Master of Health Administration

SUMMER ADMINISTRATIVE RESIDENCY
PROGRAM GUIDELINES

Division of Health Services Management and Policy
College Of Public Health
Cunz Hall, 1841 Neil Avenue
The Ohio State University
Columbus, OH 43210

HSMP Program Manager
(614) 292-8350 | cph@eph.osu.edu

GUIDELINES FOR THE SUMMER ADMINISTRATIVE RESIDENCY PROGRAM
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Updated 7/14
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 14th 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 and combined 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 Wexner Medical Center, and The Ohio State University.

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

1. Two semesters of full-time academic work,
2. A summer administrative residency in a health service organization, followed by,
3. Two semesters 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 Appendix 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 Appendix G). 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 HSMP Program Manager regarding progress is encouraged, but it is not necessary.
VII. RESIDENCY SITES

We seek potential 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. ONBOARDING OF RESIDENTS

(1) The process of onboarding 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 HSMP Program Manager.

(2) The HSMP Program Manager 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 when seeking potential preceptors.

(3) Preceptors are sent resumes of students who listed the residency/internship as a preference by January 15 and have one month to review resumes and request additional applicants if the pool is not sufficient. Preceptors interview students during the end of January and beginning of February. Interviews can be at preceptor’s site, via phone, or on campus (can be arranged with HSMP Program Manager). By February 15 preceptors notify the HSMP Program Manager of their selection. 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 HSMP Program Manager 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 offer is made by the preceptor, the resident is responsible for contacting his or her preceptor and completing the Residency Agreement Form (Appendix F).

(2) The residency appointment is expected to occur roughly from the middle of May through the middle of August (12-14 weeks in length).

(3) A one (1) week (unpaid) vacation during 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 HSMP Program Manager 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 Appendix 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 Appendix 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 Appendix 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.
# APPENDIX A

## MHA CURRICULUM, CLASS OF 2016
*(students entering Autumn 2014)*

### Year 1

#### Autumn Semester

<table>
<thead>
<tr>
<th>Course Number/Name</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>PUBHMP 6611 Health Care Organization</td>
<td>3</td>
</tr>
<tr>
<td>PUBHEPI 6410 Principles of Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>PUBHHMP 7615 Health Services Organizational Management</td>
<td>3</td>
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<tr>
<td>PUBHHMP 7620 Health Services Finance I</td>
<td>3</td>
</tr>
<tr>
<td>PUBHHMP 7602 Economic Analysis of Health Services</td>
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#### Spring Semester

<table>
<thead>
<tr>
<th>Course Number/Name</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>PUBHHMP 7605 Introduction to Health Policy</td>
<td>3</td>
</tr>
<tr>
<td>PUBHHMP 7621 Health Services Finance II</td>
<td>3</td>
</tr>
<tr>
<td>PUBHHMP 7672 Clinical Rotations</td>
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<tr>
<td>PUBHHMP 7675 Human Resources Mgmt in Health Care</td>
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</tr>
<tr>
<td>PUBHHMP 7680 Ops Mgmt for Health Service Orgs</td>
<td>3</td>
</tr>
<tr>
<td>PUBHBIO 6210 Design and Analysis of Studies in the Health Sciences I</td>
<td>3</td>
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#### Summer Term

| Administrative Residency                  |              |

### Year 2

#### Autumn Semester

<table>
<thead>
<tr>
<th>Course Number/Name</th>
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<tbody>
<tr>
<td>PUBHHMP 7601 Financing for Health Care</td>
<td>3</td>
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<tr>
<td>PUBHHMP 7622 Health Services Financial Decision-Making</td>
<td>3</td>
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<tr>
<td>PUBHHMP 7673 Understanding Health Care Organization Data</td>
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<tr>
<td>PUBHHMP 7682 Info Sys for Health Srvcs Orgs</td>
<td>3</td>
</tr>
<tr>
<td>PUBHEHS 6310 Principles of Environmental Health Science</td>
<td>3</td>
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<tr>
<td>ELECTIVES</td>
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</table>

#### Spring Semester

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<thead>
<tr>
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<th>Credit Hours</th>
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<tbody>
<tr>
<td>PUBHHMP 7611 Law and Ethics in Health Care</td>
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</tr>
<tr>
<td>PUBHHMP 7631 Strategic Management &amp; Program Development</td>
<td>3</td>
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<tr>
<td>PUBHHMP 7676 Health Care Marketing</td>
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<tr>
<td>PUBHHBP 6510 Preventing Disease and Promoting Health through Behavioral Science</td>
<td>3</td>
</tr>
<tr>
<td>ELECTIVES</td>
<td>1.5</td>
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APPENDIX B
SUMMER RESIDENCY PROCESS TIMLINE

September 1 – November 15:
- Organizations are encouraged to host information sessions or site visits with our students
  - Contact the HSMP Program Manager to schedule a session or visit
- Students attend professional development workshop series to prepare for applications and interviews

October 1 – December 15:
- HSMP Program Manager works with organizations to identify residency opportunities
- Organizations complete Residency Response Form (Appendix E), and return to HSMP Program Manager by December 15

November 15 – January 6:
- HSMP Program Manager promotes Summer Residency opportunities to students
- Students submit resumes/cover letters for positions in which they are interested by January 15

January 15 – February 1:
- Organizations review resumes/cover letters and identify candidates to interview, notifying HSMP Program Manager by February 1

Mid-January – Mid-February:
- Organizations conduct interviews at their convenience. HSMP Program Manager can assist with scheduling and notifying students. HSMP Program Manager can provide space on-campus for interviewing

January – February:
- Organizations notify HSMP Program Manager of resident selection and offer calls can be made
APPENDIX C

SAMPLE PROJECTS

The following are samples of projects from recent 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.
APPENDIX 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.

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.
APPENDIX E

2015 Summer Administrative Residency
Response Form

Organization Name: ____________________________________________
Organization Address: __________________________________________
Contact Name: __________________________________ Title: _____________
Phone #: __________________ Email: _____________________________

Application materials required (check all that apply):
Resume  Cover Letter   Other ________________________________

Residency position description/project information:

Desired qualifications/experience of successful applicant:

Other residency or site information:

Please return at your earliest convenience, but no later than December 15 to:

HSMP – MHA Residency Program Manager
The Ohio State University | College of Public Health
1841 Neil Avenue | Columbus, Ohio 43210 | 100 Cunz Hall
p: 614.292.0969 | f: 614.247.1846 | e: cph@cpo.osu.edu
APPENDIX F

THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

2015 SUMMER ADMINISTRATIVE RESIDENCY AGREEMENT/GOALS

The preceptor and student should complete this document together. A copy of this agreement should be retained for future reference and monitored by all parties. Student should submit the original form to the HSMP Program Manager no later than May 15.

<table>
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<tr>
<th>RESIDENCY/INTERNSHIP DETAILS</th>
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<tbody>
<tr>
<td>Student’s Name:</td>
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<td>Organization Name:</td>
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<td>City:</td>
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<td>State:</td>
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<td>Zip:</td>
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<td>Preceptor Name:</td>
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<td>Title:</td>
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<td>Preceptor Phone #:</td>
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<td>Wage/Salary/Stipend:</td>
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<td>Expected # of hours per week:</td>
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<td>Benefits (parking, vacation, etc):</td>
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<th>GOALS &amp; COMPETENCIES</th>
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| Student’s Signature:     |
| Date:                    |
| Preceptor’s Signature:   |
| Date:                    |

PLEASE RETURN THIS FORM TO:
HSMP – MHA Residency Program Manager
The Ohio State University | College of Public Health
1841 Neil Avenue | Columbus, Ohio 43210 | 100 Cunz Hall
p: 614.292.0969 | f: 614.247.1846 | e: cph@cph.osu.edu
APPENDIX G

PRECEPTOR'S RESIDENCY PERFORMANCE EVALUATION

At the completion of the summer residency, please complete and return by September 1, to:
MHA Program Manager, Division of Health Services Management and Policy, The Ohio State University, 100 Cunz Hall, 1841 Neil Avenue, Columbus OH 43210. Fax: (614) 292-1846. E-mail: cph@cph.osu.edu.
If you have any questions, please call (614) 292-0969.

Student's Name: ________________________________________________________________
Organization Name: ____________________________________________________________
Organization Address: __________________________________________________________
City: ____________ State: ____________ Zip: ____________
Preceptor Name: ___________________________ Title: _____________________________
Preceptor Phone #: ( _______ ) __________________________ Email: _____________________

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. __________________________________________________________________________

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 _______________________________ Today’s Date ________________________