

**GUIDELINES FOR THE SUMMER ADMINISTRATIVE
RESIDENCY PROGRAM**

Master of Health Administration

**Division of Health Services Management and Policy,
College Of Public Health**

**410 Cunz Hall, 1841 Neil Avenue
The Ohio State University
Columbus, OH 43210**

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DIVISION OF HEALTH SERVICES MANAGEMENT AND POLICY, COLLEGE OF PUBLIC HEALTH
THE OHIO STATE UNIVERSITY**

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I. ACCREDITATION

The Ohio State University MHA Program is accredited by the Council on Accreditation for Health Management Education and has been ranked consistently among the top 15% of programs in the nation by *U.S News and World Report's* Best Graduate Program surveys. We are now ranked 12th for best healthcare management graduate program.

II. PROGRAM OF STUDY

The MHA is offered by the Division of Health Services Management and Policy in the College of Public Health. Dual degree tracks (MBA, Law, Medicine etc.) are also an option for MHA students.

The mission of the Division of Health Services Management and Policy is to prepare women and men for management and policy positions in health services and related careers; to contribute to the knowledge base for the improvement of health services through research, teaching, and service activities; and to support the mission of the College of Public Health, the Medical Center, and The Ohio State University.

Our Master of Health Administration (MHA) is twenty-one months in length beginning each fall quarter, and has three phases:

- (1) Three quarters of full-time academic work,
- (2) A summer administrative residency in a health service organization, followed by,
- (3) Three quarters of full-time academic work.

III. OBJECTIVES OF THE SUMMER ADMINISTRATIVE RESIDENCY PROGRAM

The objectives of the HSMP residency program are to enable students:

- (1) To develop leadership skills, management skills, and policy analysis skills through direct participation in management activities and
- (2) To obtain practical information and knowledge about health services management and policy analysis.

The residency is a vital part of the total educational experience, and the resident should ideally be included as a participant and observer of the top management group during the residency period. The ability to relate theory to practice is essential to the

professional development of a health care executive. Preceptors should expect the resident to function as a full-time member of the management group and should also give the resident opportunity to work at their maximum potential.

IV. STUDENT PREPARATION FOR THE RESIDENCY

During their first year of graduate studies all students will have completed a series of courses that are designed to give them a basic understanding of and exposure to management problems, management skills, and policy issues in health care and related organizations as the curriculum in Exhibit A demonstrates.

All students have completed intensive academic work in the following areas:

- Health Services Organization and Financing
- Epidemiological Data and Applications
- Organization and Management of Health Services Organizations
- Financial Management of Health Services Organization
- Economic Analysis of Health Services Organization
- Operations Management in Health Services Organizations
- Health Care Policy and Political Analysis
- Statistics for Health Services Management
- Behavioral Health Sciences

Many, if not most, of these courses are taught in an applied manner and include field work and organizational case studies.

V. PRECEPTOR / RESIDENT RELATIONSHIP

- (1) The preceptor/resident relationship is central to the residency experience. The realization of a resident's potential will depend upon her or his acceptance of opportunities provided by the preceptor in an environment conducive to creative and constructive learning experiences. It is hoped, for example, that a resident experiences the following:
 - a) understands the problem or issue at hand
 - b) participates in some research/data collection and analysis
 - c) formulates a plan for action
 - d) be part of the process so that he or she can provide recommendations
- (2) The preceptor should schedule regular meetings with the resident, perhaps on a weekly basis, to discuss the progress of the resident and the problems facing the organization. Observations about problem solving processes employed by the organization should also be shared with the resident by the preceptor.
- (3) It is expected that members of the executive staff will participate, to varying degrees, in the education of the resident. To enhance these relationships, it is recommended that the resident have an opportunity to attend as many

meetings of the management staff as time permits and the preceptor feels are productive.

VI. PRECEPTOR / GRADUATE PROGRAM RELATIONSHIP

- (1) The preceptor will be asked to submit a written evaluation of the resident's experience and performance at the conclusion of the residency program (see Exhibit B). **This evaluation should be discussed with the resident prior to the end of her or his residency period.**
- (2) Throughout the residency, the preceptor assumes a primary and critical role in the educational development of the student resident. Communication and interaction with the faculty of HSMP and/ or the Director of Professional Development (DPD) regarding progress is encouraged, but it is not necessary.

VII. SELECTION OF RESIDENCY SITES

We choose residency sites based on the expectation (and from past experiences) that management is willing and able to commit financial resources, time for mentorship, and an educational opportunity that will aid our students in their learning and increase and/ or improve their skills.

VIII. PLACEMENT OF RESIDENTS

- (1) The process of placement is accomplished by requesting each student submit a resume and a completed form listing organizational preferences, career interests, geographic preferences and other information (Preference Sheet) to the DPD.
- (2) The DPD will make every attempt to accommodate each student's interests and capabilities taking into account the background of each student and the type of residency that would be most beneficial to the student's professional development.
- (3) The placement process is managed in various ways, depending on the preceptor. For example, the preceptor may request resumes be sent for review and then interviews held on site. Other preceptors may prefer to interview numerous residency candidates on campus. Each preceptor will work with the DPD on what process best fits the needs. The final placement decision rests with the preceptor.
- (4) Students are coached on proper interviewing skills. Our goal is to make sure they are representing themselves and the MHA program well. Please discuss with the DPD any concerns you may have about a particular student as this

could affect their chances for other residency placements and future job or fellowship opportunities.

IX. MISCELLANEOUS ARRANGEMENTS FOR THE RESIDENT

- (1) Once a residency placement is made the resident is responsible for contacting her or his preceptor regarding arrangements for start date and hours, daily tasks, reporting structure and other pertinent information.
- (2) The residency appointment is expected to occur roughly from the middle of June to the middle of September.
- (3) A one (1) week (unpaid) vacation at the beginning or end of the summer residency period is often requested by students and can be negotiated between the preceptor and the resident.
- (4) Residents are paid a stipend. The DPD will recommend an appropriate amount if requested, but an organization's medical resident stipend is often used as an equivalency.
- (5) Other benefits such as housing stipend, parking, cafeteria meals, etc. are subject to negotiation. A specific amount is not included in this document because of variations in regional cost of living, perquisite differences, and other factors.
- (6) Assistance in arranging temporary housing for the summer, if required, is also very helpful.

X. CONTENT OF RESIDENCY (See "Exhibit D" for more detailed information)

(1) Orientation:

Depending upon both the student's background and the type of organization in which the residency program is being offered, a brief orientation period may be appropriate. For a complex organization a one to two week rotation is useful, though not required.

(2) Projects (See Exhibit "C" - "Sample Projects")

A major component of the administrative residency should be assigned projects, which give practical experience. To ensure that the resident gains a well-rounded management experience it is important that the projects be planned and designed to afford adequate contact with a variety of management situations and departments.

The resident could be assigned short-term and long-term projects anywhere in the organization or community. It is recommended that, if possible, the student be assigned at least one comprehensive project, which would allow the evaluation and resolution of a specific management issue. (See Exhibit D - "Suggested Content of Residency")

(3) Access to Meetings

The administrative resident can greatly benefit by attending a variety of meetings within the organization and the community. Arrangements should be made for the resident to attend meetings such as clinical staffs, where applicable, management staff, and Board of Trustees. Students have been instructed that the subjects discussed at these meetings may be very sensitive and are always deemed confidential.

(4) Expectations of the Resident

The resident should be expected to be at work during the same hours as the management team. Students have been instructed that the appropriate number of work hours is the number that it takes to get the job done. In addition, students have been instructed to be available for extra hours to circulate/rotate on different schedules and shifts where appropriate to fulfill the educational/organizational mission.

(5) Other Perquisites or Special Requirements

To be discussed and agreed upon by the preceptor and resident.

EXHIBIT A

MHA CURRICULUM, CLASS OF 2010

FIRST YEAR 2008-09

<u>Autumn-2008</u>		<u>Winter-2009</u>		<u>Spring-2009</u>	
HSMP 800 Health Care Organization I	4	HSMP 802 Economic Analysis of Health Services	4	HSMP 805 Introduction to Health Policy	4
HSMP 815 Health Services Organizational Management	4	HSMP 820 Health Services Finance I	4	HSMP 821 Health Services Finance II	4
PUBH-BIO 701 Design & Analysis of Studies in the Health Sciences	4	HSMP 880 Operations Management for Health Service Organizations	4	HSMP 870.02 Clinical Rotations	2
PUBH-EPI 710 Principles of Epidemiology	4			PUBH-HBP 725 Behavioral Sciences for Health Care Managers	2
		Electives	4	Electives	4
16			16		16

SECOND YEAR – 2009-10

<u>Autumn-2009</u>		<u>Winter-2010</u>		<u>Spring-2010</u>	
HSMP 811 Legal Environment of Health Care	4	HSMP 870.05 Human Resource Mgmt	2	HSMP 831 Strategic Management and Program Development	4
HSMP 822 Health Services Financial Decision-Making	4	HSMP 870.06 Health Care Marketing	2		
HSMP 882 Information Systems	4				
PUBH-EHS 794 Environmental & Occupational Health Essentials for Health Services Mgmt & Policy	2				
Electives	2	Electives	8	Electives	4
— 16			— 12		— 8

EXHIBIT B

Preceptor's Residency Performance Evaluation

*At the completion of the summer residency, please complete and return to the attention of Amy Thaci, Director of Professional Development, Health Services Management and Policy Division, The Ohio State University, 410 Cunz Hall, 1841 Neil Avenue, Columbus OH 43210 **by September 30th 2009**. Fax: (614) 292-3572. E-mail: thaci.1@osu.edu. If you have any questions, please call (614) 292-0969.*

STUDENT NAME: _____ **Today's date:** _____

PRECEPTOR NAME: _____ **Title:** _____

ORGANIZATION: _____

PRECEPTOR'S PHONE # _____

PRECEPTOR'S E-MAIL: _____

ADDRESS: _____

Please describe the student's main roles and responsibilities with your organization:

1. _____
2. _____
3. _____
4. _____

What were the student's major strengths in the residency?

1. _____
2. _____
3. _____

PRECEPTOR'S EVALUATION (CON'T)

In what areas could the student improve in order to function more effectively?

- 1. _____
- 2. _____
- 3. _____

What new skills did the student develop as a result of their residency?

- 1. _____
- 2. _____
- 3. _____

Did the student maintain a positive attitude?

____ Always ____ Most of the time ____ Some of the time

Did the student maintain a professional demeanor?

____ Always ____ Most of the time ____ Some of the time

How well was the residency suited to the student's ability and interests?

____ Well-suited ____ Satisfactorily suited ____ Not well suited

Please explain: _____

What is your overall evaluation of the student's performance?

____ Excellent ____ Good ____ Satisfactory ____ Needs improvement ____ Unsatisfactory

Please enter any additional comments:

Preceptor signature

EXHIBIT C

SAMPLE PROJECTS

The following are samples of projects from recent past residencies. These are included to offer suggestions and ideas.

Typical Projects for Residents in Hospitals, Health Systems, Managed Care Organizations or Other Health Care Delivery Settings

- **Operations Management.** Implemented a productivity software package. Performed revisions and restructuring of the system. Assisted in creating comprehensive disaster recovery and business continuity plan. Performed radiology process flow analysis.
- **Materials Management.** Coordinated the evaluation of a pneumatic tube system for small material transport throughout the hospital.
- **Staff/Personnel Management.** Investigated problems in staffing for the Department of Patient Unit Management. Developed and recommended new strategies to improve staff utilization. Researched charges for therapists employed by contract therapy companies.
- **Financial Management.** Performed a revenue audit for the Medical Genetics Department. Developed pro forma for new business line.
- **Contract Negotiation.** Developed the treatment protocols, the managed care operational procedures, and the contract between an insurance plan and an outpatient head trauma rehabilitation program; coordinated the home care agency and case management agency resources necessary to support this relationship.
- **New Product Design.** Supervised the benefits design for a new, comprehensive, managed care product; coordinated the design process with claims processing, provider relations, sales, and utilization review. Assisted with the purchasing and implementation of medical device recall and tracking program.
- **Marketing.** Assisted in developing the market plan for a new, over age 65, product, conducted market segment analysis, enrollment projections, and analysis of competing products. Developed annual report for network of community health providers.

SAMPLE PROJECTS (CON'T)

Typical Projects for Residents in a Hospital Association or Governmental/Public Agency

- Worked toward enactment of legislative bills dealing with health subjects.
- Analyzed clinical outcome data to determine impact of legislation on quality of care.
- Wrote public hearing testimony.
- Participated in Joint Commission Surveys in member hospitals.
- Attended Policy Development meetings.
- Wrote membership / constituent bulletins.

Typical Projects for Residents in a Long Term Care Facility

- Supervised installation of materials management software for facility.
- Developed service utilization data for city agency.
- Wrote and distributed Health Assessment questionnaire for residents.
- Participated in policy meetings.
- Revised Policy Manual.

EXHIBIT D

SUGGESTIONS FOR CONTENT OF RESIDENCY

The following suggestions for content of the residency are offered as a framework for fulfilling the objectives and can be modified, *depending on the type of organization and operational circumstances.*

A. Professional Relationships

1. Relationships among the professional / clinical departments.
2. Relationships among professional and service departments.
3. Specific problems related to management of organizations with a concentration on professionals and clinical services.
4. Medical staff organization and relationships.

B. Objectives of the Organization

1. Objectives, program, and evaluative mechanisms in healthcare organizations for:
 - a) patient care
 - b) education
 - c) research
 - d) other community services
2. Specific problems in other types of organizations with multiple and varied objectives.

C. Executive Organization and Functions

1. Organization and assignments of executive staff.
2. Decision making processes and reporting mechanisms.
3. Relationships among board, management, medical staff, if in a healthcare organization.
4. Relationship between administration and clinical staff in healthcare organizations.
5. Ethical considerations, codes, and documentation.
6. Process of decisions and activities by organization leadership.

EXHIBIT D (con't)

D. Services

1. Identification and observation of healthcare or other services provided to the community.
2. Problems related to responding to community needs with new services.
3. Evaluation of services for efficiency and effectiveness - measurement of results.
4. Restructuring and operations improvement programs.

E. Financial Management

1. Payment mechanisms - Managed Care Systems - other payment problems.
2. Information systems and processing.
3. Responses to new payment options from appropriate sources with emphasis on new mechanisms.

F. Selected Other Management Functions

1. Strategic planning for services and resources
2. Marketing plans and programs.
3. Operations management techniques and monitoring systems to improve productivity and service systems.
4. Quality assurance measurement and systems for assuring total quality.

G. External Factors

1. Accreditation, licensing, and other certifying agencies.
2. Impact of public policy and political processes on the organization.

EXHIBIT E

TEACHING FACULTY

ALLARD E. DEMBE, Sc.D. Chair of the Division of Health Services Management in the College of Public Health and Director of the Ohio State Center for Health Outcomes, Policy and Evaluation Studies (HOPES). Dr. Dembe's professional and scholarly interests include health policy and health services research, disability and employment, occupational epidemiology, and social aspects of work and health. He has served as deputy director of the Robert Wood Johnson Foundation's Workers' Compensation Health Initiative and co-directed the doctoral and postdoctoral degree programs in occupational health services research at the Harvard University School of Public Health. Professor Dembe has been the principal investigator for numerous federally-funded research projects and has published over 40 peer-reviewed journal articles, book chapters, and books. He is the author of *Occupation and Disease: How Social Factors Affect the Conception of Work-Related Injuries*, published by Yale University Press.

SHARON B. SCHWEIKHART, Ph.D. Associate Professor and MHA Program Director, Division of Health Services Management and Policy. She came to The Ohio State University from the University of Minnesota, where she earned an M.B.A. and a Ph.D. in Business Administration. She holds an undergraduate degree in Industrial Engineering from Wayne State University. Professor Schweikhart teaches courses in operations management, quality management, and information systems. Her research interests include quality management, process and job redesign, and the operations/technology interface.

ROBERT J. (JEFF) CASWELL, Ph. D. Associate Professor Emeritus in the College of Public Health, earned the M.A. and Ph.D. in Economics at the University of Michigan. His teaching focuses on the applications of economics to health management and policy, and has included topics ranging from ethics in health management to business forecasting methods. His research interests include health economics generally, especially cost analysis, structure and performance of firms and markets in health care, and problems of equity and access to care.

ANN SCHECK McALEARNEY, Sc.D. Assistant Professor, holds a Master's degree in Biological Sciences from Stanford University and a Doctorate in Health Policy and Management from Harvard University. Professor McAlearney teaches courses in Health Services Organizational Management, Strategic Management, and Leadership in Health Care. Professor McAlearney's research and publications are in various areas including leadership and leadership development in health care, organizational change, and information technology innovations in health care, and she has recently written a book, *Population Health Management: Strategies to Improve Outcomes*, for Health Administration Press.

SANDRA J. TANENBAUM, Ph.D. Associate Professor, holds A.B. and M.S.S. degrees from Bryn Mawr College and a doctorate in political science from the Massachusetts Institute of Technology. Professor Tanenbaum teaches health policy and politics including disability policy.

STEPHEN F. LOEBS, Ph. D. Professor Emeritus, has been at The Ohio State University since 1972. He served as Chair of the Graduate Program in Health Services Management and Policy from 1980 to 2002. He was Associate Dean of the College of Public Health from 1995 to 2002. He also holds a faculty appointment in the School of Public Policy and Management. His graduate level teaching specializations include the organization and financing of health care services, health system reform, managed care, and community health benefit. Dr. Loeb holds a Ph.D. in Medical Care Organization from the University of Michigan. Also from that institution, he earned his M.A. in Political Science and his MHA in Hospital Administration. He was awarded his A.B. degree by Bowdoin College. He is currently Chair of the Ohio School Employees Health Care Board, appointed by the Governor, a Board member of the Patient Access Network Foundation and the National Center for Healthcare Leadership.

PAULA SONG, Ph.D. joined the Division on Health Services Management and Policy as an assistant professor in January 2007 and teaches health care finance and accounting in the MHA program. Her primary research focuses on investment strategies in not-for-profit hospitals. She received her MHA and Ph.D. from the University of Michigan and has previous experience as a healthcare administrator in a large multi-specialty physician group practice.

ERIC SEIBER, Ph.D. joined the Division of Health Services Management and Policy as an assistant professor in July 2007 and teaches Health Services Research. His research focuses on provider billing behavior, Medicaid and Medicare program integrity, employer-sponsored insurance, and economic demography. He received his Ph.D. from Tulane University.

DEBORAH LEVINE, MD, MPH, joined the Division of Health Services Management and Policy as an Assistant Professor in September of 2007.

KATHRYN HALLER, J.D. Associate General Counsel for Health Sciences at The Ohio State University Medical Center. Ms. Haller has been counsel for the University Medical Center, including both the Health System and the College of Medicine and Public Health, since 1999 and teaches health care law in the MHA program.

RICHARD D. SCHROCK, Administrator of Financial Services for The Ohio State University Hospitals, teaches financial decision-making in the MHA program.

DEENA CHISOLM, Ph.D. Assistant Professor of Pediatrics in The Ohio State University College of Medicine and Investigator in the Columbus Children's Research Institute, Center for Innovation in Pediatric Practice. Deena received her Ph.D. with a specialization in health services management and policy from the College of Public Health at The Ohio State University. She teaches information systems and guest lectures in other courses in the MHA program. Her research focuses on uses of information technology to improve quality and equity of care for pediatric patients.