End of 1 st Semester	___	___
3) Attainment of ACHE Membership	By End of 1 st Semester	___	___
4) ACHE Ethics/Integrity Pledge	By End of 1 st Semester	___	___
5) Professional Meeting Attendance (2 Events)	By End of Final Didactic Semester	___	___
6) 24-hours Community Service	By End of Final Didactic Semester	___	___
7) Career Services HAD Modules (4 Modules)	By Start of Final Didactic Semester	___	___
	Resume Writing	___	___
	Interview	___	___
	Social Media	___	___
	Dining Etiquette	___	___
8) Career Services Integrity Pledge	By Start of Final Didactic Semester	___	___
9) Career Services Site Visit	By Start of Final Didactic Semester	___	___
10) Career Expo Attendance	By Start of Final Didactic Semester	___	___

Section II A - Student

Residency Fieldwork Requirements Checklist (All to be completed pre-start date):

Resume (updated as of date: _____)	___	___
Transcript Copy (updated as of date: _____)	___	___
Fieldwork Assignment Form		
(Site Name: _____)		
(Site Location: _____)		
(Preceptor Name: _____)	___	___
Workplan Hours Submitted and Agreed with Preceptor	___	___
Workplan Goals and Objective Submitted and approved by Fieldwork Coordinator	___	___
Updated Leadership Paper	___	___
HAD 581 Course Registration with Registrar	___	___
Student Health Insurance Coverage	___	___

Section II-B – Fieldwork Coordinator with Student

Residency Site Specific Documentation Requirements (Differs by Site. Below is example only)

Affiliation Agreement (Master ___ Site/Student Specific ___)	___	___
Confidentiality Agreement	___	___
Insurance Certificates	___	___
Drug Clearances (Number of Panels Required ___)	___	___
Immunization Record Copy	___	___
Tuberculosis Testing Required (_____)	___	___
Hepatitis Testing Required (_____)	___	___
FBI Check	___	___
Child Abuse/Sexual Abuse Record Check)	___	___

Section III - Student

Post Residency Final Documentation Requirements (All to be completed after 1000 residency hours are completed)

Application for Degree Completed	___	___
Reflection Paper (2-3 pages)	___	___
Goals and Objectives Achievement Summary	___	___
Preceptor Evaluation Form Completed	___	___
ACHE Final Competency Testing Completed (Three)	___	___
Exit Survey Completed	___	___
HAD 581 Course Evaluation	___	___
Documentation Binder Submitted	___	___

(Note this is to include copies of final workplan, all weekly and monthly reports, all minor project reports copies, major report copy, including all supporting documentation for each project and final workplan hours logs. (See also page 7 – Section 3 for documentation details)

APPENDIX A-2

SUGGESTED FIELDWORK ACTIVITIES (For Consideration in Developing Workplan)

Rotation through multiple departments is highly recommended as part of any residency experience. The length of time spent in each area will depend on the student's prior experience, fieldwork goals, work assignments, and preceptor's recommendations. In addition to rotation through the organization, the following activities just some examples of suggested exposures during the fieldwork experience.

1. Proper orientation to facility and senior management.
2. Review organizational policies and procedures, and medical staff bylaws, rules and regulations.
3. Participate in a survey by any applicable surveying or accrediting body.
4. Attend corporate board, medical staff, management staff, and respective committee meetings. Attendance as an observer (or member) and recorder is recommended for a wide range of meetings such as the following and depending on the type of organization. Sample meetings are listed below:
 - Management staff meetings, at all levels of the organization.
 - Medical Staff Meetings
 - Executive Committee.
 - Medical Records Committee.
 - Utilization Committee.
 - Infection Control Committee.
 - Tissue Committee.
 - Monthly Professional Staff Conference.
 - Fire, Safety, and Disaster Committee.
 - Budget Committees.
 - Strategic Planning Committee.
 - Fire, Safety and Disaster Committee.
 - Also, chairmanship of some committee or task force is recommended.
 - Board of Trustees and its committees.
 - Joint Conference Committee.
 - Public Relations Committee.
 - Quality Assurance Committee.
 - Pharmacy Committee.
 - Ethics Committee
 - IRB Committee
 - Performance Improvement Committee
 - Other related Committees
5. The student may have an opportunity to observe other institutions and organizations such as:
 - a third-party payor.
 - the local medical society.
 - hospital association.
 - local and/or state planning councils.
 - a skilled nursing facility.
 - public health department.
 - home health agency.
 - neighborhood health center.
 - health maintenance organization, IPA
 - mental health center.
 - hospital.
 - physician's office.
 - MSO, PHO, etc.
 - safety-net program.
 - health promotion organization.
 - other appropriate health agencies and organizations.
6. Attend association meetings, conventions, educational seminars and institutes.
7. Participate in-patient rounds and administrative rounds.
8. Share rotational operational assignments (i.e., administrative call) with other administrative personnel.
9. The preceptor may assign other activities as part of the residency experience.

APPENDIX A-2 (cont.)

FORMAT OPTION FOR MHA WORKPLAN AND HOURS ALLOCATIONS

(Please prepare goals for each of the 18 Sections noted. Sub-bullets are for reference only and student does not need individual goals for each sub-bullet)

1. **Orientation**
 - Employee Mandatory Education

2. **Accreditation/Licensure/Regulatory**
 - JCAHO
 - DOH
 - CMS (Core Measures)
 - HEDIS/Other Insurance Related
 - CLIA
 - P4P
 - MIPS

3. **Administrative/Senior Management (Max 20 Hours)**

4. **Ambulatory/Outpatient**
 - Freestanding and On-site Clinics
 - Ambulance
 - Home Care
 - Hospice
 - Outpatient Testing/Diagnostics

5. **Ancillary Services**
 - Housekeeping
 - Dietary/Nutrition
 - Patient Transport
 - Pharmacy (Inpatient)
 - Radiology (Inpatient)
 - Laboratory (Inpatient)
 - Cath/Endo

6. **Emergency Services/Urgent Care**
 - ER
 - Urgi Center
 - Nurse Triage

7. **Ethics/Corporate Compliance/ Legal (Health Care Reform)**
 - Recruitment – STARK, FRAUD & ABUSE, Anti kickback
 - Organ Doning
 - Meaningful Use

8. Finance

- General Accounting (accounts payable, accounts receivable, general ledger, cost accounting/reporting)
- Treasury Management (investment management, bank and bond financing, cash management, Pension management)
- Budget (annual and project related)
- Insurance/Third Party Contracting/Reimbursement
- Revenue Cycle
- Scheduling
- Registration/Pre Certification
- Coding
- Project Analysis of Cost/Benefit

9. Governance

- Board and Medical Staff Meetings
- Union meetings
- Departmental Staff Meetings

10. Human Resources

- Salary and Benefits
- Hiring, Promotion and Discipline
- Performance Review
- Employee Satisfaction
- Training and Development

11. Management Information Systems

- Administrative Systems
- Clinical Systems
- System Integration/Connectivity
- Infrastructure
- In-house/Outsourced
- Database, Query, Reporting, Management
- Data Abstraction and Analysis

12. Marketing/Philanthropy

- Mode/Media
- Fundraising/Foundation
- Community Events/Support
- Outreach – CHNA
- Grant Writing

13. Medical/Clinical Operations

- Hospitalist Services
- Nursing Services
- Operating Room/Anesthesia
- Special Units (Catheterization Lab, Endoscopy, Intensive Care, Cardiac Intensive Care, Stepdown, Telemetry)
- Physical Therapy/Rehabilitation (including distinct part units)
- Admitting and Medical Records
- Disease and Case Management
- Discharge/Continuum of Care Planning

14. Patient Relations

- Patient Advocacy
- Financial Assistance
- Patient Satisfaction Processes
- Community Outreach
- Patient Grievance/Complaints

15. Physician Relations

- Credentialing
- Physician Integration (joint ventures, employment, contracting)
- Physician Satisfaction
- Physician Liaison
- Physician Trials/Research

16. Quality

- LEAN
- Continuous Quality Improvement
- Clinical Benchmarking
- Financial Benchmarking
- P4P
- Patient Safety/Risk Management

17. Strategic Planning

- Community Needs Assessment
- Project Planning/Capital Planning
- Project Management
- Community Outreach
- Market Analysis
- Business Plans
-

18. Support Services

- Plant and Facilities/Engineering
- Security
- Parking

Administrative Rounds (as allowed by Site)

Continuous (Do Not Assign Hours)

Note: It is the intent for the Student to allocate and spend actual hours in each of 18 main Departments listed Or participate in projects that involve interacting and knowledge of the Departmental subject matter.

Student's whose residency experience will be achieved in a non-hospital or hospital affiliated setting should consult with their fieldwork advisor for special approval of all hours allocations and departmental goals.

APPENDIX A-3

ATTESTATION

(to be completed if HAD 581 is to be completed at regular place of employment or duty station)

I will be serving as the fieldwork preceptor for _____ a student in the online MHA Degree Program at the University of Scranton who is registering for HAD 581 – Administrative Residency.

I understand that the required 1000 hours of fieldwork, taken in HAD 581, is being graded as part of the student MHA course work and part of the students degree requirements. As such, I agree that he/she will be performing his/her responsibilities as delineated in the Fieldwork Manual and students individual workplan.

Fieldwork Preceptor (Residency site)

Fieldwork Mentor (University of Scranton)

APPENDIX A-4

WORKPLAN

FORMAT

- I. Cover Page (List Site Name, Preceptor Name, Fieldwork Coordinator Name)
- II. Contact Sheet (Names, Addresses, Phone #'s, E-mail addresses for yourself, your preceptor and your fieldwork coordinator)
- III. Table of Contents Must Include Bullet and Sections for:
 - Personal Statement of Residency Objective and Career Plan
 - SWOT (Personal) from HAD 508
 - Leadership Assessment from HAD 508
 - Workplan Hours Allocation
 - Workplan Goals & Objectives
 - Appendices to include:
 - Resume
 - ACHE Competency Assessment from HAD 508
 - Code of Ethics Verification

APPENDIX B-1

Weekly Report

Daily Log and Journal: Week 5 (8/26/2019-8/30/2019)

Monday, August 26th, 2019

Time	Area	Description
8:00-9:00	Admin/Senior Management	Prepared for day by reviewing emails, notes, and schedule for the day & discussed continuation of block utilization analysis with Eddie T.
9:00-10:00	Medical/Clinical Operations	Tier 3
10:00-12:00	Quality	Pulled patient experience data following steps outlined by patient experience <ul style="list-style-type: none"> • Compared to past reports from patient experience/operations dashboard—all numbers are different • Call with patient experience to understand this, will have answer for meeting Wednesday
12:00-1:00	Ancillary services	Created “template” for Mary E, RN to create “base cases” <ul style="list-style-type: none"> • Pulled procedures with highest variations in cost • Pulled procedures done most often • Sent list of procedures to billing to double check we choose the best procedures possible
1:00-1:30	Admin/Senior Management	Lunch
1:30-2:00	Finance	Discussion with billing department <ul style="list-style-type: none"> • Asked them to tell us if the most expensive/common procedures on our analysis made sense • Sent email breaking down “cheapest” procedures and most common
2:00-2:30	Admin/Senior Management	IT set up H drive & set up second monitor
2:30-3:30	Ancillary services	Went to cath lab to discuss list created with billing department <ul style="list-style-type: none"> • Asked for input from inventory manager—he knows a lot about cath lab procedures and was able to give us advice if the list made sense • Discussed list of procedures with Mary E, she will create base cases off of this (rather than her choosing which procedures to include)
3:30-4:30	Quality	Drafted an A3 for patient experience project <ul style="list-style-type: none"> • Will have to update because reports we pulled aren’t reliable/accurate • Practiced “A3” thinking • Will review and update A3 after sorting out report issue
4:30-5:00	Human resources	Informally met with Joe, lead on PCF project, about meeting tomorrow to see if there is anything for me to prepare <ul style="list-style-type: none"> • Reviewed notes from previous meetings/discussions
5:00-5:30	Admin/Senior management	Reviewed emails/schedule for week

Total: 9.5

Tuesday, August 27th, 2019

Time	Area	Description
8:30-9:00	Admin/Senior Management	Looked at email/schedule for the day, prepared notes for meetings
9:00-10:00	Medical/Clinical Operations	Tier 3
10:00-12:00	Human Resources & Accreditation/Licensure	Met with PCF planning team to establish our goal & discuss who needs to be involved <ul style="list-style-type: none"> • Decided to administer a survey—we might think we know the problem but others may have different views • Need to understand the problem before coming up with solutions • Decided to use A3 to guide the project • Established short-term changes to roll out • Need to understand survey results/feedback before considering how to approach engagement • Took meeting notes to organize all of our thoughts/conversations
12:00-12:30	Admin/Senior Management	Lunch
12:30-1:30	Admin/Senior Management	Prepared for next meeting <ul style="list-style-type: none"> • Typed up and emailed meeting minutes • Created email chain for discussing survey questions
1:30-2:30	Ancillary services	Met with Mary E to discuss issue with creating template <ul style="list-style-type: none"> • Each procedure is coded the same within Xper, however had different DRG/complexity • Can’t compare PCI to a PCI (not apples to apples) • Creating “base” cases is helpful, but we cannot compare each PCI to one another

		<ul style="list-style-type: none"> Will have to go back and do deeper analysis by DRG
2:30-3:00	Management Information Systems	<p>Checked block time utilization—some doctors are showing extremely low utilization, checked to make sure data wasn't inaccurate</p> <ul style="list-style-type: none"> Total hours vs. hours within block time were off by 50%+ for some physicians Wasn't sure if there was an error somewhere or if physicians are underutilizing their block time/performing outside of block time, or if turnaround time was impacting this Analyzed individual doctor to check formulas— some procedure times are saying 8+ hours, some procedures are saying started at 4:01 PM and procedure ends that day at 12:30 PM – have to ask someone about this (don't have access to original data)
3:00-4:00	Medical/Clinical operations	<ul style="list-style-type: none"> Completed block time utilization analysis after checking formulas/pivot tables/data <ul style="list-style-type: none"> Not 100% accurate (highlighted areas with issues), but wanted to look at it to gain a general directional understanding Cath lab director already knows doctors aren't inside their block times
4:00-4:30	Human resources	Came up with questions for survey
4:30-5:00	Admin/Senior Management	Emails/schedule for tomorrow

Total: 8.5

Wednesday, August 28th, 2019

Time	Area	Description
8:30-9:00	Admin/Senior Management	Checked email, organized for the day
9:00-10:00	Medical/Clinical Operations	Tier 3
10:00-10:30	Ancillary services	<p>Discussed updates on block schedule project with Obed</p> <ul style="list-style-type: none"> Analysis is not complete/accurate however Lynsey (director of the cath lab) has already decided to move forward with the project Discussed how we can create a schedule that is efficient/no time is wasted / fits doctors needs/ leaves time for emergency procedures
10:30-11:30	Patient relations	<p>Research on measuring patient experience in cath lab</p> <ul style="list-style-type: none"> Best practices for measuring patient satisfaction in outpatient setting Best practices for measuring experience in cath lab/radiology—used to develop questions Will bring research to meeting with patient experience to discuss our direction
11:30-12:30	Quality	<p>Met with individual from patient experience</p> <ul style="list-style-type: none"> Introductions—Mebrak, Patient Experience Lead, is new to her role/campus Discussed project—explained our concerns with the data being inaccurate, n being to low to use, questions from data we pulled are very broad Mebrak explained we can't conduct our own surveys but explained approaches we can use Decided to work as a team on project rather than her just guiding Obed and myself Next steps: Mebrak will pull detailed survey data with questions/comments to try and pinpoint 2 areas we want to focus on, set up meeting for next week to discuss our approach, develop A3
12:30-1:00	Admin/Senior Management	Lunch
1:00-2:00	Finance	Sat in on call about unbilled hours/filtering out "unactionable"
2:00-3:00	Human resources	<p>Discussed 1:1 with Lindsay B, team member of PCF tracing project, whether surveys will give us enough information</p> <ul style="list-style-type: none"> Discussed possibility of having several focus groups to get better feedback versus surveys Conference call with team members who were available to discuss this option
3:00-4:00	Finance	<p>Reviewed dashboard prepared for Mila by Obed</p> <ul style="list-style-type: none"> Showed me where all the data for the dashboard comes from Explained what is included in the dashboard he prepares for Mila each month Explained the types of questions she may ask him in relation to the data it presents Discussed actual vs. budgeted spending Discussed cath lab spending year to date—higher than budgeted amount
4:00-4:30	Admin/Senior Management	Prepared for weekly 1:1 with Eddie tomorrow

Total: 8

Thursday, August 29th, 2019

Time	Area	Description
8:30-9:00	Admin/Senior Management	Responded to emails, viewed schedule for day
9:00-10:00	Medical/Clinical Operations	Tier 3
10:00-11:30	Finance	Revenue Cycle Academy:RC60 <ul style="list-style-type: none"> Webinar for people whose roles involve finance Discussed other updates such as EPIC Topics covered: <ul style="list-style-type: none"> 17% of our denials are medical necessity- discussed how to avoid this (proper diagnosis codes, documentation, pre-authorization) Post webinar material and tests sent out <ul style="list-style-type: none"> Results are reviewed and reported in next webinar
11:30-12:30	Admin/Senior Management	Weekly 1:1 with Eddie T <ul style="list-style-type: none"> Asked him about meeting "culture"—What meetings I should expect to listen and take notes, what meetings to contribute to "freely"/creatively, what meetings to contribute to but "respectfully" etc. Discussed project updates Reaching out to Cath Lab Director—have not sat down 1:1 with this individual even though I am working on several of her projects Asked if reaching out to Mebrak (Patient Experience Program Manager) would be a good connection for projects Expressed my concern that I have become less busy now that I am waiting on other people for some projects to move forward—will touch base middle of next week.
12:30-1:00	Admin/Senior Management	Called help desk to resolve issue with phone
1:00-1:30	Admin/Senior Management	Lunch
1:30-2:00	Finance	Reviewed and completed material/ test from webinar
2:00-3:00	Ancillary services	Meeting w Linsey and Obed about block schedule <ul style="list-style-type: none"> Linsey wants us to look at 2 things: <ul style="list-style-type: none"> Utilization of specific block / room Identify what time/room other procedures are occurring Encouraged Obed and I to start thinking of other ways to analyze this
3:00-4:00	Management Information Systems	Added "If" statements for Valve procedures/ room number
4:00-6:30	Ancillary services	Planned out next steps for block utilization analysis with Obed <ul style="list-style-type: none"> Linsey wants us to take a "deeper dive" Analyze block time utilization by room, where/when procedures are being done outside of block time Drew out on whiteboard/brainstormed how we can analyze this and present it an organized way <ul style="list-style-type: none"> Found issue with time formula that calculated number of hours in a month for a given day (have to consider # of Mondays, holidays).... Certain rooms are blocked at certain times for inpatient/emergency procedures Spent time in conference room drawing out everything we need to consider/thought process before beginning analysis Wanted to find the easiest way to do this analysis in excel

Total: 10

Friday, August 30th, 2019

Time	Area	Description
8:30-9:00	Admin/Senior Management	Reviewed schedule/what needs to be done for the day
9:00-10:00	Medical/Clinical Operations	Tier 3
10:00-11:00	Ancillary services	Met with Megan J (Operations business manager) who use to work in the cath lab <ul style="list-style-type: none"> Discussed our thought process/ideas for analyzing block utilization Brought up abnormalities in the data/analysis to get her insight if there is an issue with the data Showed us example of block time utilization analysis she did previously Discussed some issues with the data—Procedure over 7 hours (possible, but is it likely to be accurate?) Discussed whether we should focus on a "directional" analysis or get into small details
11:00-1:00	Management information systems	Went into IT System to check procedures over 7 hours <ul style="list-style-type: none"> Some were documentation error Found issue when splitting Time/Date cell into 2 separate cells

		<ul style="list-style-type: none"> Checked changes in analysis – no significant changes Had to take out holidays from “possible hours” calculation
1:00-1:30	Admin/senior management	Lunch
1:30-2:30	Ancillary services	Began next step of utilization analysis now that data is fixed
2:30-3:00	Admin/Senior management	Checked emails/got paperwork ready for Workforce health and Safety appointment Tuesday AM

Total: 7.5

Weekly Total: 43.5

Total hours to date: 230.5

Reflection

- *Project Updates:*
 - Patient experience project: We will start rounding to informally observe problem areas we observe from surveys to determine which areas to focus this project on. Mebrak, patient experience lead, suggest finding 2 areas we want to focus on to understand and create an action plan for. To do this, we will use an A3 to guide our thinking/project.
 - Patient Centered Friday Tracer Project: Our first “official” meeting this week went very well. We have developed our action plan of how we want to get this project off the ground. We will use weekly meetings to work on this project collaboratively. We also decided to use an A3 for this project as well in order to guide our thought process and focus on identifying the issues before attempting to develop solutions. Mila approved the direction we want to take with this project. Hopefully next week we will get good feedback and we will deepen our understanding of the barriers to effective/engaged patient centered Fridays and tracers.
 - Cardiac Cath Lab: The nurse we are working with from the cath lab sent us a list of “base cases” to compare our data with. After discussing the issue with comparing one procedure to another Dr. A, the medical director for the cath lab, has reached out and offered to help us think through the next steps of how we will compare “base cases” to the data we have already analyzed.
 - Block schedule utilization project: The original analysis showing the significant under utilization of block times had some issues with the data, however they were very small and did not change the “big picture” of the analysis. We are going to take a deeper dive to look at specifically when doctors are in their block time, when they aren’t and possible causes—ex: are other doctors constantly pushing the schedule back? For this we will need the data to be 100% accurate because we will be looking beyond a “directional” analysis. I will start this next week.
- *Notable Events:*
 - Meeting with Mebrak (Patient Experience): I am hoping to get the opportunity to work with Mebrak on other patient experience related projects. Although she is new to her current role, Mebrak has worked in patient experience here since 2016 and is also on the board of the Emerging Leadership Council for the site. I think working with her would be a great connection/opportunity to learn from a young leader and get the opportunity to work on another project.
 - A project manager moved into my office this week. Her specific role is “Length of Stay Project Manager” and works with various departments to reduce their length of stay. I am hoping to get the opportunity to work on a project or learn more about her role here. In addition, she will be going on maternity leave for 6 months starting the beginning of October. This might give me interesting opportunities to get involved on some of her projects.
- *Problems/Issues/Concerns:*
 - I am concerned how we are going to move forward with the cath lab project. Without being able to compare devices used by case type, I’m not sure how we are going to analyze and provide recommendations for decreasing supply/number of vendors. We are hoping to further refine our analysis to include similar cases per procedure type and compare “base” cases to actual cases and see if there is a directional difference.
 - There were several issues with the block utilization data (as noted in the weekly report). I am having a hard time picking up on the issues before hand because I don’t always understand the content/where the data is coming from. Luckily, there were extremely low percentages in my analysis that caught my eye to realize there was an issue with the data. Between the cath lab project and block utilization project, I am realizing the importance of looking at the data source and identifying issues before beginning any analysis.
- *Questions:*
 - I am not as busy again this week and have filled a few hours with meetings/conference calls unrelated to projects. I know that 100% of our hours don’t need to be project work however I am concerned that I am not busy enough with projects. At 1 month in, should I be concerned that my 4 projects aren’t keeping me busy enough to fill my days?
 - How far in advance do you like to plan the midpoint visit? Eddie asked me this at my weekly 1:1 to see how far in advance we can set the date.
 - When I am spending time “cleaning up” data, would you like to see “before and after” of the data sets?

APPENDIX B-2

MONTHLY REPORT FOR AUGUST

Monthly Report #3

1. **Key Events**

- Established projects and Project Status:
 - Major Project: Operating Room Turnover Analysis
 - Status: Roadblock. Will be working on a new major project.
 - Sustainability Project: Implementation of a Smoke-Free Policy
 - Status: On track. 30.75 hours to date / 40-60 hours required
 - Minor Project #1: Radiology Expenditure Project
 - Status: On track. 31.75 hours to date / 40 hours required
 - Minor Project #2: Post-Discharge Clinic for Patients with ACSC
 - Status: On track. 21 hours to date / 40 hours required
 - Minor Project #3: Leadership Dashboard
 - Status: On track. 8.5 hours to date / 40 hours required
 - Minor Project #4: Clinical Documentation Improvement Program Annual Report
 - Status: On track. 21 hours to date / 40 hours required
 - Minor Project #5: Long Stay Project
 - Status: On track. 23 hours to date / 40 hours required
 - Minor Project #6: Safety and Security Measures for CBOCs
 - Status: On track. 16.5 hours to date / 20 hours required
 - Minor Project #7: TUG
 - Status: Roadblock. Project is delayed to next fiscal year.
 - Minor Project #8: Revamping the CDI SharePoint Page
 - Status: On track. 16 hours to date / 40 hours required
 - Minor Project #9: Inpatient Handbook
 - Status: On track. 15.5 hours to date / 40 hours required
- Special events:
 - Enter Pertinent Information by Month
- Committees I am involved in:
 - Clinical Documentation Committee

2. **Hours per Workplan Area:**

- I have completed 573 hours so far.

Area	Expected	Total	Week # Progress	1	2	3	4	5	6	7	8	9	10	11	12	13	14
				5/28-5/31	6/3-6/7	6/10-6/14	6/17-6/21	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23	8/26-8/30
Accreditation	65	43	67%	0	2	2.5	11.25	25	0	0	0	1.5	0	0	0	0	1
Administrative/Leadership	80	75	94%	3.91	7.75	9	8.75	3.5	6	4.5	5.75	4	3.75	3.75	4.25	6.75	3.25
Ancillary Services	45	38	85%	0	8.25	2.5	1.5	0	13.5	2	4.5	0	1	5	0	0	0
Community Living Center	10	9	88%	0	0.75	1	0	0	2	1	1	1	1	1	0	0	0
Ethics	5	5	100%	0	0	0	0	0	0	0	1	2	2	0	0	0	0
Finance	100	48	48%	0	1.5	0	0	0	0	0	4.5	0.5	10	1.5	11.5	2	16
Human Resources	50	9	18%	2	1	2.5	0	0	2.5	0	0	0	0	0	0	0	1
Information Technology/Health Informatics	80	38	47%	4.5	6.25	0.5	0	0	0	6.5	1	0	0	5.5	7	5	1.5
Medical/Clinical Operations	150	57	38%	2.75	2	9.5	6.5	10	5	1	0	1	0	0	1	14.5	3.5
Operations Management	80	46	57%	0	0	0	4.5	0	0	4	6.25	3.5	4.75	9.25	3.5	3.75	6
Orientation	20	25	125%	13.75	2.5	4.5	1.5	0	0	0	0	0	0	0	0	0	2.75
Outpatient	40	31	78%	0	4	1	3.5	0	3	0	0	6.5	0.5	2	4.5	3	3
Patient Relations	55	12	21%	0	0	0	2	0	0	3	1.5	4	0	1	0	0	0
Physician Relations	10	2	20%	0	1.5	0	0	0	0	0.5	0	0	0	0	0	0	0
Quality	150	99	66%	2.25	3	1	0	0	0	17	15.5	13.5	17	12.5	8.25	6.5	2
Project Management	35	22	64%	1.83	0	8.5	0	0	0	0	0	3.5	2	1	2.5	1	2
Support Services	25	16	64%	0	0	0	3	4	2	3	1.5	1.5	1	0	0	0	0
TOTAL	1000	573	57.3%	31	40.5	42.5	42.5	42.5	34	42.5	42.5	42.5	43	42.5	42.5	42.5	42

3. **Progress on Goals and Objectives:** The following is a list of residency objectives that I have completed with objectives that are highlighted in red reflective of objectives met through project related work:

Accreditation

- **Goal:** To gain a better understanding of how the _____ Medical Center demonstrates their ability to meet regulatory requirements and standards.
- **Objectives:**
 - Understand and learn about the Joint Commission, Long-Term Care Institute, Office of Inspector General, and Commission on Accreditation of Rehabilitation Facilities.
 - June
 - Read and learned about the Joint Commission, Long-Term Care Institute, Office of Inspector General, and Commission on Accreditation of Rehabilitation Facilities on the intranet.
 - Observe how the organization prepares and applies for accreditation.

- June
 - Observed tracers being performed to determine the medical center's current state of survey readiness and to identify areas of opportunity, as the facility enters their Joint Commission survey window.
 - August
 - Learned during morning report that in the month of August, four different mock survey groups came to the hospital to survey certain areas.
 - Shadow tracers to understand what the surveyors look for and document.
 - June
 - Shadowed the Accreditation Specialist perform tracers with the staff in the short procedure unit, patient acute care unit, and surgical intensive care unit. Shadowed the _____ Mock Survey Group perform tracers in various areas such as behavioral health emergency care unit, emergency department, hyperlipidemia/sterile processing department, and home oxygen program.
 - Attend an exit survey briefing to observe how they are conducted.
 - June
 - Attended the exit survey briefings for both the CLC and the hospital. The meeting specifically talks about all the areas of deficiencies that the surveyors found during their roundings.
 - Develop an understanding of how action plans are created for the identified areas that needs improvement.
 - July
 - Attended the Home Oxygen Program Action Plan meeting. The team discussed the findings that the _____ Group has identified deficient and conversed on how they are going to fix it.
 - Shadow an Accreditation Specialist to gain a better understanding of their role in ensuring the hospital is in compliance with the standards.
 - June
 - Sat in on a meeting with the Accreditation Specialist where she explained the 16 categories that the Joint Commission inspects and scores. Perform tracers to help her determine if the hospital is following the protocols or not.
 - August
 - Learned during morning report that the Accreditation Specialist is going to start reporting out every Tuesday at morning report what areas still needs improvement in order to be in compliance with the Joint Commission standards.
 - Sit in on the accreditation committee meeting.
 - August
 - Sat in a Quality Executive Board meeting since the medical center does not have an accreditation committee. At this meeting, the Accreditation Specialist reviewed the findings from the mock survey groups and discussed corrective action plans.

Administrative/Leadership

- **Goal:** To gain a better understanding of how the leadership team manages and oversees the day-to-day operations of the _____ Medical Center.
- **Objectives:**
 - Understand how administrators act as liaisons among governing boards, medical staff, and department heads.
 - July
 - Administrators hold morning report everyday so that governing boards, medical staff, and department heads can express any concerns or update that they may have.
 - August
 - Observed how my preceptor interacts and communicates with department heads to resolve an issue.
 - Attend the morning report meetings to observe how they are conducted within a professional setting.
 - May/June/July/August
 - Meeting agenda has a structure and everyone is respected when they talk.
 - Shadow a leadership team member to recognize and develop skills that make an effective director and leader.
 - July
 - Shadowed my preceptor and was able to gain insight from her on effective leadership skills/styles.
 - August
 - Observed how the Medical Center Director always ask the team at morning report if they need any additional support to do their work.
 - Develop an awareness on how the leadership team makes effective decisions together.
 - July/August
 - Decisions are made through communicating and collaborating with each other. It is made based on facts and not on assumptions.
 - Observe how the leadership team communicates with all departments.
 - July/August
 - Conduct daily morning report meetings. Hold one-on-one meeting once a month with department heads.

- Determine how the leadership team organizes, directs, controls, and coordinates medical and health services in relation to policies set by the organization.
 - July/August
 - Leadership team uses the medical center memorandum and _____ handbook as a guide to ensure that they are following the proper protocols and regulations.

Ancillary Services

- **Goal:** To gain a better understanding of the diagnostic and support services provided at the _____ Medical Center to help the work of physicians and nurses.
- **Objectives:**
 - Understand the role of dietary/nutrition and their operation process.
 - Determine how pharmacy manages medication.
 - August
 - Attended the Compounded Sterile Preparation meeting which focused on developing contingency plans for making non-hazardous and hazardous drugs starting December 1st, 2019.
 - Learned that pharmacy will keep a limited amount of medications that are not used frequently to avoid waste.
 - Become familiar with radiology reports and radiology performance measures.
 - June/August
 - Met with _____, the group practice manager and he explained how to use these reports and measures. These are being used for my Minor Project #1 - Radiology Expenditure Project.
 - Develop a better understanding on how the medical center provides patients with state-of-the art laboratory test results in an accurate and timely manner.
 - Know the role of audiologist/speech and their operation process.
 - Learn how the organization allocates cost for ancillary services.

Community Living Center

- **Goal:** To gain a better understanding of how the CLC provides patients the opportunity to achieve optimal function in order to maintain or improve the quality of their lives.
- **Objectives:**
 - Learn about the resident population at the CLC.
 - July
 - The CLC has 135-beds available for residents. During morning report every day, Patient Care Services gives us an update on the number of residents staying at the CLC.
 - Learned from my Minor Project #5 – Long Stay CLC Project that the residents at the CLC are classified into short stay or long stay. The short stay class requires at least 28 bed days of care and the long stay class requires at least 91 bed days of care.
 - Attend the CLC Organizational Effectiveness meeting.
 - June/July/August
 - Sat in on a few meetings that discussed the LTCI Survey/Action Plan Synopsis 2019, life safety, using paper products since the dishwashers were down, cleaning high risk rooms, and controlling the rodent infestation.
 - Gain a better understanding about the CLC admission process.
 - June
 - The Executive Assistant to Chief of Staff explained to me the qualifications to be admitted to the CLC. The following requirements must be met: 1) the veteran must be medically and psychiatrically stable, 2) the primary type of service needed must be documented according to the internal goal and anticipated length of stay is documented, 4) the anticipated discharge disposition from the _____ CLC is documented, 5) priority for the CLC is established and documented, and 6) the veteran must be enrolled in _____ health care.
 - Visit the units in the CLC to become aware of the services offered.
 - June
 - The Executive Assistant to Chief of Staff gave me a tour of the CLC and explained the services that were offered. These services include skilled nursing care, rehabilitation, dementia special care, hospice/end of life care, respite care, and spinal cord injury care.
 - Determine if the CLC is fully accredited by the Joint Commission.
 - June
 - Attended the exit briefing in preparation for when the Joint Commission comes in 2020.
 - Become familiar with restorative care, palliative care, and hospital care services.
 - July
 - Read and learned about the three care services on the intranet.

Ethics

- **Goal:** To gain a better understanding of how the _____ Medical Center addresses ethical issues that arise and facilitate sound decision making.
- **Objectives:**
 - Understand the code of ethics, bylaws, and procedures of the organization.

- Other
 - August
 - Developed an understanding on how radiology services and finance go hand in hand with each other from working on Minor Project #1 – Radiology Expenditure Project.

Human Resources

- **Goal:** To gain a better understanding of how the human resources department does recruitment, payroll, training, benefits, hiring, firing, and policy formulation.
- **Objectives:**
 - Observe how interviews are conducted.
 - July
 - Observed my preceptor conduct two interviews for the data analyst/business intelligence position.
 - Understand how salary and benefits is determined for each employee.
 - June
 - Met with HR and they explained that they use a pay scale to determine the salaries of employees. The pay scale of 1-15. Each GS has a pay grade step from 1-10. As employees gain more experience in their position, they advance to the next step.
 - Learn about the promotion process and guidelines.
 - July
 - Learned from the Chief of _____ that within the GS scale, promotions between grades come from advancing up the career ladder associated with a position, or by moving to a job with a higher starting pay grade than your current GS grade.
 - Performance appraisals are used a basis for granting within-grade increases, quality step increases, training, reassigning, promoting, reducing in grade, and removing employees.
 - Observe how often a performance appraisal is performed and documented.
 - July
 - Performance appraisal are conducted each fiscal year from _____ and documentation are kept in employee's file in the HR department.
 - Gain a better understanding on how the _____ keeps employees satisfied and motivated.
 - July
 - Conduct All Employee Survey annually to allow employees to offer their perceptions and insights regarding the organization. Based on the answers from the survey, _____ will take corrective actions to keep employees happy.
 - Examine how training and development is achieved.
 - July
 - Completed through TMS, workshops, or seminars.
 - Become familiar with the human resources laws and regulations.
 - Attend a resource management committee meeting.
 - June
 - Attended a few meetings where the team discussed whether they should accept the job position requests made by the departments.
 - Learn how the _____ manages equal employment opportunity, discrimination and harassment, and diversity and inclusiveness in the workplace.

Information Technology/Health Informatics

- **Goal:** To gain a better understanding of the design, development, creation, maintenance, and use of information systems in the organization.
- **Objectives:**
 - Learn about the cybersecurity measures that the medical center has in place.
 - Understand how the organization uses health communication strategies and health information technology to improve health care quality and outcomes.
 - July
 - Read from the information that the Group Practice Manager provided me that the hospital has a _____ Online Scheduling App that allows patients enrolled in health care to use the app to self-schedule, request, cancel, and/or view appointments. The _____ implemented to allow patients to cancel their appointment through text. Both tools improve communication and efficiency. In addition, it reduces the rate of no-shows and walk-ins.
 - Develop an understanding of the management information systems.
 - August
 - Learned from working on all my projects that the tools to pull data are _____ Analytics.
 - Know how often a medical record review is performed.
 - Become familiar with the release of information process.
 - Determine which services the _____ offers telehealth.

Medical/Clinical Operations

- **Goal:** To gain a better understanding of how medical and clinical operations plan, direct, and evaluate all medical activities within the organization.
- **Objectives:**
 - Develop an understanding of the roles of various clinical staffs such as hospitalists, nurses, surgeons, and anesthesiologist and how they contribute to the mission of the medical center.
 - June/July
 - Learned the roles of surgeons and anesthesiologist from being in the operating room for two days for my Major Project – Operating Room Turnover Analysis.
 - Gain a better understanding of the process of admitting patients.
 - July
 - Patients are encouraged to enroll in the _____ Care system. Patient must fill out the application form and submit it to the hospital.
 - Learn the patient care process from admission to discharge/continuum of care planning.
 - August
 - Developed a better understanding about the admission and discharge process from working on my Minor Project #9 – Inpatient Handbook since this information is included in the handbook for patients to read and be aware about.
 - Observe if the discharge/continuum of care planning is effective in reducing readmission rates.
 - August
 - Learned from my Minor Project #2 – Post-Discharge Clinic for Patients with Ambulatory Care Sensitive Conditions that discharge/continuum of care planning is not as effective since patients are being readmitted to the hospital within 30 days.
 - Determine if the operating room are efficient in delivering the best care to the patients.
 - June
 - Learned from the Surgical Attending Physician that more than 70% of non-ophthalmic surgical cases have a turnover time of greater than 40 minutes. Working on improving the efficiency through my Major Project #1 – Operating Room Turnover Analysis.
 - Attend a meeting related to medical/clinical operations.
 - June/July
 - Attended the Perioperative Steering Committee meeting where they discussed matters regarding to biomed, sterile processing services, and operating room turnover times.
 - August
 - Attended the Compounded Sterile Preparations meeting where the team discussed contingency plans for non-hazardous and hazardous drugs.

Operations Management

- **Goal:** To gain a better understanding on how the _____ Medical Center provides a full range of procurement and material management services.
- **Objectives:**
 - Understand forecasting and supply chain management.
 - August
 - Sat in a finance meeting and learned how much funding each _____ medical center gets for each fiscal year.
 - Develop a better understanding in managing inventory.
 - July
 - Learned from going on the Environment of Care Rounds that all equipment at the medical center are assigned a unique ID number and have a barcode label affixed for identification. Equipment information for each item is maintained in the _____ Report System inventory file. A physical inventory is completed on an annual basis for all equipment.
 - .. Learn the duties and responsibilities of the Chief of Logistics Service.
 - June
 - Met with _____. Some of his responsibilities include, but not limited to: managing equipment list, designing improvement for systems, facilitating smooth business operations, verifying equipment that are on recall, and creating an equipment planning process.
 - Become familiar with acquisition and logistics policies and procedures.
 - Identify which computer programs are used to hold the service accountable.
 - August
 - Medical center uses the following _____

- Observe how equipment is properly maintained and stored.
 - July
 - When going on the Environment of Care Rounds, we often check the supply closet to see when was the last time Logistic checked the expiration date of the supplies.
- Determine when and how equipment are purchased.
 - July
 - For an equipment to be purchased, a Hi Cost/Hi Tech Equipment application must be completed and submitted for approval.
- Attend the equipment committee meeting.
 - June
 - Sat in the meeting where the team reviewed requests they have received for equipment. Was able to observe how the team approves or denies a request. Done by votes.

Orientation

- **Goal:** To gain a better understanding on how the _____ Medical Center provides employee training and information.
- **Objectives:**
 - Determine if the onboarding process is effective.
 - July
 - Learned from the CLC Organizational Effectiveness meeting that onboarding takes a significant amount of time which can hinder providing patient care in a timely manner.
 - Understand how the medical center educates and trains new employees on the policies, rules, etc.
 - May/June
 - New employees are informed on the policies and rules through orientation and TMS training.
 - Identify if on-going education and training are given to employees when new policies or rules are created.
 - June
 - Preceptor informed me that training is provided through TMS training for employees to understand the new policies or rules. For example, before the MISSION Act was rolled out, all employees were required to complete the training.
 - Attend an orientation session.
 - May/June
 - The sessions went over employee benefits, educational opportunities and tuition reimbursement, compliance and business integrity program, protocols of privacy, computer security, customer service, facility safety, women veteran's program, veteran crisis line, emergency management, discriminator complaint process, and the union.

Outpatient

- **Goal:** To gain a better understanding of how medical procedures or tests are done at the _____ Medical Center without an overnight stay.
- **Objectives:**
 - Understand what is the Patient Aligned Care Team (PACT) and their role in transforming the way patients receive care.
 - June
 - Sat in on the Care Transitions and Primary Care Operations meetings to understand that PACT involves each Veteran working together with health care professionals to plan for the whole-person care and life-long health and wellness. They focus on partnerships with veterans, access to care using diverse methods, coordinated care among team members, and team-based care with veterans as the center of their PACT.
 - Observe the communication between outpatient and inpatient services.
 - Know how the _____ provides continuity of care and improve access to outpatient services and referral to other levels of care in an efficient, high-quality, and cost-effective manner.
 - June/July/August
 - The _____ offers their patient the choice to go to a outpatient clinic at various locations for accessible care.
 - Attend a primary care operations meeting.
 - June
 - Team discussed the MISSION Act, OBGYN, urgent care eligibility, communicate care, non-VA care, medical support assistant, and standard operating procedure.

Patient Relations

- **Goal:** To gain a better understanding of how the patient advocate department acts as a liaison between patients/families and hospital to provide the best services.
- **Objectives:**
 - Understand how a patient advocate helps guide a patient through the healthcare system.
 - July

- Learned that the Patient Advocate Department work directly with all departments in a timely manner to address the concerns, questions, and special needs that the patient has.
- Learn how the organization provides financial assistance to patients.
 - July
 - Learned from the intranet and preceptor that the _____ has a beneficiary travel program for eligible patients. To be eligible for beneficiary travel services,
 - Also learned from the intranet and preceptor that the _____ offers monthly benefits to patients in recognition of the effects of disabilities, diseases, or injuries incurred or aggravated during active military service.
- Determine how patient satisfaction is tracked and monitored for improvement.
 - June
 - Met with Patient Advocate who showed me the features of the software called _____ that is used to track patient satisfaction and experience.
 - July
 - Read from the information that the Group Practice Manager provided me that the hospital uses various survey tools such as _____.
- Observe how the patient advocate team handles patient complaint.
 - June
 - Met with Patient Advocate and she explained that her team and herself monitor _____ every day. When they see a complaint, they send it to the appropriate service to address the issue.
 - July
 - Read from the information that Group Practice Manager provided me about service recovery. Service recovery is where the hospital attempted to solve the problem and restore good feelings.
- Shadow a patient advocate to understand their role.
 - June
 - Spent time with the Patient Advocate in her office to get a better perspective on her job duties and responsibilities.
- Other
 - August
 - Learned that the medical center currently does not have an inpatient handbook for patients. Minor Project #9 – Inpatient Handbook focuses on creating information for patients to be aware of the policies and procedures as well as the rules and regulations.

Physician Relations

- **Goal:** To gain a better understanding of how the _____ Medical Center strengthens its relationship with physicians.
- **Objectives:**
 - Learn about physician credential process.
 - Understand how physicians integrate with the organization.
 - Identify how physician relations improve quality, customer service, and access for the hospital.
 - July
 - Read from the information that Group Practice Manager provided me about bookable hours. Bookable hours are where providers must at least have 80% of their clinic time available for appointment slots. These slots can be made up of in-office or virtual modalities of care.
 - Develop an understanding of what satisfies and engages physicians.
 - Observe how the physician liaison establishes a strong and trusting relationship between the physicians and the organization.

Quality

- **Goal:** To gain a better understanding of what the _____ Medical Center does to manage quality and to continually strive to improve their processes of healthcare delivery.
- **Objectives:**
 - Understand Lean Six Sigma.
 - July
 - Looked for trainings online in the _____ area. Learned that Lean Six Sigma is a method that relies on a collaborative team effort to improve performance by systematically removing waste and reducing variation. At the project level, there are black belts, master black belts, green belts, yellow belts, and white belts.
 - Learn about the theory and practice of quality management and systems redesign.
 - August
 - Major Project – Operating Room Turnover Analysis focuses on system improvement in turnover times.
 - Minor Project #2 – Post-Discharge Clinic for Patients with ACSC focuses on reducing re-hospitalizations.

- Minor Project #3 – Leadership Dashboard focuses on redesigning our daily morning reports to be more effective and efficient with our time.
 - Develop a better understanding of the continuous quality improvement process.
 - July
 - _____ Committee is always monitoring the radar chart. When a metric is in the 4th and 5th quintile, the committee discuss ways that they can improve in this area.
 - Observe how effective and useful clinical benchmarking can help improve quality.
 - August
 - Learned from my Minor Project #4 – _____ Program Annual Report about the seven pillars of high quality documentation. When the seven elements are documented, the accuracy of care, quality indicators, healthcare planning, research, and reimbursements are improved.
 - Become comfortable with the strategic analytics for improvement and learning system.
 - July
 - Used this tool frequently for my Minor Project #1 – Radiology Expenditure Project and Minor Project #2 – Post-Discharge Clinic for Patients with ACSC Project.
 - Examine how medical errors are recorded in align to patient safety goals.
 - Attend a quality management committee meeting.
 - July
 - Attended the Quality Executive Board meeting. Team discussed the findings from the _____ Survey Group final report, patient safety program, controlled substance inspection program, _____ metrics for FY-19, and daily operations.

Project Management

- **Goal:** To gain a better understanding of how the _____ Medical Center effectively manage projects.
- **Objectives:**
 - Observe if the organization conducts community needs assessment.
 - August
 - During my visit to the _____ Medical Center, I sat in on a strategic capital planning meeting. The team discussed community needs and upcoming projects to meet those needs.
 - Learn more about project planning and capital planning.
 - August
 - Learned during my visit to the _____ Medical Center that the medical center is always project planning and capital planning. Currently, the _____ Medical Center is working on ten projects. Each _____ develops a business/project plan with the following information: information about the _____, market assessment, master planning, existing conditions, proposed solution, resource allocation plan, and upcoming projects.
 - Understand the strategic planning process at the _____.
 - August
 - Sat in a finance meeting and learned that the CFO will spend every dollar in the budget.
 - Examine how the organization prioritize projects.
 - August
 - Learned that the _____ will prioritize a project based on available funding.
 - Attend a meeting related to project planning.
 - July
 - Attended the strategic planning meeting. The team discussed restructuring clinical programs, market assessment, problem statement, and proposal packet.

Support Services

- **Goal:** To gain a better understanding of how the support services at the _____ Medical Center keep the hospital running in order to provide care for the patients.
- **Objectives:**
 - Identify how the police staff protect patients and staff.
 - July
 - Police staff ensures the medical center is safe by providing 24/7 security outside and inside of the hospital. Require _____ card access to enter the hospital between 7:30PM – 5:30AM.
 - Learn about the physical plant of the facility.
 - July
 - Learned from working on _____ that an equipment like this would require elevators to be modified.
 - Develop a better understanding on how the facility management service provides planning, design and supervision of project renovation, modernization and construction work, and support services for the _____.
 - August

- Learned that a business plan is created that identifies upcoming projects from now to 2023.
- Learned from my Sustainability Project – Implementation of the Smoke-Free Policy that facility management service will work with the interior designer to make sure that all hard signages meet _____ standards before developing them.
- Understand how the parking garage is maintained.
 - July
 - Environmental Management Service cleans and power washes the parking garage to keep it maintained.
- Gain a better understanding of the role of environmental management service and their operation processes.
 - July
 - Spent time with environmental management service and learned that their main role is to evaluate workplaces to make sure that they are complying with environmental regulations and to maintain the cleanliness of the facility.
- Attend a facilities management service or environmental management service meeting.
 - June
 - Sat in on the electrical plan outage and environment of care committee meeting. At the electrical plan outage meeting the team talked about a contingency plan in case they lost power. At the Environment of Care Committee meeting, the team discussed safety management system, emergency management, green environmental management system, and safety recalls.

4. **Problems/Concerns (OPTIONAL):**

There are currently no problems or concerns.

5. **Reflections and Critical Thoughts (OPTIONAL):**

Overall, my residency experience is still going great. Something different that I got to experience this month was going to another _____ Center for a week. This allowed me to observe and learn the differences between the _____ Medical Center and the _____ Medical Center. But in the end, they both have the same mission of serving men and women. I am also grateful for the two days I spent at the reimbursement department as this allowed me to develop a better understanding on how the reimbursement works with the Centers to generate revenue from insurance companies.

6. **Suggestions (OPTIONAL):**

There are currently no suggestions.

**APPENDIX B-3
PROJECT OVERVIEW**

Project Overview (Initial)

Project Title: Cardiac Cath Lab (Minor Project)

Start Date: _____, 2019

End Date: _____ Weeks/Months

Project Description: This project will look at two issues within the cardiac cath lab. Currently, physicians within the cardiac cath lab are purchasing through different vendors, using different devices for the among the same procedures, and a different number of devices for the same procedures. This creates several operational issues, including managing inventory (devices expire before being used), cost containment, and creates inefficiencies. This project will start by compiling data to compare physicians by type of procedure, type/number of devices used, and cost per procedure as well as Truven benchmarks. This will allow the team members to identify and better understand variations. From here, recommended standardized lists will be created with physicians for simple, routine cardiac cath procedures. This will improve standardization among physicians as well as aid in supply and inventory management (a secondary part of the project).

Team Members:
_____, Nurse from the Cardiac Cath Lab
_____, Physician from Cardiac Cath Lab
_____, Operations Business Manager
_____, Operations Analyst
_____, Administrative Resident

Student Responsibilities: My main role in the project will be organizing and analyzing the data and working with the physicians to help them understand the data and discuss reasons for variations. In addition, I will work with _____ to present data to the cath lab to make better decision making when ordering and stocking the shelves of the cath labs themselves.

Tasks:

PROJECT OVERVIEW (FINAL VERSION)

Minor Project

Title: Lean Process Improvement LAB Registration

Start Date: _____

End Date: TBD: December

Description:

Currently there has been dissatisfaction among the outpatient population regarding the double registration process with the lab, which has been documented in the patient satisfaction surveys. While I was doing leadership rounds in the outpatient lab area, I was able to ask a few patients in the waiting room about their experience and what we can do better. They unanimously agreed that the double registration is confusing and causes a longer wait time. A Lean Process Improvement project was started on 7/17/2019 in response to this double registration process with the goal of improving patient flow and satisfaction among patients at _____.

The current process for lab registration is twofold: First, the patient must come into the west main entrance of the hospital and register at the main outpatient registration, then take a seat and wait to be called to register. Secondly, they must go up one floor to the outpatient Lab area register again at a Kiosk station, then take a seat once again and wait for a second time. The kiosk station, which was put in over a year ago, was a hardship for some patients who didn't know how to use the technology to self-register and also was a point of frustration and confusion for both patients and staff, since some patients weren't aware they even had to register at the kiosk. They now have an employee who sits by the kiosk in the lab area to help patients register, but this is still a complaint from many patients that the double registration is causing a double wait time and is confusing.

The goal of the Lean improvement project with lab registration is to eliminate any areas of non-value within the lab registration process and strategize a plan of improvement to increase the patient's experience when getting lab draws. This project will also serve as a test pilot for other registration areas at _____. Meaning, if this project works to reduce the steps in the registration process, thus reduces wait time, they will implement the same process for other areas of registration.

Team Members:

Name	Title
	Administrative Resident
	Lean Change Manager
	Laboratory Manager
	Cadence/Kiosk Specialist
	Quality Systems Senior Coordinator
	Manager Patient Access
	Supervisor Patient Access
	Senior Patient Access Rep
	Senior Patient Access Rep
	Outpatient Phlebotomist
	Pre-Analytical Specialist

Resident Responsibilities:

I will be working on all aspects of the Lean project in various ways:

- Attend individual meetings and group meetings to collaborate and define processes and goals for the project.
- Work with the lean change agent to create a GRIP Charter.
- Work on my own to create a Gantt chart that demonstrates timeline, goals and activities
- Work with the lean change manager for several weeks on observing the patient flow process regarding double registration for the lab.
- Afterwards, we will create a process flow map or spaghetti, or perhaps both.
- To follow, we will take these diagrams and study all areas to see where we can eliminate steps or take out areas of non-value/waste,

- Strategize on how we can improve the registration process and implement to improve patient experience.
- Finally, after implementation of the new process, we will give it a week and then audit the new process to see if there's a significant improvement in three ways:
 - Monitoring and observing the patient flow process again.
 - Getting feedback from patients.
 - Getting feedback from lab employees.

Tasks/Activities:

My tasks for project deliverables are as follows:

- Initial meeting with the Lean Project Manager to discuss my role in the first phase of the project- 7/30/19 (see notes).
- Meeting with the Lean change manager to discuss the first steps and define the team members who will be working on this project – 7/31/19 (see notes).
 - Worked with Lean Change Manager on developing a Grip Charter to follow the meeting and send to the team (flashdrive)
- Meeting with lean change manager to go over the timeline, goals, objectives and group meeting dates. Discussed what will go on the gantt chart and that I will be creating this for our next meeting – 8/1/19 (see notes)
- Created a gantt chart (Gantt chart in file folder).
- Completed 2 Lean Training courses in Goals
 - Lean and you – 2 modules with competency tests.
 - Intro to lean principles: Modules 1, 2 and 3 with competency tests.
- First Observation of Patient flow- 8/7/19 (see notes):
 - Observed general patient flow process.
 - Counted how many physical steps and drew out a map (see in physical Lean Folder)
- Meeting on 8/14/19 with Registration team to gather input on current process and get their help in observation for following weeks.
- Updated Gantt Chart (flashdrive).
- Meeting on 8/16/19: Planning for next observation (see notes).
- Second observation – 8/19/19 (see notes).
 - Followed 14 Patients through the entire registration process from start to finish and charted process (see chart in file folder).
 - Talked with Registration staff and management to walk through Epic Process.
 - Met and discussed with Receptionist who walked us through Kiosk process and Epic.
- Obtained blueprints from facilities to help with process mapping (see blue prints).
- Obtained Data from Registration on the total number of patients registering for different testing at _____
 - Created a Pie Chart in Excel that shows Lab testing is the 2nd highest patient population using the main registration (see flashdrive).
- Meeting with Lean Change Agent on 8/20/19
 - Combined notes with _____ from observations and created a large physical Swim Lane Diagram (See picture in file folder).
 - Met with Lab team and reception to review diagram and add anything they felt we missed.
 - Met with Main Registration management and PAR team to review diagram and add anything they felt was missing.
- Meeting with _____ on 8/20/19
 - Discussed current location of outpatient blood draw area and it's potential to relocate.
 - Visited outpatient areas to access current equipment and space needed.
- Created a Swim lane diagram in Visio/Current State process map (see printed in file folder).
- Meeting with Grip team on 8/29/19 (See notes):
 - Discussed and reviewed the current state swim lane diagram
 - Presented powerpoint of current status and next steps (see flashdrive)

APPENDIX C-1A

University of Scranton

Master of Health Administration Program

Evaluation Report by Preceptor on Intern

Name of Preceptor

Name of Intern

Organization

Date

Please evaluate the resident's knowledge, skills, abilities, and quality of performance

	Outstanding	High Average	Average	Weak	Poor	Did not Observe
DOMAIN #1: Communication & Relationship Management	5	4	3	2	1	
Demonstrate effective interpersonal relations.						
Identify Stakeholder needs/expectations.						
Sensitivity to what is correct behavior when communicating with diverse cultures, internal and external.						
Present results of data analysis to decision makers.						
Provide and receive constructive feedback.						
Use factual data to produce and deliver credible and understandable reports.						
Facilitate group dynamics, process, meetings and discussions.						
	Outstanding	High Average	Average	Weak	Poor	Did not Observe
DOMAIN #2: Leadership	5	4	3	2	1	
Explain potential impacts and consequences of decision making in situations both internal and external.						
Foster an environment of mutual trust.						
Create an organizational climate that encourages teamwork.						
Knowledge of own and others' cultural norm.						
Encourage a high level of commitment to the purpose and values of the organization.						
Build trust and cooperation between/among stakeholder.						
	Outstanding	High Average	Average	Weak	Poor	Did not Observe
DOMAIN #3: Professionalism	5	4	3	2	1	
Understand, Uphold and act upon ethical and professional standards.						
Professional societies and memberships.						
Network with colleagues.						
Participate in community service.						
	Outstanding	High Average	Average	Weak	Poor	Did not Observe
DOMAIN #4: Knowledge of the Healthcare Environment	5	4	3	2	1	
Recognize and address the interdependency, integration and competition among healthcare sectors.						
Access the interrelationships among access, quality, cost, resource allocation, accountability and community.						
Use business techniques to support program development in alignment with health care trends and health policy.						
Make recommendations and take actions compatible with Governmental, regulatory, professional and accreditation agencies.						
	Outstanding	High Average	Average	Weak	Poor	Did not Observe
DOMAIN #5: Business Skills and Knowledge	5	4	3	2	1	
Ability to integrate information from various sources to make decisions or recommendations.						
Demonstrate critical thinking and analysis						
Use project management techniques.						
Financial management and analysis principles.						
Reimbursement principles, ramifications and techniques, including rate setting and contracts.						
Principles of operating, project and capital budgeting.						

1. General overall estimate (discussing strengths and weaknesses, level of achievement, willingness to devote time and energy, sense of purpose and commitment, emotional stability, etc.):

2. Specific problems and recommendations

3. Suggestions for post-graduate fellowship or program:

4. Recommended Course Grade (Circle)

A A- B+ B- B C F

Student Signature _____

Date _____

Preceptor Signature _____

Date _____

Fieldwork Coordinator Signature _____

Date _____

**APPENDIX C-1B
PRECEPTOR FIT-FOR-THE-PROFESSION SURVEY**

	Well Developed	Acceptably Developed	Somewhat Developed	Underdeveloped	Did not Observe
I. Communication Skills	4	3	2	1	
A. General Speaking Skills					
Articulate					
To-the-Point/Focused/Concise					
Audience Adaptable					
B. General Writing Skills					
Clear/Concise/Focused					
Comprehensive					
Standard English/Appropriate Use of Terminology					
C. Team Interaction					
Respectful/Appropriate					
Cooperative/Interactive/Participatory					
Curious					
	Well Developed	Acceptably Developed	Somewhat Developed	Underdeveloped	Did not Observe
II. Professionalism	4	3	2	1	
A. Ethical					
Accountable					
Integrity/Honesty					
B. Maturity					
Personal Appearance					
Demeanor					
Self-Reliant					
Flexible					
Appropriately Confidence and Humble					
C. Time Management					
Dependable/Reliable/Punctual					
Organized					
Prioritization Skills					
	Well Developed	Acceptably Developed	Somewhat Developed	Underdeveloped	Did not Observe
III. Leadership and Decision Making	4	3	2	1	
A. Understanding Audience/Stakeholders					
Motivational Skills					
Listening Skills					
Openness to Feedback					
Flexible					
Emotional Intelligence					
B. Confident Decision Making					
Accountability					
Access Strengths/Weaknesses of Self					
Access Strengths/Weaknesses of Others					

	Well Developed	Acceptably Developed	Somewhat Developed	Underdeveloped	Did not Observe
IV. Health Care and Business Skills	4	3	2	1	
A. Problem Identification					
DATA Understanding/Measuring Results					
Research Skills					
Stakeholder Assessment/Scope Awareness					
B. Critical Thinking					
Understands Process/Project Steps and Deliverables					
Use facts to support Decisions					
Risk/Reward Assessment (Pros/Cons)					
Resourceful/Curious/Creative					
Thorough/Comprehensive					
C. Ability to Summarize Conclusions & Define/Recommend Next Steps					

APPENDIX C-2

REFLECTION PAPER

Prepare an Internship Summary Paper which summarizes the resident's analysis of his/her internship experience and discusses the significance of specific activities contained in the Internship Log. This summary paper must include a reflection that illustrates *cura personalis* and *Magis*.

APPENDIX C-3

GOALS/OBJECTIVES SUMMARY

Students should provide a copy of their final monthly report which would reflect a cumulative summary of their goals and objectives through the end of the Residency Experience.

(Refer for Appendix B-2 for Example)

University of Scranton
HAD 581 – Administrative Residency
Course Evaluation Survey Form

Instructor: _____

Term: _____

Circle the number which indicates your opinion.

Describe the frequency of your instructor's teaching procedures using the following scale:

1-Hardly Ever 2-Occasionally 3-Sometimes 4-Frequently 5-Almost Always

Instructor

Overall, I rate this instructor an excellent teacher. 1 2 3 4 5 NR

Course

Overall, I rate this course as excellent. 1 2 3 4 5 NR

Instructional Methods

Question: Was enthusiastic about overseeing your residency (for example, was dynamic and energetic in discussion about your residency site selection and as it relates to your career goals and personal/professional objectives). 1 2 3 4 5 NR

Question: Used evaluation methods which were fair and appropriate (for example reviewed the grading rubric with you and clarified course expectations and requirements prior to the start of your residency). 1 2 3 4 5 NR

Question: Provided clear and well organized fieldwork manual materials and met with you regarding the fieldwork manual. 1 2 3 4 5 NR

Question: Gave valuable career guidance in relationship to healthcare employment and selection of a meaningful residency experience 1 2 3 4 5 NR

Question: Was the process of developing a work plan prior to the residency helpful to you in focusing your learning and experiential expectations for your residency 1 2 3 4 5 NR

Question: Was readily accessible for assisting the student pre-residency (for example, the instructor made themselves available by at least one means of communication such as in person, by phone or by email) 1 2 3 4 5 NR

Question: Was readily accessible for assisting the student during the residency (for example, the instructor made themselves available by at least one means of communication such as in person, by phone or by email) to answer any of the student's questions or concerns 1 2 3 4 5 NR

Question: Was timely in responding to emails or other communication means and messages (namely, the instructor set expectations of response time and complied with those predefined parameters of instructor response time) 1 2 3 4 5 NR

Question: Gave sufficient feedback on Weekly and Monthly Reports 1 2 3 4 5 NR

Question: Gave sufficient support and feedback at the mid-point visit regarding the students projects and overall student progress (for example the instructor demonstrated sufficient knowledge about your project scope or content to make meaningful suggestions and assessment of the project quality) 1 2 3 4 5 NR

Question: Gave sufficient support and feedback at the final site-visit regarding the students projects as completed and presented to the instructor (for example, discussed the quality and sufficiency of project documentation, outcomes and deliverables) 1 2 3 4 5 NR

Question: Did the work plan assist you in assessing your final competencies and assessing your attainment of your previously established goals and objectives of your overall residency experience 1 2 3 4 5 NR

Workload

Average number of hours I spent completing weekly and monthly reports

Monthly Reports _____

Weekly Reports _____

What would you suggest to improve this course?

What aspects were good and should not be changed?

LAST REVISION: April 27, 2017

APPENDIX C-5

EXIT SURVEY

UNIVERSITY OF SCRANTON
GRADUATE HEALTH ADMINISTRATION PROGRAM
MHA Degree

EXIT SURVEY

[Administered to graduating students upon exit from the MHA program.]

I. EDUCATION EVALUATION

1. Year of graduation from MHA Program.
2. Year of first course in the MHA Program.
3. Which 3 courses have you found to be of most value? (Explain)
4. Which topics not currently taught in the MHA Program would be beneficial?

5. Please evaluate the usefulness of the following classroom experiences:

	<u>Useful</u>	<u>Somewhat Useful</u>	<u>Not Useful</u>
Case Studies	_____	_____	_____
Reaction Critiques	_____	_____	_____
Group Projects	_____	_____	_____
Group Discussions	_____	_____	_____
HAD 509-Comprehensive Project	_____	_____	_____
Class Debates	_____	_____	_____
Class Discussion of Cases	_____	_____	_____

6. Was your fieldwork experience an:
 Residency Externship Administrative Residency Directed Study

Please comment on your fieldwork experience:

7. Do you feel prepared to function in the workplace? (If not, please explain on other side of this page)
8. Do you feel satisfied with your MHA education? (If not, please explain on other side of this page)
9. Are there any strengths or skills not emphasized in the program that should be? (If so, please explain on other side of this page)

10. Indicate the extent to which you feel the program develops the following strengths or skills:

	Very Much				Very Little
Health Status Improvement	5	4	3	2	1
Conflict Management	5	4	3	2	1
Conceptual Skills	5	4	3	2	1
Financial Analysis	5	4	3	2	1
Problem-Solving/Making Decisions	5	4	3	2	1
Critical Thinking	5	4	3	2	1
Management/Strategy	5	4	3	2	1
Change Management	5	4	3	2	1
Managing Change	5	4	3	2	1
Analytical/Quantitative Skills	5	4	3	2	1
Computer Skills	5	4	3	2	1
Information Management Skills	5	4	3	2	1
Decision-Making Ability (Managerial)	5	4	3	2	1
Decision-Making Ability (Ethical)	5	4	3	2	1
Ethical Analysis Skills	5	4	3	2	1
Written Communication Skills	5	4	3	2	1
Oral Communication Skills	5	4	3	2	1
Systems/Integrative Skills	5	4	3	2	1
Managed Care Knowledge	5	4	3	2	1
Interpersonal/Personal Skills	5	4	3	2	1
Leadership	5	4	3	2	1
Team Work Skills	5	4	3	2	1
Marketing Knowledge	5	4	3	2	1
Health Care Industry Knowledge	5	4	3	2	1
Career Marketability	5	4	3	2	1
Health Professions Relations	5	4	3	2	1
Customer Relations	5	4	3	2	1
Quality Knowledge	5	4	3	2	1
Strategic Planning Skills	5	4	3	2	1
Legal Knowledge	5	4	3	2	1
Global Health Knowledge	5	4	3	2	1

II. FACULTY and PROGRAM ADMINISTRATION EVALUATION

1. Please evaluate how valuable each of the following were to you during your graduate studies:
(Please circle)

	Great Value				No Value
Faculty Accessibility	5	4	3	2	1
Faculty Expertise	5	4	3	2	1
Faculty Interaction	5	4	3	2	1
Teaching Proficiency	5	4	3	2	1
Director of MHA Program	5	4	3	2	1
Chairperson of Department	5	4	3	2	1
Graduate School	5	4	3	2	1
Academic Advising/Mentor	5	4	3	2	1
Student Input into Program	5	4	3	2	1
Quality of Fellow Students	5	4	3	2	1
Adequacy of Library	5	4	3	2	1
Adequacy of Computer Facilities	5	4	3	2	1
Adequacy of Academic Advising	5	4	3	2	1
Adequacy of Career Advising	5	4	3	2	1

2. Was the MHA faculty available to discuss your academic progress?

Yes No (please explain)

3. Was the MHA faculty available to discuss your career progress?

Yes No (please explain)

4. Do you have any suggestions to improve academic advising or career advising?

5. Did you use:

	Yes	No	Reason (Why or Why Not?)
The Office of Career Services	___	___	_____
Counseling Center	___	___	_____
Other University Services (Specify)	___	___	_____

6. Please evaluate the following MHA Program requirements in terms of their usefulness:

	<u>Useful</u>	<u>Somewhat Useful</u>	<u>Not Useful</u>
External Mentorship	___	___	___
ACHE or other Membership	___	___	___
ACHE Student Chapter	___	___	___
Computer Skills	___	___	___
Community Service	___	___	___

III. OVERALL EVALUATION/FUTURE PROJECTIONS

1. Did the courses offered in the program adequately prepare you for your desired career?

Yes No (please explain)

2. Do you feel the M.H.A. degree was a worthwhile investment of time and money?

Yes No (please explain)

3. Would you recommend this program to other professional people/colleagues?

Yes No (please explain)

4. Will you continue your membership with ACHE after graduation?

Yes No (please explain)

5. Will you become involved with the MHA Alumni Association?

Yes No (please explain)

6. Which MHA Alumni Association activities will be important to you? (Please List)

IV. CAREER DATA

1. A. What is your current job title/position and employer?

B. What is your base salary per year? (Optional) \$

2. Type of organization where you work: (Please check only one.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Multi-System Hospital | <input type="checkbox"/> Insurance Carrier |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Extended Care Facility | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Group Practice | <input type="checkbox"/> Clinical | <input type="checkbox"/> Ambulatory Care |
| <input type="checkbox"/> Accounting Firm | <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Government |
| <input type="checkbox"/> Association | <input type="checkbox"/> Planning Agency | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Hospice | |
| <input type="checkbox"/> HMO/PPO | <input type="checkbox"/> Rehabilitation | |

3. Has the MHA Program helped you obtain a higher-level position or promotion?

Yes No

If yes, has this increased your income?

Yes No

If no, do you feel more proficient at your current job?

Yes No

4. Do you feel capable of holding a higher-level position than your current one?

Yes No

5. Do you feel prepared to pursue a health care administration career?

Yes No (if not, please explain)

6. Did you change employers after entering the MHA Program?

Yes No

If yes, how many times and why?

7. Did the MHA Program help you develop a strategic career plan and direction?

Yes No

Comments:

8. Do you feel better about yourself as a person as a result of completing the program?

Yes No

Comments:

Please add any additional comments and feedback on the back side of this page.

Thank you for your participation. Good luck in your career!

Best Place to Email you Post-Graduation Email Address: _____

APPENDIX D

HAD 581 Rubric

Date: _____

Rater: _____ Course: _____ Student: _____

Category	Description	Points Available	Goal	Score
Communication Skills, Organizational Skills and Time Management <i>(Researching and identifying residency opportunities and attaining a residency site placement, development of work plan, course registration & initial paperwork graded here.)</i>	As a professional you must be proficient in finding an attaining pertinent information for decision making, competent in written and verbal communication including the marketing of oneself and ones interests and capabilities. Professionalism and time management are key.	10 points	Effectively communicates both written and verbal. Always professional and timely.	
Weekly	HAD 581 requires weekly and monthly reports that track your time and discuss your activities. Details have been provided in Appendix A. The purpose of this tracking is also to expose potential issues within the organization or potential for projects by engaging in critical reflection and thinking.	20 points	Submitted each week on Tuesday for the immediately prior Monday-Friday work week. The monthly report is due by the 10 th of the following month for the immediately prior calendar month ended. Format must be detailed and followed.	
Projects: Major, Minor	All projects must include a project summary sheet that is submitted at the onset of each project. Students should maintain a working file of all project related work product such as emails, PowerPoints, brochures, electronic files, etc. to reflect the underlying substance of the project and final work product.	40 points	Ability to assess data, research, discuss & present opportunities & strategies. Student must have a acute deliverable work product to reflect their creation of meaningful and gradable project work.	
Submission of Document Folder, Exit Survey, ACHE Final Competency Assessment, Reflection Paper and Course Evaluation	Project files, copies of all weekly and monthly reports, Exit Survey, Competency Assessment and Reflection paper are to be submitted professionally to the Department at the conclusion of HAD581	10 points	Clear and proactive understanding of the importance of documentation and documentation audit trails. Timely and well organized files and documentation that is easy to follow by any reader.	
Preceptor and Fieldwork Coordinator Evaluation of 5 Main ACHE Competency Domains	Preceptor will complete an evaluation form of the student based on the five ACHE Competencies of 1) Communication Skills, 2) Leadership, 3) Professionalism, 4) Knowledge of the Healthcare Environment and 5) Business Skills and Knowledge	20 points	To specifically assess the 5 main domains of student competency from both the day to day perspective of the hands on Preceptor and the administrative oversight perspective of the Fieldwork Coordinator	

APPENDIX E

Fit-for-the-Profession

At the onset of each students first year in the MHA program, each MHA student will be assigned to a three-person faculty team to include their academic adviser, executive-in-residence career advisor and residency fieldwork advisor. Together with the student, this interdisciplinary group will serve as professional advisory team for each student's unique and ongoing needs in respect to coursework selection, career advising/monitoring and internship/residency fieldwork placement. Collectively, with the student, these "Fit-for-the-Profession Advising Teams" will serve as the primary contacts responsible for multifaceted, non-classroom based professional development.

The Fit-for-the-Profession program itself will consist of three primary components to include: Additional Professional Requirements, Faculty-Based Professional Behavior Assessments and On-going Advisory Services.

The **Additional Professional Requirements** are documented activities that are self-initiated by each student and accessed via various resources established by and through the University. These Additional Professional Requirements must be completed by each student at various intervals throughout the didactic portion of the MHA program beginning in the fall of their first year in the MHA program, through to the completion of their capstone course (HAD 509) within the MHA program. These Additional Requirements are mandatory, and must be completed and documented in order for a student to receive their MHA degree. The following is a list of these additional requirements and deadlines for completion.

<u>Additional Professional Requirements</u>	<u>Required Completion Date</u>
1) Demonstrate Competency in Excel	By End of 1 st Semester
2) Attainment/Assignment of External Mentor	By End of 1 st Semester
3) Attainment of ACHE Membership	By End of 1 st Semester
4) ACHE Ethics/Integrity Pledge	By End of 1 st Semester
5) Professional Meeting Attendance (2 Events)	By End of Final Didactic Semester
6) 24-hours Community Service	By End of Final Didactic Semester
7) Career Services HAD Modules (4 Modules)	By Start of Final Didactic Semester
8) Career Services Integrity Pledge	By Start of Final Didactic Semester
9) Career Services Site Visit	By Start of Final Didactic Semester
10) Career Expo Attendance	By Start of Final Didactic Semester

(Each item will be monitored receipt of appropriate documentation confirming completion of said requirement. All tracking of these requirements and corresponding documentation will be maintained within the Health Administration Department.)

Faculty-Based Professional Behavior Assessments will be conducted on each MHA student whereby each student will be independently assessed in terms of their professional and soft-skill behaviors. Such assessments will be conducted by faculty members in the HAD department who teach or advise in the MHA program. The assessments will be done in early summer of each MHA students enrollment in the MHA program. Assessments will be conducted solely by HAD faculty members and will have a committee-based format. Assessments will entail group discussions and the mutual, collective assignment of various soft-skill competency ratings for each MHA student. Each student will be consistently assessed utilizing a soft-skills, professional behavior tool that has been developed within the HAD department and will serve as a uniform mechanism of communication by and between faculty members. The soft-skills assessment tool will be utilized for discussion purposes in advising meetings by and between each students and their Fit-for-the-Profession Advising Team. Lastly, the competency tool will also align to the evaluation tool utilized by health care facility preceptors who evaluate students as part of any credit-based internship (HAD 580) and/or Administrative Residency (HAD 581) fieldwork course taken by an MHA student. The Executive-in-Residence team members will likewise utilize this professional & behavioral assessment tool in any additional career advising or coaching role they have with their assigned students.

Specific details of the Additional Professional Requirements and the Professional & Behavior Assessment tool will be presented to MHA students through mandatory meeting that will be scheduled in fall of each students first year.

Ongoing Advisory Services will be available to each student in respect to academic advising, Executive-in-Residence based career advising, Career Services Center (University-based services), fieldwork advising (internships and residency) and other external mentors and mentoring services. Each of these advisory services has linkage to the various Additional Professional Requirements. The respective University faculty and other staff that serve as advisors will provide oversight and guidance as to how students access and complete each of the Additional Professional Requirements and what resources are available to students in terms of the Fit-for-the-Profession Program.

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