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I. INTRODUCTION

The Army-Baylor MHA/MBA Program – Competency-Based Graduate Learning

The purpose of the Army-Baylor University Graduate Program in Health and Business Administration (hereafter referred to as the Program) is to educate students to perform effectively as leaders in the modern healthcare environment. In order to meet this objective, the Program bases its two-year core curriculum on the Joint Medical Executive Skills (JMES) Program Core Curriculum that was established jointly by the Service medical departments and the Office of the Assistant Secretary of Defense, Health Affairs (OASD/HA).

The JMES Core Curriculum, most recently updated in 2017, established a common educational framework to assist in the personal development of executive skills needed by medical treatment facility (MTF) commanders, lead agents, and lead agent staff members in the modern healthcare environment. Reviewed and revised every three years, the Core Curriculum specifically identifies behaviors (called Program Competencies) expected of a highly qualified, senior leaders in the military health system (MHS). The Program Competencies are grouped into seven domains, with individual competencies specifically defined by an accompanying set of behavioral statements or behaviors that persons possessing the competency should demonstrate. The behaviors are statements rather than objectives.

The objectives of the Program are based on strategic objectives set forth by The Surgeons General of the Army, Navy, and Air Force; the Department of Veteran Affairs (VA); and Baylor University. Additionally, the Program’s objectives and curriculum (both didactic and residency phases) meet the accreditation quality standards and criteria of the Commission on the Accreditation of Healthcare Management Education (CAHME).

The Program’s Curriculum and Residency Committees, in conjunction with Program faculty, structure the curriculum to ensure that each graduating resident possesses basic level skills within each area and has ample opportunities to develop those competencies to a more senior level. The adopted competencies retain the JMES Program seven-domain structure and are shown on the following page as the framework of The Army-Baylor Competency Model.

Recognizing that healthcare administrators continuously develop higher-level competencies throughout years of leader and executive experience, the Program designs, executes, evaluates, and revises its curriculum with the intent that our graduating students acquire and develop Army-Baylor competencies to the taxonomic level of knowledge or application, appropriate to early- or mid-career healthcare administrators.
# The Army-Baylor Healthcare Administrator Competency Model

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The Army-Baylor MHA/MBA Program - Two-Phase Learning Experience

The adult educator Peter Jarvis defined learning as “the transformation of experience into knowledge, skills and attitudes” through a process in which the “whole person” engages in experiences that they process “cognitively, emotively or practically (or through any combination) and [integrate] into [their] individual biography resulting in a changed (or more experienced) person” (Merriam & Bierema, 2013, p. 112, italics in original).

The Army-Baylor Program is comprised of two distinct phases both of which are focused on development of Army-Baylor competencies: 1) Didactic Phase - one year of didactic instruction in the theories, concepts, principles, and techniques involved in the planning, management, and delivery of healthcare, and 2) Residency Phase – one year of experiential learning under the preceptorship of a senior health administration professional/executive at any of a large number or partnering medical treatment facilities or healthcare system (government and civilian) situated across the country or at government healthcare facilities overseas.

Army-Baylor Program begins each didactic year with a single cohort of students comprised of students from all military services as well as select government civilians, representing a wide range of professions, including administration, many different healthcare fields, and others. Together with their multi-disciplinary cohort, Army-Baylor Program students experience classroom and extra-curricular activities that foster interpersonal and inter-disciplinary skills, teamwork, and self- and peer-assessments in all phases. Additionally, each student is assigned a faculty advisor who regularly counsels with the student regarding progression through courses, competency development, and career progression throughout their Army-Baylor experience. Current faculty and staff are named in ENCLOSURE A.

The Army-Baylor Program offers traditional two-year curriculum tracks that lead to a Master of Health Administration (MHA) or to a dual MHA/MBA (Master of Business Administration) with the core MHA curriculum required of students in both tracks. Additionally, qualified professional students may complete a one-year, condensed Executive Clinical Leadership (ECL) track. Didactic Year Curricula for 2019-20 are found in ENCLOSURE B.

Upon completing the first-year didactic phase, students progress to the year-long, on-site graduate residency experience. During this second experiential education year, residents apply skills developed during the didactic phase and further build their Army-Baylor medical executive competencies within an active healthcare system environment through a plan tailored to the individual needs of each resident.

II. THE ARMY-BAYLOR PROGRAM RESIDENCY - COMPETENCY-BASED

The Residency

The Program’s administrative residency phase is the critical learning experience through which residents apply knowledge and skills developed during the didactic phase and further build their professional competencies within an active healthcare system environment. The residency provides daily exposure to the operational realities of health services management in a variety of institutional settings and guided by a highly competent and accomplished preceptor in the field of healthcare administration. Most residents are assigned to large medical facilities that are capable of supporting residents with the broad and sufficient means to gain and build experience in healthcare administration and to apply didactic concepts in operational settings.

Each student must successfully complete the administrative residency in order to graduate. Throughout the residency year, students demonstrate their satisfactory development of Army-Baylor competencies through completion and assessment of a series of learning experiences,
residency projects, and written communications. The preceptor and faculty determine and certify satisfactory completion of the residency and overall degree program on a pass/fail basis.

The overall objective of the administrative residency is to provide residents with opportunities to:

- Further develop the Army-Baylor competencies, appropriate to middle- and senior-level management positions in healthcare settings, by applying the theories, concepts, and practices introduced during the didactic phase of the Program.
- Develop a practical knowledge of the clinical and administrative elements of healthcare institutions across the Army-Baylor competency domains, identifying and targeting characteristics and behaviors identified by the resident, preceptor and/or faculty advisor where the competencies and skills of the resident require enhancement.
- Strengthen a code of personal ethics, a philosophy of management, and a dedication to the high ideals and standards of excellence in healthcare administration.
- Develop Army-Baylor competencies necessary for future healthcare leadership positions, including professional communication, by completing several preceptor-sponsored graduate healthcare management/administration projects and submitting written summaries of several projects for evaluation and Program completion.

**Types of Residencies**

The Army-Baylor Program generally supports three types of administrative residencies. The program does not currently support Table of Organization and Equipment (TO&E) residencies or those that involve deployment or sea service.

The first type of residency is facility-based within a fixed medical facility or system and is what most residents will experience. This type of residency is conducted at a civilian, military, or VA hospital or medical center and is best suited for residents with little or no experience in a facility setting.

The second type of residency is the policy residency. This type of residency is conducted at a policy-setting institution or organization. Residents in this type of residency may receive assignments to the Office of the Surgeon General (Army), U.S. Army Medical Command, Navy Medicine Regional Commands, Enhanced Multi-Service Market Offices, and the Defense Health Agency. This residency is best suited for residents with significant experience in a facility setting.

The third type of residency is the U.S. Army Health Services Comptroller Residency/Internship and is only for Army Medical Service Corps Comptrollers (70C). Residents are selected for this type of residency concurrently with their selection for the Army-Baylor Program in Health and Business Administration. These residents will spend their residency under the preceptorship of a seasoned Health Services Comptroller in the rank of Lieutenant Colonel or above at a major Army Medical Center. These residents must complete the requirements of the Army-Baylor Program and must also complete all requirements for completion of the comptroller internship to include the comptroller oral exam within the residency year.

The Program considers several key points when selecting potential residency sites and matching the appropriate resident with the appropriate site. These include a site’s desire and availability to host a resident and provide high-caliber experience in graduate healthcare management; availability of a qualified preceptor; as well as a resident’s experience (both pre-didactic and didactic), time in service, previous assignments, advancement considerations, plans for future assignments, and availability of residency sites.
Responsibilities of Residents and Other Stakeholders

The overall success of the student’s administrative residency is built on a team effort by the resident, the preceptor, the faculty advisor, the Residency Director, and the Program Director. Continual, proactive, and open dialogue pertaining to candidate’s development among the stakeholders listed above is of vital importance to a successful residency. This section of the residency handbook provides details about the responsibilities of key stakeholders in the process.

The Preceptor

The preceptor should be a strong supporter of graduate healthcare management education, competent and capable, with sufficient personal availability to serve as the primary educator of the resident throughout the year-long residency phase. The preceptor’s primary motive in this experience should be to teach and facilitate the resident’s life-long learning. The preceptor should be familiar with teaching techniques, be able to communicate ideas, and able to stimulate residents to meet the academic requirements of the residency, coordinating the resident’s educational plan in accordance with sound educational principles and the established policies and guidelines of the Program.

The preceptor, as an educator, is expected to be active in continuing professional education. Affiliation with a nationally-recognized healthcare organization is one way of ensuring continuing education and professional development.

The PRIMARY responsibility of the preceptor is to teach and mentor the resident. In fulfilling these roles, the preceptor must ensure that the resident can demonstrate knowledge and ability across the full range of Army-Baylor competencies and is challenged in those areas where the resident has limited experience. The resident must be given guidance and instruction as to ways in which to meet those challenges. The resident must also be allowed to develop or refine specific functional skills to successfully fill a middle or senior-level management position upon completion of the residency. Through thoughtful guidance and constructive criticism, the preceptor should strive to direct the resident toward learning experiences that will be most beneficial. As mentioned previously, the Baylor Experience and Assessment Review (BEAR) is the primary tool for the resident and preceptor to identify opportunities to further develop the resident’s Army-Baylor competencies and characteristics by identifying, structuring, and assessing targeted experiences throughout the residency year.

Senior Medical Executive Staff in military and civilian settings are appointed preceptors for the duration of the residency year. Interim preceptors may be appointed during periods of transition of senior leadership with approval of the Program Director. Preceptors will normally have earned a graduate degree in management or health administration conferred from a university program accredited by the Commission on Accreditation of Health Management Education (CAHME) and/or The Association to Advance Collegiate Schools of Business (AACSB). It is essential that a preceptor has several years of experience and demonstrated competency in health administration. In the absence of an academically qualified preceptor, an experienced individual with a graduate degree in another health service discipline may be appointed.

The Residency preceptor should:

- Orient the resident to the institution;
- Provide the residency infrastructure to include office space and computer for the resident adequate to support executive-level communication and project development;
- Review the incoming resident’s (BEAR) from the didactic year and discuss with the resident his/her goals, strengths, further opportunities for competency development, etc.;
- Assume an active role in the development of the administrative residency plan;
Assume an active role in the development of appropriate and robust graduate residency projects during the residency year; again, the BEAR is the primary tool for the resident and preceptor to identify opportunities to further develop specific JMES competencies and characteristics by identifying, structuring, and assessing targeted experiences across the healthcare spectrum;

Periodically interact with faculty advisor to discuss the development of the resident;

Participate in the quarterly Preceptor teleconferences (as available);

Assist and guide the resident throughout the residency to facilitate learning through residency projects and integrative experiences in the applied setting. The preceptor’s judgment of resident progress should be aligned with his/her evaluation of whether the resident is demonstrating a progressive and appropriate level of mastery of the JMES competencies; use of the BEAR as reference and documentation is required;

Introduce resident to key staff and support personnel;

Endorse all deliverables submitted by resident to include initialing quarterly BEAR submissions within the Preceptor Validation column;

Appropriately support the resident’s attendance at and participation in national or regional professional meetings of a professional association for healthcare administration;

Formally evaluate the resident’s Graduate Residency Portfolio both at the mid-point and at the end of the year using the appropriate guidelines and rubric for each submission;

Ensure that requested residency curtailments and other major changes to the residency plan are coordinated with the Residency Director, the resident’s faculty advisor, and the Army-Baylor Program Director;

Provide recommendation on resident-requested curtailments;

Certify resident’s successful completion of the residency or failure to complete the residency (if necessary);

Complete the preceptor survey, final competency assessment, and statement of residency completion at end of residency year;

Participate in appropriate continuing professional education;

Participate in face-to-face Army-Baylor MHA/MBA Program preceptor training at least once every 3 years; and

Forward any concerns or disputes regarding the resident or the Army-Baylor administrative residency program in writing to the Residency Program Chairman for consideration by the Residency Committee and/or the Program Director as soon as possible (e-mail is sufficient).

The Resident

The resident is responsible for further developing personal Army-Baylor competencies through active and engaged learning throughout the residency phase. While professional guidance and support from the preceptor and faculty advisor are a key part of the residency experience, the resident is ultimately responsible for successfully completing the administrative residency phase of the Army-Baylor Program. The duties and responsibilities of the resident include:

 Develop a rigorous residency plan in close collaboration with the assigned preceptor; the BEAR is the primary tool for the resident and preceptor to identify opportunities to further develop specific Army-Baylor competencies and characteristics by identifying, structuring, and assessing targeted experiences across the healthcare spectrum; submit written residency plan for review by faculty advisor;

 Execute the residency plan while allowing for inclusion of developing opportunities;
• Submit a weekly report to Preceptor and faculty advisor summarizing learning experiences;
• Consult with faculty advisor while developing graduate residency projects; residents may solicit guidance at any time from the faculty advisors and others (no formal request process required);
• Continuously refer to and update the BEAR, ensuring that residency activities, projects, and goals align with and further develop Army-Baylor competencies;
• Work closely with the preceptor to development and complete a variety of appropriate and robust graduate residency projects targeted toward Army-Baylor competency development and opportunities within the residency healthcare system;
• Generate and submit a professional Graduate Residency Portfolio consisting of written summaries describing three (3) of the most significant graduate residency projects completed during the residency and one (1) written summary recommending a Best Practice observed at the residency site/system;
• Complete all residency requirements in accordance with the residency manual, ensuring strict adherence to required submission dates and times;
• Attend meetings, symposiums, trainings, and strategy sessions as directed by preceptor;
• Ensure that the preceptor reviews and approves quarterly submissions of the updated BEAR before they post it to Canvas;
• Complete end-of-year resident survey;
• Submit a recommendation for Dean Toland Preceptor of the Year Award (optional);
• Develop and plan itinerary for any Army-Baylor faculty site visits (if applicable); and
• Forward any concerns or disputes regarding the preceptor or the Army-Baylor residency program in writing to the Residency Program Chairman for consideration by the Residency Committee and/or the Program Director as soon as possible (e-mail is sufficient).
The Faculty Advisor

The faculty advisor functions as a connection between the resident, the preceptor, and the Program and, as such, is an important stakeholder in the residency process. The responsibilities of the faculty advisor during the residency year include:

- Serve as first and primary contact for residency issues for the resident and preceptor;
- Review and approve the initial administrative residency plan and any subsequent changes;
- Assist the resident and preceptor with specific aspects of graduate residency projects (e.g., methodology, theoretical applications, research design, etc.); offer guidance throughout the planning, completion, and writing of project summaries for the required Graduate Residency Portfolio;
- Facilitate quarterly communications with the resident and the preceptor to review the preceptor-approved, updated BEAR;
- Coordinate with preceptor on all administrative aspects of residency as needed;
- Provide recommendations on residency curtailment;
- Assume preceptor duties in case of curtailments without interim preceptors;
- Review quarterly and final residency reports (contained in BEAR submissions) and portfolios to maintain oversight of the residency experience and certify sufficient academic rigor has been applied during the residency year; and
- Provide online feedback via monthly online discussion questions.

The Residency Director

The Residency Director is charged with ensuring the overall success of the administrative residency and acts as a representative for the Program Director. Career managers from each service, consultants, and the Residency Director work together to identify residency sites that satisfy the educational needs of the residents as well as the corporate needs of each respective service and the program.

The responsibilities of the Residency Director include the following:

- Evaluate the adequacy of the residency sites and preceptors;
- Determine the appropriateness of preceptors based on the following criteria:
  - Education and/or experience in healthcare discipline/field;
  - Demonstrated support for graduate-level education and development;
  - Willingness to teach and facilitate life-long learning;
  - Familiarity with learning techniques and ability to communicate and stimulate resident to meet the residency requirements;
  - Preparedness for guiding and conducting the residency; and
  - Professional affiliation(s) (e.g., ACHE, MGMA, HFMA, etc.).
- Schedule and facilitate preceptor and resident quarterly teleconferences;
- Evaluate requested curtailments and recommending approval/disapproval to the Program Director;
- Coordinate with faculty advisors to ensure reviews of quarterly and final residency reports/portfolios are being conducted to maintain oversight of the residency experience and certify that sufficient academic rigor was applied during the residency year;
- Make recommendations to the Program Director for the Boone Powell and Dean Toland awards based on resident performance and arrange for presentation of awards in an appropriate public forum (e.g. ACHE Congress or annual Preceptors Training);
• Establish criteria and schedule for residency site visits;
• Review complaints and disputes pertaining to the administrative residency, attempting to solve matters at the lowest level possible; provide recommendations and guidance to the resident, preceptor or Program Director on further action as needed;
• Consolidate ‘Best Practice’ recommendations from Graduate Residency Portfolios for consideration by Army-Baylor preceptors to support award of the COL Richard Harder award; and
• In conjunction with the Curriculum Chair, review, update and distribute the Residency Manual to students/residents and current preceptors on an annual basis.

The Army-Baylor MHA/MBA Program Director

The Program Director has oversight of the Administrative Residency Program as part of the overall Program. To accomplish this oversight responsibility, the Program Director has the following responsibilities:

• Approve residency sites and preceptors;
• Serve as the appeal authority for all disputes and curtailment issues;
• Certify completion of residency requirements and all winners of residency awards; and
• Oversee all Graduate Management Studies for students who fail to meet residency requirements.

The Education Technician

The education technician for the Army-Baylor Program serves as the program coordinator and as the administrative liaison with Baylor University. The duties of the education technician with respect to the residency program include:

• Serve as the official administrative point of contact for the resident and preceptor during the residency phase for all matters pertaining to official documentation deadlines, graduation coordination, etc. and serves as the final recipient of all official documentation after receipt and approval by the preceptor and faculty advisors (quarterly reports, graduate administration portfolios, etc.); and
• Record completion of documentation on official Program records and certify residents for graduation from Baylor University.
III. THE RESIDENCY EXPERIENCE

Introduction

The Residency phase of the Army-Baylor Program is the “hands-on” portion of the competency-based curriculum. Accordingly, the residency experience should be holistically planned and coordinated to provide the resident specific and ample opportunities to build on competencies learned in the didactic phase through diverse experiences in healthcare administration within a complex healthcare system.

These experiences include identifying, developing, and completing several robust graduate residency projects that are both targeted to further develop the resident’s Army-Baylor competencies and that are of significant value to both the resident and the residency healthcare organization. Planning the residency experience should, therefore, be a joint effort primarily between the resident, preceptor, with appropriate input from the faculty advisor, Residency Director, and others as needed. Ultimately, the residency is a dynamic, “living” process and, as such, changes are expected; and students are expected to capitalize upon arising opportunities to the benefit of the host organization and the resident.

Preceptor’s Initial Orientation of Resident

In addition to preparing the residency site organization for the residency, the preceptor is responsible for orienting the resident to the setting. We recommend that the preceptor discuss the following points with the resident upon his/her arrival at the residency site:

- Mission, vision, values and history of the organization;
- Structure of the organization (command/executive, organizational, financial);
- Committees (structures, compositions, and responsibilities);
- The healthcare system, facilities, and surrounding environment;
- Community health facilities and organizations such as:
  - Area associations;
  - Area planning agencies;
  - Area fiscal intermediaries and third-party payers;
  - Public health activities;
  - Managed care activities;
  - Mental health activities; and
  - Medical, dental, nursing, and labor societies and organizations; and
- The administrative residency experience, including:
  - The residency plan and possible projects for the resident’s involvement;
  - Army-Baylor University Graduate Program requirements and reports; and
  - Personal matters such as leave, IT support, office space, housing, etc.
Creating the Administrative Residency Plan

At the beginning of the residency year, the preceptor and resident should review the resident’s experience and progress over the didactic year as documented in the didactic portion of the resident’s BEAR (self-assessment and quantitative scores), referring to the Army-Baylor competencies. The resident and preceptor should pay particular attention to the specific individual behaviors for each as they identify particular knowledge, skills, behaviors, functions, etc. with the goal to further the resident’s professional competency development.

A sample residency plan is also included in ENCLOSURE D of this document.

The resident will submit the initial residency plan, upon preceptor approval, on Canvas. ENCLOSURE E lists specific due dates for residency requirements, deadlines, and routing processes for the major documents for the administrative residency.

The resident, with preceptor approval, may develop or tailor the administrative residency plan to address the needs of the residency site, preceptor, and the competency development of the resident. During the year, the resident and preceptor may refine the plan during the course of the residency year based on new opportunities or other contingencies. In all cases, the residency plan must conform to the philosophy and objectives of the Program. Residents must submit any subsequent updates to the approved residency plan to the faculty advisor (on Canvas) on a quarterly basis.

The administrative residency plan should, at a minimum, provide for the following:

- Core competency rotations in administrative and clinical areas throughout the facility/system during the residency. These rotations are considered “non-negotiable” as they build on the theories, concepts, and practices presented during the didactic year. Residents are highly encouraged to include rotations to areas that are unique to the residency site. (See ENCLOSURE D for the list of recommended core rotation areas);
- Any known personal time breaks that may be required during the year (such as a family wedding or graduation);
- Attendance as an ex-officio member of all standing and special committees;
- Adequate time (not to exceed a total of four full weeks) during the residency to research, develop, and complete at least three Graduate Residency Projects; as well as sufficient time to write project summaries of three (3) of those projects and a description/recommendation of an observed Best Practice for inclusion in the Graduate Residency Portfolio and submission to the Program;
- Visits to local civilian health facilities and federal health facilities, hospitals, health clinics, extended care facilities, public health offices, private third-party insurers, medical societies and associations, healthcare educational councils, and planning agencies. ENCLOSURE O includes a sample template to cover residency-sponsored activities of short duration within a non-host and non-federal site;
- If possible, participation in at least one national or regional meeting of a professional association for healthcare administrators, e.g., the American Academy of Medical Administrators, the American College of Healthcare Executives, or the Medical Group Management Association;
- Participation and completion of service or specific requirements for the resident’s military area of concentration (AOC; e.g., 70C internship)
Competing Course Issues

Preceptors and Faculty Advisors should discourage resident involvement in Professional Military Education (PME) or other service-related schools while serving as a resident. The resident’s primary focus during his/her residency year should be directed toward the completion of their degree requirements. If a resident must complete a course because of promotion concerns, preceptors should strongly consider correspondence or alternative choices (e.g. Reserve Component ILE) over attending in residence. Regardless of their type of course involvement, the residency timeframe will not be reduced (curtailed) or extended; the same 12-month timeline will apply.

Gifts and Travel

Army-Baylor residents frequently interact with non-federal organizations during the residency year. Residents may encounter situations where private organizations offer gifts or other forms of compensation (e.g., travel reimbursement) that may be questionable. Sponsored official travel is acceptable under 31 USC 1353 and/or 5 USC 4111 (refer to ENCLOSURES M, N). However, residents are not allowed to ask for (solicit) any type of benefit. The government can only accept it if it is offered freely. Army-Baylor residents have traditionally been allowed to attend the American College of Healthcare Executives (or equivalent) conferences for their professional development subject to availability of financial resources. While such professional trips are not a requirement for graduation from the program, residents are encouraged to participate when possible and as appropriate.

ENCLOSURES M and N provide specific guidance regarding the acceptance and reporting of travel benefits. All residents are encouraged to consult with the local attorney of a Staff Judge Advocate’s Office or Mr. Ryan Chandlee at (210) 295-9877 to ensure compliance with all applicable Joint Ethics Regulations.

Residents assigned to the AMEDD Student Detachment (ASD) must coordinate all travel requirements through the ASD. Travel packets must be submitted prior to travel and must include a DA Form 31 and all travel forms required by regulation. This requirement applies to all travel, including travel funded by the civilian organization, OTSG or DHA. Once submitted, ASD will forward documents to legal for approval. Contact Ms. Kaira Jones, at kaira.g.jones.civ@mail.mil for assistance.
IV. RESIDENCY DELIVERABLES, ASSESSMENT, AND DOCUMENTATION

Key Dates and Deliverables

The administrative residency begins on 20 July 2020 and ends on 16 July 2021. ENCLOSURE E summarizes the requirements, deadlines, and routing processes for the major documents for the administrative residency. RESIDENTS UPLOAD ALL MATERIALS TO THE CANVAS LMS.

The Baylor Experience Assessment and Review (BEAR) – Documenting Competencies

Each resident will continue to build the BEAR throughout the residency year (quarterly submissions to the Program are required), with the intent of guiding attention to areas the resident has not yet mastered or had significant exposure to a specific competency skill set. Identified shortcomings or further strengthening opportunities can be targeted through specific future projects and events.

Residents should include qualitative and reflective comments in the BEAR describing significant experiences in order to summarily document their projects, rotations, and other activities, and major competency-building experiences. They can also use the ‘open comment’ section to indicate changes (with explanations) to the administrative residency plan as well as comments and recommendations for consideration by the Baylor Faculty regarding the residency site, experience, etc.

Thus, the resident’s complete BEAR, documenting the two-year Army-Baylor experience, will include summarized descriptions of the residency activities, rotations, and projects and highlight the specific Army-Baylor Competency or Competencies developed with each experience.

Once each quarter, the resident will upload the most recent version of the BEAR onto Canvas. This serves as a quarterly progress report and as a documented assessment of the resident’s continuing development of Army-Baylor Competencies. The resident will submit his/her updated BEAR through the appropriate quarterly assignment on Canvas no later than the due dates listed on page 15. Preceptors and faculty advisors are asked to validate the resident’s entries and self-assessment as part of their quarterly review and counseling and encourage the resident to continue developing specific Army-Baylor Competencies over the next quarter. The preceptor should review and discuss all reports with the resident, who will then submit all reports electronically on Canvas.

The resident’s final BEAR must include the End-of-Year Self-Rated Competency Assessment as well as the End-of-Year Preceptor Competency Assessment found at the bottom of the Residency Assessment worksheet (ENCLOSURE C).
Canvas Online Threaded Discussions

Each month, residents are expected to participate in the ongoing online Canvas Threaded Discussion. Residents are required to post a substantive initial response (at least 200 words) to the initial question or prompt and responses to at least two other classmates. Comments such as “I agree” or “good post” do not serve to advance the discussion and will not be counted as responses. The goal is to further the discussion or ask a question that seeks clarification or moves the conversation forward. To ensure that we are able to engage with the ideas of everyone in the class, your initial post must be made by 5th day of every month at 11:59 PM CST/CDT. Although the discussion from any particular month may carry into the following month, full and timely participation in the discussion requires that you post at least the two required responses to your classmates by the 15th of every month not later than 11:59 PM CST/CDT.

Weekly Updates to Preceptor and Advisor

Regular one-on-one meetings between preceptors and residents may not always be possible. Additionally, communication between residents and their Academic Advisors may sometimes be hindered due to the geographic distance. To improve communication, residents are required to submit a weekly progress report via email to their Preceptors and their faculty advisor. This email will provide a synopsis of the resident’s weekly progress and include key observations of your weekly experience should also be annotated (see ENCLOSURE F for an example of a weekly report). Residents may use contents of the weekly updates to complete the qualitative portion of the BEAR. Weekly reports are due to the Preceptor and Faculty Advisor not later than the close of business on the following Monday.

Quarterly Preceptor and Resident Teleconferences

The Residency Program Director hosts quarterly teleconferences to provide a conduit to exchange information and valuable insights from across the breadth of Army Baylor residency sites throughout the residency year. Teleconferences will be conducted separately for preceptors and residents. Preceptor and resident participation in the teleconferences is voluntary but highly encouraged. The dates for this year’s teleconferences are as follow:

<table>
<thead>
<tr>
<th>2020-2021 Teleconference Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Oct 20</td>
</tr>
<tr>
<td>22 Jan 21</td>
</tr>
<tr>
<td>16 Apr 21</td>
</tr>
<tr>
<td>9 Jul 21</td>
</tr>
</tbody>
</table>

Notes: Preceptors meet at 11:00 AM CST and Residents meet at 2:00 PM CST.
The conference call number is (515) 604-9000 and the access code is 524445#.
Some network phones may experience difficulty reaching the conference call number. If this occurs, please dial the backup number at (559) 546-1400. You will then be prompted for the conference call number: (515) 604-9000# followed by the access code: 524445#.
Residency Projects

During the residency year, residents will complete at least three short-term healthcare administration projects, termed Residency Projects (RP), that demonstrate practical application of healthcare leadership skills, strengthen the residents’ Army-Baylor competencies through work in a variety of real-world healthcare situations, and further the mission of the residency organization/system.

Through identification and execution of Residency Projects, the resident develops and implements solutions to a problem or captures an opportunity within the residency healthcare facility or system. These graduate-level, professional projects concentrate on decision-making and problem-solving in specific settings and draw information from the body of knowledge of various disciplines such as management science, finance, quality, ethics, economics, operations management, and marketing. These projects serve as an integrative experience in an applied setting and will be demonstrative of significant content and development commensurate with graduate-level work and research. Please note that the projects must satisfy the MHA degree requirements - not simply the residency organization’s requirements.

When selecting a potential residency project, the resident and preceptor should look for opportunities that require integration of a reasonable range and combination of healthcare management competencies and behaviors, including emphasis on the application of multiple methodologies. The resident may perform the project alone or as a member of a team of professionals with the support of the preceptor and faculty advisor.

The emphasis on research for the residency projects is less than for a thesis; however, research and significant academic rigor are still required. Residents select a research question or problem, then develop relevant and actionable solutions; the final results will reflect a comprehensive, thorough, and original effort on the resident’s part. Ideally, the results are or can be applied by the residency organization.

*Residents write professional summary descriptions of three Residency Projects and submit them (together with a Best Practice Recommendation) as part of their Graduate Residency Portfolio (described below) near the end of the residency year, a major requirement of the Army-Baylor MHA/MBA Program.
Residency Project Selection Guidelines and Requirements

When selecting, developing, and completing Residency Projects, the resident and preceptor should observe these guidelines:

1. The scope and focus of the problem or application area of the project are properly defined, consistent with, and sufficiently rigorous for graduate-level health administrator work.

2. The project integrates healthcare management skills with emphasis on utilizing multiple methodologies and addresses an area of interest within the appropriate healthcare system. The resident must demonstrate they understand and can apply key management principles of the Army-Baylor Program to a significant healthcare management project.

3. The project relates to the management of a technical project more than simply being a technical project or research effort. Because this Program leads to an MHA, the project should address healthcare administration/management-related topics; for example, strategic management, project management, financial management, economic analysis, productivity and quality, managing change, etc. as well as appropriate operational topics such as production and inventory systems, optimization methods, etc.

4. The goals of the project are clearly defined and achievable within the resident’s timeframe.

5. The project is of such institutional interest or significance that it might be presented to an upper management review board. In other words, the project must have strategic implications and involve a significant number of management systems. The project aims at convincing the review board that it addresses a necessary change or valuable opportunity for the company. The project itself must be approached so that its conclusions and recommendations represent the best alternatives, and are defensible, practical, justified, and can be implemented.

6. Using part of a larger project is acceptable, provided that the portion used for the resident’s RP is defined such that specific conclusions and recommendations can be made and measured independently of the larger project.

7. The RP should provide a challenging educational experience. It should emphasize creativity, independence, a methodical approach, and a professional delivery. The project should demonstrate a level of accomplishment that could not be achieved without graduate study in the Army/Baylor MHA Program.

8. When appropriate, residents can use data sources that are publicly available to reduce the length and complexity of their research. In some cases, residents may choose to do patient- or beneficiary-based research that will require approval by an Institutional Review Board (IRB); however, it may not be possible to complete such projects within the limited time available. Preceptors and faculty advisors should help guide residents in the determination of a requirement for IRB approval.

9. The project’s conclusions and recommendations must be based on facts and measurable results, not conjecture or unsupported opinion.

10. The resident writes and submits professional summaries of 3 completed residency projects, written according to the guidance provided in ENCLOSURE G. These summaries, together with a summary description/recommendation of a best practice they encounter within the organization, comprise the Graduate Residency Portfolio, a major requirement for assessment and graduation from the Program.
Graduate Residency Portfolio –
Project Summaries and Best Practice Recommendation

The capstone product of the residency is the Graduate Residency Portfolio consisting of three (3) Residency Project Summaries and one (1) Best Practice Recommendation.

According to The Glossary of Education Reform (https://www.edglossary.org/portfolio/), “a student portfolio is a compilation of academic work and other forms of educational evidence assembled for the purpose of (1) evaluating coursework quality, learning progress, and academic achievement; (2) determining whether students have met learning standards or other academic requirements for courses…and graduation; (3) helping students reflect on their academic goals and progress as learners; and (4) creating a lasting archive of academic work products, accomplishments, and other documentation.”

The intent of the Army-Baylor Program Graduate Residency Portfolio is to expand and assess the resident’s experience through writing graduate-level summaries of the selected residency projects and their observation and recommendation of a best practice from their residency site. Faculty members evaluate the Portfolio to assess the resident’s ability to produce a series of written products that clearly and professionally communicate project content, accomplishments, and recommendations.

Note: A senior healthcare leader should be able to read each portion of a resident’s Graduate Residency Portfolio and determine the meaning, results, and validity of the projects and Best Practice, as well as their potential impact on the healthcare organization.

Specific content and formatting requirements, guidance, and examples for completing the Residency Project Summaries and Best Practice Recommendation are located in ENCLOSURES G and H, respectively.

All portions of the Graduate Residency Portfolio must be grammatically and structurally correct, similar in quality to a master’s degree thesis. Content, presentation, and technical quality of the written products are of utmost importance as these written products are the major assessment tool of the residency year and a requirement for graduation.

Submission and Assessment of the Graduate Residency Portfolio

After the resident submits the Graduate Residency Portfolios, a team of faculty members reviews all portions of the Portfolio to assess project completion, professionalism of the written product, and overall ability to clearly communicate RP and Best Practice results.

Mid-Year Draft Submission and Assessment: In January, residents will submit a draft partial Graduate Residency Portfolio consisting of at least one full draft Residency Project (RP) summary and one partial residency project summary. (Note: A Best Practice Recommendation cannot be part of the Mid-Year draft Portfolio submission.) The full draft RP summary will contain ALL completed sections outlined in ENCLOSURE G. The partial draft project summary will require, at a minimum, complete Introduction and Background, Problem Statement, Purpose Statement, Literature review, and a brief statement of the methods to be used to address the problem. It is a good practice to ask someone to critically read draft summaries prior to submission; the preceptor should generally review and assess the written project summaries.

Upon submission of the draft partial portfolio, a team of faculty members reviews the draft portfolios to assess the resident’s understanding of the project summary requirements, project completion, and ability to write a professional summary to communicate Residency Project results and accomplishments. Faculty members take this mid-year opportunity to provide feedback and encouragement to the resident and offer further guidance and recommendations on project completion and written skills (e.g. formatting, content, and grammar) when necessary.
Faculty members will provide direct feedback about the draft Graduate Residency Portfolio, usually in the document SpeedGrader view on Canvas; however, Graduate Residency Portfolios are not formally graded until after the complete Graduate Residency Portfolio is submitted and graded in May.

The grading rubrics for the Graduate Residency Portfolio are found in ENCLOSURE I. Graders use the criteria described in these rubrics to assess each project summary individually. Residents will receive mid-year rubric assessments with points indicated, but without a grade. Residents should frequently refer to the grading rubrics as guides while writing their project summaries and Best Practice Recommendation.

End-of-Year Complete Portfolio Submission and Grading: In mid-May of the residency year, residents will submit their complete, final Portfolio. This final Graduate Residency Portfolio consists of 3 Residency Project Summaries and 1 Best Practice Recommendation.

Upon submission of the final portfolios, a team of faculty members (usually the same faculty member who reviewed the mid-year submissions) evaluates all portions of the Portfolio according to the standards outlined in the grading rubrics.

Portfolios must receive an overall score of at least 75% from the grading team to receive a grade of “Pass.” Additionally, each individual section must score at least 75%. If any individual section receives a score of <75%, the resident will be required to re-write that section (or sections) and resubmit the entire Graduate Residency Portfolio for reassessment and grading within the stated timeframe.

If the resident’s re-written Portfolio is not graded “Pass”, the resident will be referred to the Program Director for referral to complete a Single Project Graduate Management Study (see below) OR an additional round of revisions to the existing portfolio at Director’s discretion.

Failure To Submit Graduate Residency Portfolio: Any resident who fails to submit a Graduate Residency Portfolio by the date identified in the administrative residency manual will submit a formal memorandum to the program director explaining the reason why they did not submit the Portfolio by the required date. The resident will also submit the work that he/she has completed on the Portfolio to that point. The resident will have until the date listed in ENCLOSURE E to submit a final, complete Graduate Residency Portfolio at which point the grading team will review and assign a Pass or Fail grade. If the resident receives a Fail grade, there is no opportunity to re-write the Graduate Residency Portfolio, in total or in part, and the resident will be required to successfully complete a Single-Project Graduate Management Study (GMS) to meet graduation requirements.

Single-Project Graduate Management Study

Residents who do not successfully complete and receive a Pass grade for a Graduate Residency Portfolio (after unsuccessful rewrites or failure to submit a Portfolio) will be required to complete a Single-Project Graduate Management Study (GMS) in order to graduate from Baylor University and receive the MHA or MHA/MBA degrees.

The resident will complete the GMS and submit it to the faculty advisor and Program Director within the requisite time for evaluation and completion of graduation requirements. Historically, Army-Baylor Program students have had difficulty completing the GMS since they have moved on to their next assignment(s) where they typically do not have sufficient time or resources to complete this requirement. Questions about submitting the final approved thesis should be addressed to the Army-Baylor education technician. See ENCLOSURE J, Guide to the Graduate Management Study (GMS) for detailed requirements.
Statement Certifying Completion of Residency

Certification of completion of the residency is on a pass/fail basis. The preceptor is responsible for completing this statement and forwarding both a signed and an electronic copy to the faculty advisor, preferably along with the final residency report, by the date listed in ENCLOSURE E. Upon satisfactory completion of the residency, the resident will receive nine semester hours of academic credit. The certification of completion of the residency should be completed on the letterhead of the organization, signed by the preceptor, and drafted as follows:

I certify that (resident's name) successfully completed the administrative residency in health administration on (date) at (name and location of healthcare facility or other site) and that he/she performed and submitted sufficient graduate-level integrative work and supporting material to meet all residency requirements published by the Army-Baylor University Graduate Program in Health and Business Administration.

GRADE: PASS FAIL (Circle one)

Professional Rating and Evaluation Reports

Army-Baylor Program residents receive different officer evaluation reports depending upon their service affiliation.

Army officers generally receive an OER within the supervisory chain of the unit to which they are assigned. Army residents entering a non-traditional or civilian residency will be rated by the Program Director and Senior Rated by the Dean of the Graduate School at MEDCoE with input from the preceptor. Exceptions to this rating scheme will be made to address issues with date of rank.

Air Force officers receive a training report signed by the Chief, Healthcare Education Division, at the Air Force Institute of Technology, located at Wright-Patterson AFB, Ohio. The report is routed through the sitting Air Force faculty member prior to submission to improve the quality of the bullets and verify the information.

Navy officers receive a Fitness Report that is processed by their assigned UIC, which is indicated on their official orders. They are encouraged to provide a narrative of their activities.

Department of the Army (DA) civilians are evaluated using the DoD Performance Management and Appraisal Program (DPMAP). DA civilian residents are advised to coordinate with their assigned Civilian Personnel Department for specific guidance on performance evaluations during the residency phase. Unless otherwise specified, Academic Advisors will serve as the Rating Official and the Program Director as the Senior Rater.
Military Training and Training-With-Industry Agreements

AR 351-3 requires gratuitous military training agreements (MTAs) or Training-With-Industry (TWI) agreements be set in place to legally cover residents conducting training at any non-federal host institution regardless of duration of stay. These agreements are managed centrally by the Army Medical Department Center & School (AMEDDC&S).

MTA requirements are heavily driven by Department of Justice (DOJ) policy and the Federal Acquisition Regulation (FAR) and the Army FAR supplement (AFAR). DOJ is the agency that would defend the government if it were sued in connection with a service member’s training at a civilian institution. The DOJ may refuse to consider the resident within the scope of his/her employment if the MTA is not properly executed. This means that instead of the government stepping into the shoes of the resident and undertaking the representation and liability, the resident could be on his/her own to defend the suit and pay any resulting judgment.

At certain times, a resident may want to visit a non-federal entity for a short period of time. In this case, completing a Military Training Agreement is considered overly burdensome and a shortened version can be utilized. ENCLOSURE O provides a sample format for residents and preceptors to utilize when preparing for these types of short duration events.

Non-Disclosure Agreements

Occasionally, residents are asked to sign Non-Disclosure Agreements (NDA) during their residency year. They should not sign an NDA. If they are asked to sign an NDA, they should contact the Legal Office for guidance. Government employees, by virtue of their positions, so frequently come into contact with confidential information, Congress enacted 18 USC Sec 1905, entitled, “Disclosure of Confidential Information Generally,” on June 25, 1948. The word “confidential” has also been interpreted to encompass the term “proprietary.”

Title 18 of the United States Code covers Crimes and Criminal Procedure. Under 18 USC Sec 19051, government employees are prohibited from disclosing company proprietary information under threat of criminal penalty. Because of this statute, employees are not authorized to sign NDAs in their official capacity. If they did and were subsequently sued for violating the NDA, DOJ may not cover them because the employee had no official reason to sign it (because of their already existing legal obligation to safeguard the information). Also, signing an NDA is considered binding the government, which non-contracting officers are not allowed to do by law. Thus, AMEDDC&S legal counsel advises that the residents not sign an NDA. However, the hospital should consider whether the existing statute affords sufficient protection against improper disclosure of confidential or proprietary information

Requests to Curtail the Residency Year

The residency plan covers 52 weeks, including up to 4 weeks of personal leave for the resident; this is a specific requirement for graduation from Baylor University. When a resident has significant competing issues that make him/her unable to complete the 52-week administrative residency plan, he/she must officially request formal approval to shorten, or curtail, the residency. The Program Director cannot approve a curtailment request that will shorten the residency to less than 48 weeks in duration. In all cases, the resident is required to complete and gain approval for a Graduate Residency Portfolio, regardless of the length of the residency. No curtailments will be approved without this completed requirement. ENCLOSURE K provides an example of the curtailment memo.

The requesting and approval process for curtailments is as follows:

1. Resident formally requests curtailment in advance of curtailment in a written memorandum submitted through the Preceptor, Faculty Advisor, and Residency Director who will in turn present to the Residency Committee.

2. The curtailment request must include:
   a. The specific reason/justification for requesting a curtailment of the residency.
   b. A revised timeline/updated Residency Plan that accounts for any requested changes to the timelines for Final Portfolio submission and a potential re-write.
   c. A statement certifying the completion of core rotations.

3. Residency Committee recommends approval/disapproval.

4. Program Director renders final approval decision.
V. AWARDS RELATED TO THE RESIDENCY YEAR

Resident and Preceptor Awards

There are three awards associated with the residency phase of the Army-Baylor University Graduate Program in Health and Business Administration.

Boone Powell Award for Excellence in Student Research

The Boone Powell Award for Excellence in Research is presented annually to the resident who, in the opinion of the faculty, compiled the most outstanding Graduate Residency Portfolio. The award was initiated by Mr. Boone Powell, a scholar, long-time friend, and faculty member of the Program, and is continued by the Army-Baylor University Alumni Association.

The criteria for this award are professionalism, scholarship, and scope. Professionalism is demonstrated by selection of appropriate problems, where discussion and proposed solutions or ameliorations of the problems in question are of benefit to a defined community or population. Scholarship includes thoroughness, appropriate critical analysis, accuracy, and high-quality writing. Scope refers to the depth and breadth of the problems being evaluated.

The Residency Committee considers each resident’s Graduate Residency Portfolio and will recommend to the Program Director the Graduate Residency Portfolio that best meets the criteria for the award. The Program Director may accept or reject the committee’s selection.

COL Richard Harder Best Practices Award

The COL Richard Harder Best Practice Award is named for a former program director of the Army-Baylor program. COL Harder’s efforts to continually develop the Army-Baylor program are in keeping with the nature of this award – focused on the long-term improvement of the military healthcare system. In addition, the entire collection of best practices will be disseminated electronically and in print form. In doing so, COL Harder’s legacy will continue to have an impact on the program and the field of expertise he embraced throughout his professional career. Additional information on the COL Richard Harder Award, to include detailed criteria for evaluation, can be found in ENCLOSURE H.

Dean Toland Preceptor of the Year Award

The Dean Toland Preceptor of the Year Award is named for William G. Toland. Dean Toland had a profound, long-lasting impact on our program and its graduates. As a teacher to faculty and residents alike, he shared his knowledge and expertise. The intent of this award is to continue to honor him with sincere respect, affection, and gratitude for his contributions.

Current residents may nominate their preceptor to the Residency Director for this award. Faculty members may also nominate current preceptors for this award. The Residency Committee will consider each nomination and will recommend for approval by the Program Director the preceptor who best meets the criteria demonstrated by Dean Toland.

Nominations are evaluated on the basis of the nominator’s comments and any other documentation submitted to support those comments. Nominations are limited to 3 double-spaced pages, Arial 11-12 point font with 1-inch margins. Nominations should focus solely on the preceptor’s contribution to the learning experience of the resident. How did the preceptor engage the resident personally, and organizationally, to ensure the execution of a quality, professional learning opportunity? Nominations for this award should address the evaluative criteria listed above and be submitted electronically to the Residency Director by the date listed in ENCLOSURE E.
VI. RESIDENCY SITE VISITS AND FEEDBACK TO PROGRAM

Residency Site Visits

To ensure the continued student-centered excellence of the Residency Phase of the Army-Baylor Program, individually assess the value of residency sites for future residents, and provide support to Residency preceptors, a faculty member or other program representative will conduct an in-person visit to each residency site. At least. Subject to the availability of funds, the goal and commitment of the Program Director is to visit each residency at least once every other year (although this may vary). New residency sites or sites with a new preceptor are given top priority for visits.

During a site visit, the Program visitor will assess a variety of topics, including:

- Institutional setting
- Institutional support for and reception and orientation of resident
- Access to preceptor and involvement with senior management
- Residency support systems
- Completeness and execution of the administrative residency plan
- Projects available to and accomplished by resident (assigned and self-initiated)
- Residency strengths, weaknesses, and recommended improvements
- Status of current resident’s graduate management projects
- Continued appropriateness of site and preceptor availability for future residency experiences.

Feedback to the Program

The Army-Baylor Program continues to evolve with institutional changes in accreditation requirements, individual faculty expertise, the operational environment, and input gathered from key stakeholders and current developments in the education and training of the next generation of federal healthcare leaders. As a resident or preceptor, the Program encourages you to provide feedback to the program to assist in creating a better educational environment for subsequent cohorts. Ultimately, by making the best better, we serve the needs of all MHS and VA beneficiaries.

The Program welcomes feedback from Army-Baylor stakeholders at any time, in written, oral or electronic form. The Program distributes a residency survey once a year to residents and preceptors when once resident class graduates and the next begins. The surveys seek to gather relevant information pertaining to the long-term continuous evolution of the Baylor program to optimally meet the needs of the Military Health System, Veterans Health System, and the healthcare industry as a whole. Program faculty and administration use Program feedback evaluate and update both the didactic and residency phases of the Program.

Reference

ENCLOSURE A

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ENCLOSURE B

MHA Track Courses - 2019-20

The required Course Curriculum for the MHA track is presented here for reference as the resident and preceptor build a common understanding of courses completed and the context of the residency. This information is also found in the BEAR with student self-assessments of learning and comments about individual courses.

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Dual MHA/MBA Track Courses - 2019-20

The Required Course Curriculum for the dual MHA/MBA track is presented here for reference as the resident and preceptor build a common understanding of coursework completed and the context of the residency. This information is also found in the BEAR with student self-assessments of learning and comments about individual courses.

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ENCLOSURE C

Baylor Experience Assessment & Review (BEAR) Based on JMES Program Competencies – Assorted Screenshots

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<tr>
<th>Competency Assessment Matrix</th>
<th>Course Comments</th>
<th>Residency Assessment</th>
<th>Rotation &amp; Project Comments</th>
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</tbody>
</table>

Competency Assessment Color scale: Green = Expert (8, 9 or 10); Orange = Application (5, 6 or 7); Yellow = Knowledge (3, 4 or 6); Black = None (0).
**EXAMPLE:**

*Lean Six Sigma Black Belt Project: Discharge Process Cycle at St. Luke’s Medical-Oncology Unit (Project)*

The administration at St. Luke’s Baptist Hospital had a desire to improve the efficiency of the discharge process cycle. My task was to observe, measure, analyze, and provide recommendations for improvement. As the Lean Six Sigma Candidate, I worked closely with unit directors, shift supervisors, and the hospital’s financial analysts, information technology technician, and the administrative clinical support offices. St. Luke’s Baptist Hospital’s Medical-Oncology Unit has an average inpatient discharge process cycle time from 02 Sep 2016 to 09 Sep 2016 were 284.89 minutes. The Medical-Oncology Unit expects inpatient discharge process cycle time to not exceed 150 minutes. The average contribution margin per emergency patient is $520.00. Increasing capacity reduces wait time for a bed and helps prevent patient from leaving the facility without being seen (LWOB). In addition, improving discharge process times will reduce excess patient days in facility, and reduce waste in terms of transportation, inventory, motion, waiting, overproduction, over-processing, and defects (ITM+LOGO). Furthermore, nursing salary is $35.00 per hour. Reducing patient length of stay per hour on aggregate can reduce nursing workload and eventually reduce the number of nurses required. I’ve implemented a pilot and plan to measure 30 or more discharges next week (17-21 November 2014).

**Department of Surgery (Residency Rotation)**

Provide a report on what you learned during your rotation through the Department of Surgery. Link your discussion to competencies (one paragraph 5-6 sentences).
**ENCLOSURE D**

**2020-2021 Core Rotation Areas**

**Introduction:** To ensure that the resident enjoys a robust residency experience that builds upon didactic year learning and continues to strengthen the individual Army-Baylor competencies and behaviors, the Administrative Residency Plan should include interactive experiences/rotations to the following core areas during the residency. The resident should plan the amount of time spent at each area based on competency level and personal experience with the focus area. Residents are highly encouraged to include additional rotations not listed here as core, particularly experiences that are unique to the organization.

**Core rotations:**

<table>
<thead>
<tr>
<th>In-processing and Orientation</th>
<th>Command Suite</th>
<th>Higher-level Headquarters (where possible)</th>
<th>Resource Management</th>
<th>Logistics Division</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Patient Administration</td>
<td>Inpatient Services</td>
<td>Nursing Operations</td>
<td>Department of Surgery</td>
</tr>
<tr>
<td>Operating Room</td>
<td>Department of Medicine</td>
<td>Department of Emergency Medicine</td>
<td>Clinical Operations/Managed Care</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Specialty Services</td>
<td>Behavioral Health</td>
<td>Public Health</td>
<td>Support Services</td>
<td>Medical Management</td>
</tr>
<tr>
<td>Department of Nutritional Medicine</td>
<td>High Reliability Office</td>
<td>Patient Experience Office</td>
<td>Division of Quality Services</td>
<td>Accreditation</td>
</tr>
<tr>
<td>Hospital Safety</td>
<td>Legal Office</td>
<td>Human Resources</td>
<td>Hospital Education</td>
<td>Volunteer Services</td>
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<td>Readiness and Emergency Management</td>
<td>Physical Medicine / Rehab Activity</td>
<td>Community Health Services/ADAPCP</td>
<td>Social Work Dept</td>
<td>IG/EO/Labor Relations</td>
</tr>
</tbody>
</table>
ADMINISTRATIVE RESIDENCY PLAN - CPT CHRIS A. DOE

I. GOALS AND OBJECTIVES:

In this section, the resident will clearly and succinctly state his/her goals and objectives for the residency year, particularly focusing on further development of his/her JMES-based competencies and specific associated characteristics/behaviors. The resident may state goals and objectives briefly, but should generate them with consideration given to the following three factors: 1) Given the resident's education and experience, what does he/she bring to the residency? 2) What are the resident's mid- and long-range professional and life goals and how does MHA/MBA program completion enable those future goals? 3) What goals should the resident establish and complete during the residency year to build necessary healthcare executive competencies as the bridge to achieve long-range goals?

These goals and objectives should ideally identify and target the competencies the resident will build during the residency and serve as the core goals and requirements for ongoing assessment (captured in the resident’s BEAR and other required submission) and for the annual performance evaluation of the resident.

II. SUMMARY OF TIME AND EFFORT DISTRIBUTION FOR THE RESIDENCY PLAN:

In this section, the resident is to provide a brief summary of the time that will be devoted to the major categories of residency activities and projected projects being considered to ensure adequate development across a carefully-identified, broad range of JMES competency domains, specific competencies, and associated behaviors/characteristics. It should be self-evident from this summary that, if the rotation plan is followed in spirit, this distribution will permit the resident to achieve his/her established goals and objectives and graduate as a well-rounded healthcare leader, on the way to fully developing the competencies of a seasoned Joint Medical Executive.
# III. ADMINISTRATIVE RESIDENCY PLAN

## ADMINISTRATIVE RESIDENCY PLAN - Rotation Schedule

### 1st Quarter

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<td>7-Aug</td>
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<td>10-Aug</td>
<td>14-Aug</td>
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<td>21-Sep</td>
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</tr>
<tr>
<td>37</td>
<td>29-Mar</td>
<td>2-Apr</td>
<td>LEAVE</td>
</tr>
<tr>
<td>38</td>
<td>5-Apr</td>
<td>9-Apr</td>
<td>Research Time</td>
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<td><strong>4th Quarter</strong></td>
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<tr>
<td>39</td>
<td>12-Apr</td>
<td>16-Apr</td>
<td>Readiness/Emergency Management</td>
</tr>
<tr>
<td>40</td>
<td>19-Apr</td>
<td>23-Apr</td>
<td>Plans, Training, Mobilization, and Security</td>
</tr>
<tr>
<td>41</td>
<td>26-Apr</td>
<td>30-Apr</td>
<td>Civilian Healthcare Affiliation</td>
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<tr>
<td>42</td>
<td>3-May</td>
<td>7-May</td>
<td>Research Time</td>
</tr>
<tr>
<td>43</td>
<td>10-May</td>
<td>14-May</td>
<td>Dental Activity</td>
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<tr>
<td>44</td>
<td>17-May</td>
<td>21-May</td>
<td>Physical Medicine &amp; Rehab Activity</td>
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<td>45</td>
<td>24-May</td>
<td>28-May</td>
<td>Visit Local Civilian Facility</td>
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<td>46</td>
<td>31-May</td>
<td>4-Jun</td>
<td>Personnel Division/Troop Command</td>
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<tr>
<td>47</td>
<td>7-Jun</td>
<td>11-Jun</td>
<td>Community Health Services/ ADAPCP</td>
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<td>14-Jun</td>
<td>18-Jun</td>
<td>Social Work Service</td>
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<td>21-Jun</td>
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<td>Volunteer Office</td>
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<td>2-Jul</td>
<td>Veteran's Affairs Administration</td>
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<td>5-Jul</td>
<td>9-Jul</td>
<td>Clinical Investigation Service</td>
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<td>52</td>
<td>12-Jul</td>
<td>16-Jul</td>
<td>Nearest MTF</td>
</tr>
</tbody>
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ENCLOSURE E

Key Dates and Deliverables

The administrative residency begins on **20 July 2020 and ends on 16 July 2021**. The table below summarizes the requirements, deadlines, and routing processes for the major documents for the administrative residency. **RESIDENTS UPLOAD ALL MATERIALS TO CANVAS.**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DUE DATE(S)</th>
<th>PREPARED BY</th>
<th>THRU</th>
<th>FINAL APPROVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canvas Threaded Discussions</td>
<td>Initial comment: 5th day of month; Replies: 15th day of Month</td>
<td>Resident</td>
<td>Faculty Advisor</td>
<td>Faculty Advisor</td>
</tr>
<tr>
<td>Residency Plan &amp; Final Didactic Year BEAR</td>
<td>7 Aug 20</td>
<td>Resident, working with Preceptor</td>
<td>Preceptor Faculty Advisor</td>
<td>Director</td>
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</table>
| BEAR and Residency Plan Progress Reports  | 16 Oct 20  
#1 Thru 12 Oct 20  
#2 Thru 18 Jan 21  
#3 Thru 12 Apr 21  
#4 Thru 12 Jul 21 | Resident in conjunction with Preceptor | Preceptor Faculty Advisor      | Preceptor        |
| Mid-year Draft Graduate Residency Portfolio Submission | 15 Jan 21 | Resident                         | Preceptor Faculty Advisor | Faculty Advisor |
| Graduate Residency Portfolio Submission   | 7 May 21                          | Resident                         | Preceptor Faculty Advisor | Director        |
| Graduate Residency Portfolios graded and returned to residents NLT | 28 May 21 | Faculty                          | Faculty Advisor           | Director        |
| Graduate Residency Portfolio Re-write Submission | 11 Jun 21 | Resident                         | Preceptor Faculty Advisor | Director        |
| Dean Toland Preceptor of the Year Award   | 1 Jun 21                          | Resident or Faculty Member       | Residency Committee       | Director        |
| Statement Certifying Completion of Residency | 16 Jul 21 | Resident and Preceptor           | Preceptor Faculty Advisor | Director        |

Please note: The complete Graduate Residency Portfolio is due in May to allow sufficient time for all submissions to be received, reviewed and approved prior to graduation. The final residency report (#4) is the final residency written requirement and should include the Preceptor’s statement of residency completion along with the student’s forwarding address, telephone number and email (if known).
ENCLOSURE F

Example of a Weekly Report

6 Mar Weekly Report

06 MAR- Morning- CDR’s Report. Met with Labor and Delivery personnel to discuss alternatives to patient education other than pushing a TV cart with a DVD player. Afternoon- Discussed with Manpower personnel the SOP for manning requests to PBAC. Proofread draft SOP.

07 MAR- Morning- Worked on scheduling shadowing opportunities. Perused background information supplied by MAJ Smith regarding the history of the MSU. Afternoon- Finalized brief to COL Levine regarding the SRRC manning. Corresponded with LTC Keys regarding TDA projections for the eventual dissolution of the MSU.

08 Mar- Morning- Briefed COL Levine regarding the way forward on the TDA for the SRRC. Attended the DCA Meeting. Afternoon- Attended Preceptor Meeting. Talked with 3SL regarding the DART to look at appointments and access to care metrics.

09 Mar- Morning- Attended CDR’s Update Brief. Controlled Substance Inventory- research regarding management of records. It was easy to find Army Regulations, but a little difficult to find MEDCOM regulations. Finished second edit of my Army Baylor- Portfolio. Talked to Mr. Stefani and finalized TDA MSU request fills. Afternoon- Talked with PA&E regarding way forward of coding personnel and future actions regarding data quality and improvement.

10 MAR- Morning- Attended LTG Shelton’s Officer Professional Development Forum regarding MEDCOM regulations. Afternoon- Talked with 7E nursing staff about antibiotic medication and the inconsistencies of antibiotics placed in ESSENTRIS and CHCS. The NCOIC also talked to me about space utilization.

Thoughts:
1. Doctors do not order antibiotics consistently prior to surgical procedures. Also, there is no standard regarding documenting the antibiotics administered - the Drs. have a choice: either ESSENTRIS or CHCS. The main complaint from the nurses is that it is difficult to get providers to put in the orders and to put them only in ESSENTRIS. This is true with any process with any people, but a little more difficult because providers are in a position of authority. To ensure such a directive, I recommended not to send any patients to the OR unless the ESSENTRIS note has antibiotics orders.

2. The FARM visit identified numerous items of excess equipment in the ORs. The NCOIC for Same Day Surgery (SDS) talked to me about how two of the SDS office rooms are used by the OR for storage space. The storage space had old printers and keyboards, and files from 2005. All the storage spaces need to be relooked by the Space Committee Chair, a logistics employee, a PAD representative, and the owner of the storage room to identify what records can be disposed of, what equipment can be turned-in, and what is deemed important by the owner so that XXAMC can reduce the number of storage rooms and convert the storage rooms back to their originally designed purpose.
ENCLOSURE G

Residency Project Summaries - Format and Descriptions

The capstone product of the residency is the Graduate Residency Portfolio consisting of three (3) Residency Project Summaries and one (1) Best Practice Recommendation. The intent of the Army-Baylor Program Graduate Residency Portfolio is to expand and assess the resident's experience through writing graduate-level summaries of the selected residency projects and their observation and recommendation of a best practice from their residency site.

This Enclosure describes the content and formatting requirements, structure, and content guidance for completing the Residency Project Summaries.

In writing your Residency Project Summaries, you should:

- Use Arial, 11- or 12-point font, with 1-inch margins throughout;
- Accurately and appropriately cite literature and other sources in American Psychological Association (APA) style, version 7 (APA 7) released in October 2019; and
- Include the following sections (see required structure and section content descriptions on the following pages):
  - Cover/Title Page – includes:
    - “Residency Project Summary # X” (Include order number of project summary)
    - Descriptive title of the graduate residency project
    - Resident name
    - Preceptor Name
    - Faculty Advisor
    - Residency Year
  - Preface - Army-Baylor Competency Development (1st page, no more than 1 page with single-spaced lines)
    - Reflect and write about the Army-Baylor Competencies that you targeted and strengthened through your experience on this project. Briefly describe particular experiences or insights you gained from completing the project. Additionally, list major management tools, models, or methods used to complete the project. This should not be a simple list of competencies.
  - Project summary (starting on 2nd page; limited to no more than 3 pages with single-spaced lines)
    - Introduction and Background
    - Problem Statement
    - Purpose Statement
    - Literature Review
    - Methods
    - Results and Discussion
    - Summary Conclusion and Recommendations
  - References, Figures, and Tables (not included in 3-page maximum)
  - Acronym Definitions page (if you use more than 3 acronyms in your summary; not included in 3-page maximum)
Structure and Section Content Descriptions of Residency Project Summary

Residency Project Summary #1, 2, or 3

Project Title

Resident Name
Residency Location
Preceptor Name
Faculty Advisor
Residency Year
Preface - Army-Baylor Competency Development (*1st page, no more than 1 page*): On this page, you should reflect and write about the Army-Baylor Competencies that you targeted and strengthened through your experience on this project. Briefly describe particular experiences or insights you gained from completing the project. Additionally, list major management tools, models, or methods used to complete the project. This should not be a simple list of competencies.

**Introduction and Background (beginning on 2nd page):** In this section, provide necessary and sufficient contextual information to understand the project with enough detail to explain what led to initiating the project and to establish why it was important within the context of the residency healthcare system. This section outlines the undesirable issues or challenges of the current situation and the reasons for undertaking the effort. This section should inform and build interest, setting up a correct understanding of the Graduate Residency Project, its significance, and why resources were devoted to this project.

**Problem Statement:** The Problem Statement is a clear, precise, and concise declaration of no more than one or two sentences that defines the problem, issue, or unanswered question your project addressed. This simple statement succinctly identifies an undesirable condition to be improved upon, a difficulty to be eliminated, or a troubling question with an existing practice. By carefully defining the precise problem to target at the beginning of the project work focuses the process improvement team’s activities and steers the scope and efforts of the project. The Problem Statement does NOT contain explanatory data (this should be in the Background statement introducing the problem), NOR does it state how to do something, offer a vague or broad proposition, or state a way ahead (that is in the Purpose statement).

**Example of an Excellent Problem Statement:** Inventory levels at the West Metro inventory storage process in Scottsdale are consuming space, taking up asset management time, and creating cash flow issues. Inventory levels are averaging 31 days. These levels exceeded the target of 25 days 95 percent of the time from January - December 2014.

**Example of a Poor Problem Statement:** Having too few forklifts is making inventory levels too high. By saying “having too few forklifts” you indicate you know what the solution is before analyzing the problem; avoid this. Furthermore, “inventory levels too high” does not describe the size and magnitude of the problem.

**Purpose Statement:** The Purpose Statement gives an accurate, concrete understanding of what the project’s desired outcomes are and how they will benefit the medical system served; it announces the purpose, scope, and direction of the project in addressing or overcoming the problem, issue, or unanswered question described in the Problem Statement. This statement is a clear, precise, declaration (no more than one or two sentences) of the goals of the project and the desired outcomes, products, or results of the project. This Purpose Statement does not contain the specific content or answer, but sets forth the type of products, outcomes, or solutions to be achieved. What will be made better because of this project? A purpose statement usually begins with phases such as “The purpose of this project was…” or “The purpose of this project was two-fold…”

**Example of an Excellent Purpose Statement:** The purpose of this portfolio project was to conduct and present a business case analysis on the feasibility of constructing a new sleep lab focused on recapturing sleep study referrals to the network at William Beaumont Army Medical Center. The final product will enable the Commander to make an informed decision to proceed with such construction or not.

**Example of a Poor Purpose Statement:** The purpose of this portfolio project was to recapture healthcare leaking to the network.
Literature Review: The literature review is a comprehensive overview of all the published knowledge available on the topic of your project, including similar efforts (in healthcare or other industries), lessons learned, or products developed by other groups. The literature review provides larger context, relevance, and potential solutions to the problem or issue explored. Begin with a thorough literature search using keywords in relevant online databases such as Google Scholar, PubMed, etc. After gathering all the relevant literature, organize the written literature review by first addressing background literature about the broad research topic, then citing recent progress on the study topic or area. In conducting a literature review, do not merely recount available information. Build a critical and analytical summary of the selected literature that can guide the central theme of your work and potentially give insights into how to proceed with project efforts. Cite a minimum of three sources.

Methods: In this section, briefly, yet sufficiently, explain the tools, methods, concepts, theories and overall approach used to address the problem identified in the Problem Statement and to achieve the goals of the Purpose Statement. Additionally, clearly explain the reason for taking this approach to address the problem. Discuss steps taken to implement the overall approach, including (as applicable): collecting and analyzing data, key personnel interviewed and how, and all steps that were required to generate the necessary results. Clearly identify your role in the project and describe your individual contributions by using the pronoun “I” when writing up the project (particularly when you were responsible for contributing to a larger project or larger team).

Results and Discussion: In the results section, you describe and discuss the findings and/or products of your research and efforts. Summarize significant initial and (if applicable) post-intervention data and analysis in a manner that logically walks the reader through the results. Address only factual information in the Results. Construct and display tables and charts (include in the appendices) to appropriately visualize data and results; clearly describe, discuss, and appropriately reference them. In the Discussion portion of the summary, focus on interpreting key results that specifically addressed your problem statement. Discuss significant implications of your results and work for the healthcare system. What did the results indicate about the current situation? Did they indicate the source or magnitude of the problem? Did the results suggest a way ahead? If you changed or built a process and introduced it, did you collect and measure follow-up data to determine the efficacy of the implemented solution to the Problem? Furthermore, identify and briefly discuss any areas where there may be bias, challenges with data quality, or other limiting factors associated with your analysis and how they may impact the results and end-products or states.

Summary Conclusion and Recommendations: In this section, briefly summarize again the problem, purpose, the methodology used to address the problem, and results of the project. Lastly, address the consequences and benefits of results of the complete project for the organization. Did your work successfully address and overcome the issues identified in the Problem Statement? Did you achieve what you intended in your Purpose Statement? Here, make specific, actionable recommendations about next steps to follow on your results, further possible work in this area, or how your methodologies might be applied in other areas of concern.

References, Figures, and Tables (not included in 3-page maximum): Include a minimum of 3 references (as mentioned above), appropriately and consistently formatted. Construct and display tables and charts as an appendix; appropriately number, provide captions, and reference each one in the text. Ensure that all charts and tables are of sufficient size and composition to be easily read and interpreted and serve a specific function in this project summary. Do NOT include non-contributing figures or charts.
ENCLOSURE H

Best Practice Recommendation Description, Format, and Example

The COL Richard Harder Best Practice Award was established to incentivize Army-Baylor residents to observe and document innovative best practices they identify across our participating healthcare facilities and systems.

Healthcare organizations (e.g. treatment facilities, policy centers, directorates) throughout the federal and civilian health system have implemented many innovative programs to improve the access, cost and quality of healthcare. Often, one facility does not know what another has accomplished, nor does it have the time to research it.

Through the award program, the Program collects and shares best practices with senior healthcare executives throughout the federal and civilian health system through electronic and print media as potential system-wide solutions. Each Army-Baylor resident will identify and describe a best practice from their residency site in a three-page summary as a part of their Graduate Residency Portfolio.

A best practice can be a new process, method, or device that the healthcare system has put into place that successfully achieved mission performance gains. Best practices may be those that improve quality of care and access to care, increase satisfaction of patients and staff, and/or decrease healthcare delivery costs.

Refer to the following evaluation criteria/characteristics to help identify and to describe a Best Practice (these are also the criteria by which submitted Best Practice Recommendation award will be judged):

- Outcomes-based
  - Measurable
  - Demonstrates a cost savings, cost avoidance, or return on investment
  - Is efficient and effective
  - Adaptable/Replicable
  - May be transitioned or applied to another “like” organization
  - Has universal applicability for the federal or civilian health system, or both

- Sustainable/Institutionalized
  - Includes process or mechanism to maintain results over time within the organization
  - Has demonstrated longevity of purpose and desired results within the organization

- Innovative
  - “Out of the box” approach
  - Leverages new or existing technology
  - Builds upon existing evidence base

When considering the goals and objectives of the best practice, it is helpful to align them with the concepts of the MHS “Quadruple Aim” and Institute for Healthcare Improvement’s “Triple Aim”:

- Readiness (added for MHS “Quadruple Aim”): Ensuring that the total military force is medically ready to deploy and that the medical force is ready to deliver healthcare anytime, anywhere in support of the full range of military operations, including humanitarian missions.
- Population Health: Improving the health of a population by encouraging healthy behaviors and reducing the likelihood of illness through focused prevention and the development of increased resilience.
- Experience of Care: Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe, and always of the highest quality.
- Per Capita Cost: Creating value by focusing on quality, eliminating waste, and reducing
unwarranted variation; considering the total cost of care over time, not just the cost of an
individual healthcare activity.

In writing your Residency Project Summaries, you should:

- Use Arial, 11- or 12-point font, with 1-inch margins throughout;
- Accurately and appropriately cite literature and other sources in American
  Psychological Association (APA) style, version 7 (APA 7) released in October 2019;
  and
- Include the following sections and characteristics in your written summary description
  of the selected Best Practice:

  - **Title Page**
    - Descriptive Title of the Best Practice
    - Point of Contact: The name, telephone number, and e-mail address for the
      individual primarily responsible for designing and implementing the best
      practice
    - Group Involved with the Project. Name of the group involved with the best
      practice (such as Department of Surgery, Quality Division, Clinical Operations
      Division, TRICARE Regional Office [TRO], etc.)
    - Executive Summary: In 250 words or fewer, summarize the best practice and
      its impact upon the federal or civilian healthcare system. The summary
      should be suitable for general readership and publication in a national
      periodical or submission to senior VA and MHS leadership.

  - **Description of Best Practice (limited to no more than 3 pages with single-spaced
    lines):**
    - Objective of the Best Practice: Specifically address the goal(s) of this best
      practice.
    - Background: Describe the circumstances or events leading up to
      implementation of the best practice including the initial problem and desired
      outcome from implementing the change.
    - Literature Review: Describe any similar programs in existence and the
      evidence upon which the best practice is based.
    - Implementation Methods: Describe the methods used to implement the best
      practice.
    - Results: Describe the outcomes of the best practice and how the system
      measured them. Examples of outcomes include cost savings, increased
      productivity, improved quality of care, improved access, and/or enhanced
      readiness. Indicate if these changes occur at the clinic, service, department,
      facility, system or Service component (e.g., Army, Navy, Air Force, VA, DoD
      or Health Affairs level). If the results are measured in cost savings, indicate if
      and in what areas there were significant cost-savings or cost-avoidance.
    - Conclusion: Describe how the best practice meets each of the four evaluation
      criteria for a significant best practice (outcomes-based,
      adaptability/replicable, sustainable/institutionalized, innovative) and why this
      is truly a “best practice” that can be adopted by other facilities or systems.

  - References, Figures, and Tables (not included in 3-page maximum)
  - Acronym Definitions page (if you use more than 3 acronyms in your summary;
    not included in 3-page maximum)
Example of a Best Practice Recommendation

Best Practice:
Pre-Employment Talent-Based Assessments and Their Impact on Voluntary and Total Employee Turnover Rates

Submitted by XXXXXXXXXX

Residency Location
Preceptor Name
Faculty Advisor
Residency Year

Points of Contact: NAME, (XXX)XXX-XXXX, XXXXX@XXXXXhealthsystem.com

Group Involved with the Project. The XXXXXX Health System Human Resources Department and XXXXX’s XXXXXX Hospital Human Resources Department

Executive Summary: The process of recruiting, interviewing, and hiring new personnel costs an organization financially, in addition to operational efficiencies, and reductions to patient’s continuity of care. Proactive measures taken during the hiring process to screen for organizational fit and complementary skill sets will reduce the churning of employee turnover. XXXXXXX Health System instituted the Gallup talent-based assessment in February of 2009 and realized a step function reduction in Voluntary and Total turnover rates within 2 months.
Objective of the Best Practice: Administering a talent-based assessment to potential new hires is a tool used to reduce employee voluntary and involuntary turnover rates. With this information, supervisors are provided a tool that will allow them to screen “soft” skill sets and gauge the cultural fit of potential new hires.

Background: Employee turnover rates are a drain on a facility’s capital, education, and personnel resources. Turnover is inevitable, but in efforts to reduce its impact and scope, the XXXXXXX Health System, a five-hospital system in San Antonio, implemented a policy that mandated potential new hires undergo a Gallup talent-based assessment. The Gallup assessment gives supervisors a quantifiable tool to ensure a cultural and personality profile match to the organization. XXXXXXXX began the Gallup process in February of 2009.

Literature Review: Since March and Simon’s (1958) early study on factors affecting employees’ desire to leave their organization, several groups have expanded upon those studies to explore the correlation between pre-employment factors to retention and worker productivity. Pre-hire assessments are a “below-the-surface view of a candidate that quantifies characteristics that are not readily revealed during other recruiting procedures” (Walner, 2006, p. 16). With this knowledge, organizations can readily identify applicants who possess the skill sets and persona to succeed within an organization. Additionally, and perhaps just as important, it helps employers screen for candidate attributes that do not sync with the organizational strategic goals or culture.

Nursing salaries constitute the majority of a hospital’s staffing expense. To quantify the costs associated with nursing turnover, Cheryl Jones developed the Nursing Turnover Cost Calculation Methodology (NTCCM) that places the cost to replace a staff nurse as 1.2 to 1.3 times that nurse’s average salary (2005). To curb these costs, O’Connell and Mei-Chuan suggest that a combination of motivational fit and pre-screening tools can lead to a 63 percent reduction in the overall turnover (2007). Especially in the healthcare environment, high employee replacement costs taken in conjunction with a dwindling applicant pool, exemplify the importance of hiring practices focused on long term retention in addition to productivity.

Implementation Methods: In February of 2009, XXXXXXX partnered with the Gallup organization to administer a talent-based hiring assessment as part of the hiring process. The intent was to gain pre-hire metrics and insight into an applicant’s retention potential and organizational fit. Most applicants take an online assessment, but director and above positions conduct a more extensive and thorough telephonic interview.

Results: Monthly Voluntary and Total employee turnover percentages were compiled for the 12 months prior, and for the 26 months following the adoption of the Gallup assessment. Data were also seasonally adjusted to account for periodic turnover influences. A step function reduction in average Voluntary and Total monthly turnover percentages was evident as soon as two months following the implementation of the Gallup assessment. When monthly averages were aggregated to the 12-month blocks prior to and following the initiation of the gallop assessment, clear trends were evident. Seasonally adjusted Voluntary and Total turnover percentages for the twelve months prior to (2008) and immediately following (2009) fell from 1.26% to 1.11% and 1.66% to 1.51% respectively. Turnover rates steadily decreased until the present (2011), where Voluntary and Total turnover percentages are 0.91% and 1.16% respectively. See Table 1 for a summation of the turnover rates from 2008-present.

Conclusion: Clearly, high employee turnover rates negatively impact operational efficiencies, continuity of care, and productivity loss. As evidenced by the proactive measures taken by the system during the hiring action, Voluntary and Total turnover rates at XXXXXXX significantly decreased over the time period studied. Faced with rising overhead costs, impending reductions to medical reimbursement, and a severe nursing shortage, it would behoove healthcare organizations to take a proactive stance in the hiring process. Employers can ensure they hire personnel that are dedicated to the organization and possess an organizational fit with the end
state of reduced turnover costs by administering a talent-based assessment during the hiring process.

Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Average Monthly Voluntary Turnover %</th>
<th>Average Monthly Voluntary Turnover % (Seasonally Adjusted)</th>
<th>Average Monthly Total Turnover %</th>
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<tr>
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<td>0.91%</td>
<td>0.97%</td>
<td>1.45%</td>
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* - 12 Month Period  
** - Year to Date

References


ENCLOSURE I
Grading Rubric for Individual Residency Project Summary

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<th>Introduction and Background</th>
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<th>4</th>
<th>3</th>
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<tr>
<td>1. Provides necessary and sufficient contextual information to understand the project, its significance, and why resources were devoted to this project</td>
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<td>2. Logically leads the reader to the problem and purpose statements</td>
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<td>4. Purpose statement clearly describes the specific goal(s)/objectives of the project and the desired end-state when the project is completed and the problem/issue is corrected</td>
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<td>5. Identifies and discusses relevant literature associated with the problem that gives larger context, relevance, and potential solutions to the problem or issue addressed</td>
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<td>6. Provides critical and analytical summary of the selected literature that guides the central theme of work and potentially gives insights into how to proceed with efforts</td>
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<tr>
<td>7. Clearly identifies and sufficiently explains concept, method, model or theory used to quantify problem and project results</td>
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<td>8. Clearly and logically discusses steps taken to implement tools or approach</td>
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<td>9. Clearly describes how data were collected and analyzed</td>
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<td>10. Resident clearly identifies individual contributions to the project</td>
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<tr>
<td>11. Summarizes significant initial and (if applicable) post-intervention data and analysis in a manner that logically walks the reader through the results</td>
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<td>12. Addresses and interprets key results that specifically address the Problem</td>
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<td>13. Presents pertinent and appropriate figures, tables, and chart and clearly describes, discusses, and references them in the text</td>
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<td>14. Discusses significant implications of the results/work for the healthcare system</td>
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<td>15. Identifies and discusses any bias, challenges, or other limiting factors</td>
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<tbody>
<tr>
<td>16. Briefly summarizes/re-states the Problem, Purpose, key Methods, and final results; how Problem was addressed/corrected; and degree to which Purpose was accomplished</td>
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<td>17. Addresses consequences and benefits of results of complete project for the organization</td>
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<td>18. Offers feasible and actionable recommendations: next steps, further work in this area, or how methodologies might be applied in other areas</td>
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<tr>
<th>Grammar, Formatting, and References</th>
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<tbody>
<tr>
<td>19. Project summary is formatted as required and is generally free of grammatical errors</td>
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<tr>
<td>20. References, figures, tables, and charts are numbered, referenced, can be easily read/interpreted, and contribute value to and assist in understanding the project summary</td>
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<tr>
<th>Point Total</th>
<th>Pass &gt; 75 points</th>
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</table>

Comments

Faculty Reviewer: _____________________

Grade (Pass/Fail)
# Grading Rubric for Best Practice Recommendation

**Resident Name:**

<table>
<thead>
<tr>
<th>Executive Summary</th>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td>1. Summarizes, in 250 words or fewer, the best practice and its impact upon the federal or civilian healthcare system. Suitable for general readership and publication in a national periodical or submission to senior MHS/VA leadership.</td>
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<td>4</td>
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<tr>
<th>Objective</th>
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<tbody>
<tr>
<td>2. Addresses the specific goal(s) of the best practice</td>
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<tr>
<td>3. Logically leads the reader to the next summary section: background</td>
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<tr>
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<tr>
<td>4. Provides necessary and sufficient contextual information to understand the project, its significance, and why resources were devoted to this project</td>
<td>5</td>
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<tr>
<td>5. Describes the circumstances or events leading up to implementation of the best practice</td>
<td>5</td>
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<thead>
<tr>
<th>Literature Review</th>
<th>5</th>
<th>4</th>
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<tbody>
<tr>
<td>6. Discusses relevant literature associated with the issue/challenge that led to adopting this best practice</td>
<td>5</td>
<td>4</td>
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<tr>
<td>7. Describes similar programs in literature and evidence on which the best practice is based</td>
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<tr>
<th>Implementation Methods</th>
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<tbody>
<tr>
<td>8. Identifies and sufficiently explains the key concept, method, or theory used to decide to implement this practice</td>
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<td>9. Clearly and logically discusses the steps used to implement the approach</td>
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<tr>
<td>10. Describes the methods used to implement the best practice and data supporting success in implementing the best practice</td>
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<tr>
<td>11. Clearly identifies resident’s individual contributions to the project (when applicable)</td>
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<td>13. Describe the outcomes of the best practice and (if applicable) post-intervention data and how they were measured</td>
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<td>14. Indicates what changes resulted at the clinic, department, facility, system or Service component after implementing this best practice</td>
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<td>15. Discusses specific implications of the results for the organization, positive or negative</td>
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<td>16. Discusses specific limiting factors associated with the best practice</td>
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<td>17. Describes how the best practice specifically meets each of the four evaluation criteria (outcomes-based, adaptability/replicable, sustainable/institutionalized, innovative)</td>
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**Point Total**

| Comments | Pass > 75 points |

**Faculty Reviewer:** _____________________

**Grade** (Pass/Fail)
ENCLOSURE J

Guide to the Graduate Management Study (GMS)

In the event that a preceptor or the program director judges that a resident’s Portfolio of Graduate Healthcare Management Project Summaries does not demonstrate sufficient graduate-level progression (resident receives a Fail grade), the resident will be required to complete a single-project graduate management study (GMS) and submit it to the faculty advisor and program director for evaluation of sufficient value to meet Army-Baylor University graduation requirements.

The GMS (similar to a master’s degree thesis) is a research project/report that concentrates on a chosen healthcare management topic to a much deeper degree than did the Graduate Residency Projects undertaken during the residency year. The GMS focuses on decision-making and problem-solving in specific settings and draws information from the body of knowledge of various disciplines such as management science, ethics, economics, medical science, and marketing. This study should be practical and may be a specific extension of fundamental basic research concepts that residents learn in the didactic and residency phases of the program.

Prior to commencing a GMS, the continued resident must submit a graduate management study proposal (GMSP) to the faculty advisor for approval. In general, the GMSP will define the problem to be studied, describe the methods to be used or conducted, identify the appropriate data sources, address how the resident proposes to conduct the analysis, and discuss the expected results. The faculty advisor will review and approve the resident’s GMSP in order to:

- Ensure that the project is of sufficient scope and importance to justify extensive analysis.
- Ensure that the methods and procedures proposed by the resident, if carried out to completion, will, in fact, provide the intended information and results.
- Provide resident and faculty advisor a clearly defined "contract" that specifies exactly what is to be done to satisfy the requirements of the GMS.

A sufficient GMS justifies successful degree completion to the program director and Dean of the Graduate School, Baylor University. The final product will reflect a comprehensive, thorough, and original effort on the resident’s part. It must be grammatically and structurally correct and of appropriate quality. While the content of the paper is of utmost importance, the physical aspects of the written product are also important. Given the variability of potential project topics, no minimum length for the report is specified, but it is highly unlikely that an acceptable product could be fewer than 30 pages, excluding references, appendices, etc. The current edition of *Publication Manual of the American Psychological Association* sets forth the overall formatting guidelines for the project.

The format and content of a GMS is more formal than the Graduate Residency in that it is an official research paper. The final product will include the following sections, in this order:

- Title Page. The first page of the document.
- Acknowledgments. The second page of the preliminaries will, if appropriate, be entitled "ACKNOWLEDGMENTS". Here, the resident may acknowledge those people whose assistance or supervision in completing the report was of particular value.
- Abstract. The third page of the preliminaries contains a 200-word, or less, summary of the main points of the GMS. This serves as an executive summary of the final report.
- Table of Contents.
- List of Tables. List each numbered table and its title from the text (if applicable). Continue numbering in lower case Roman numerals.
- List of Figures. List each numbered figure, chart, graph, conceptual model, flow charts, and diagrams, if applicable. Continue numbering in lower case Roman numerals.

Specific guidelines for the text section of the various types of GMSP/GMS are explained in the following sections.
The final section of the GMSP/GMS will follow the text and include, in order, the appendix/appendices and a reference section. The need for one or more appendices and their specific content are matters of judgment. It is strongly recommended, particularly if the project contains either unusual terms or familiar terms used in an unusual way that the first appendix be devoted to definitions of such terms. The appendices should be lettered in the same order in which they are referred to in the text. However, a single appendix should have no letter designation; it is simply “Appendix.”

The reference list for the GMSP should be a working reference list from which the literature review will be finalized. The reader must be given the impression that the resident plans to bring to bear on the problem state-of-the-art knowledge available in the current literature. The reference list for the GMS should include only those references cited in the GMS.

GMS Options

Residents have at least seven different options to choose from when deciding upon how to approach their GMS. If the resident wishes to pursue an idea that does not seem to fit any of those options, the idea should be discussed with the faculty advisor.

- Quantitative Analysis
- Business Case Analysis (BCA)
- Case Study
- Ethics
- Law/Regulation/Contracting/3rd Party Collections
- Policy Analysis
- Strategic Management

PLEASE NOTE: Students required to complete a GMS should contact the Residency Director for additional guidance to complete the GMS.
ENCLOSURE K
Curtailment Request Memo Example

MEMORANDUM THRU

COL Mike T. Preceptor, Deputy Commander for Administration, Somewhere Army Community Hospital, Installation, TX, 78234

LTC Academic A. Advisor, Assistant Professor, Army-Baylor University Graduate Program in Health and Business Administration, JBSA-Fort Sam Houston, TX, 78234

Ms. Ima Star, Residency Director, Army-Baylor University Graduate Program in Health and Business Administration, JBSA-Fort Sam Houston, TX, 78234

FOR LTC Program U. Director, Director, Army-Baylor University Graduate Program in Health and Business Administration

SUBJECT: Residency Curtailment Request for CPT Inah Dunn

1. I formally request to curtail my Administrative Residency from 52-weeks to 49-weeks, shifting the end date from 20 July 2018 forward to 29 June 2017.

2. Reason for request: This request for curtailment will facilitate a Temporary Duty assignment (TDY) for Intermediate Level Education (ILE) at Ft Gordon, GA. My training starts 7 Jun 2018 therefore I am requesting to end my residency early to attend my training.

3. I understand that I must meet all residency year requirements to include a passing final portfolio grade. In the event that I am required to rewrite my portfolio, I will implement the following plan to meet my new due dates. Describe your actions and timeline to address this critical requirement at your new location. My attached updated residency plan verifies that I have met all my core rotations as well as unique rotations during my residency year to address all core competencies.

4. If there are any questions or additional materials required, please do not hesitate to contact me at commercial telephone (XXX)XXX-1992 or email Inah.l.dunn.mil@mail.mil.

Inah L. Dunn
CPT, MS
Administrative Resident

1st End
Approved / Disapproved

Alan A. Jones, PhD, FACHE
Lieutenant Colonel, US Army
Program Director
Army-Baylor Graduate Program in Health & Business Administration
Business Professional Dress Guidelines:

**Men.** Buy wool. Wool suits last longer, breathe better, and wrinkle less than any other type of suit. If you have to wear suits, buy at least two and keep them basic: charcoal gray, dark blue, or black; pinstripes are permitted, but keep them conservative. You will want at least seven dress shirts. They may be white (it goes with anything) or colored, but keep them conservative. Remember that fashion is fickle, so colors change, throwing your color shirts out of style much faster than basic white. If you are not inclined to iron, plan to take your shirts to a cleaner and expect to pay $1.50 - $3.00 for each shirt to be cleaned and ironed. Another option is to purchase wrinkle-free tops and air-dry them on hangers. These steps are worth it in the long run and you will always feel better dressed. Dress shirts usually come with button-down or spread collars. Both are acceptable. Spread collars usually come with stays or stiffeners to keep your collars from curling up. Remember to take the stays out when you wash your shirt; otherwise you will have permanent collar stay marks.

Be conservative in your tie selection. Match tie to shirt and suit, and refrain from wearing ties displaying characters. Polished shoes finish the professional look.

**Women.** Remember the hanger rule: Buy your entire outfit off one hanger. It is often not acceptable to mix and match a skirt or pants with a jacket from a different outfit. If you purchased your jacket and pants from the same hanger, you will be safe in a professional environment.

Stay away from sandals, open-toed shoes, too much perfume, or spiked high-heels (medium to flat is okay), sleeveless tops (unless under a jacket), dangling bracelets, more than one necklace, or anything too revealing. Find something that you can wear with confidence. If you think you could go out dancing right after work without changing your clothes, rethink your outfit.

Business Casual Dress Guidelines:

Every organization has a different definition of business casual. Some require suits without ties; others permit much more casual attire. While no hard and fast rules exist, the following should be considered: Business casual includes the word “business” and implies that work is not the playground. It is always safer to lean toward dressy instead of casual. Business casual is sometimes defined as conservative sportswear, such as dress pants, skirts, collared sport shirts, loafers, etc. Tuck in shirts, do not reveal too much skin, and always iron your clothes. Business casual does not include T-shirts, sweatshirts, jeans of any color, shorts, or sneakers. It is unacceptable at work to look sloppy.

Always wear a suit for the first day of work. Look at your colleagues on the first day and decide how casual you can be for the next day. It may be good to buy most of your wardrobe after your first several days of work. You will see what is accepted and fashion consistent at the office. Your clothing purchases will then be items that you will want to wear at work.
Proper Dining Etiquette

Table manners play an important part in making a favorable impression. They are visible signals of the state of our manners and therefore are essential to professional success. Regardless of whether we are having lunch with a prospective employer or dinner with a business associate or friends, our manners can speak volumes about us as professionals.

Napkin Use

The meal begins when the host unfolds his or her napkin. This is your signal to do the same. Place your napkin on your lap, completely unfolded if it is a small luncheon napkin or in half, lengthwise, if it is a large dinner napkin. Typically, you want to put your napkin on your lap soon after sitting down at the table (but follow your host's lead). The napkin remains on your lap throughout the entire meal and should be used to gently blot your mouth when needed. If you need to leave the table during the meal, place your napkin on your chair as a signal to your server that you will be returning. Once the meal is over, you should place your napkin neatly on the table to the right of your dinner plate. Do not refold your napkin.

Ordering

If, after looking over the menu, there are items you are uncertain about, ask your server any questions you may have. Answering your questions is part of the server's job. It is better to find out before you order that a dish is prepared with something you do not like or are allergic to than to spend the entire meal picking tentatively at your food. An employer will generally suggest that your order be taken first; his or her order will be taken last. Sometimes, however, the server will decide how the ordering will proceed. Often, women's orders are taken before men's. Refrain from using codes or numbers when ordering; if you cannot pronounce the food refer to the dish by its description according to the menu. If you are at a business meeting, avoid ordering the most expensive meal on the menu, follow the lead of your host. Try not to order food that is sloppy, like spaghetti. The last thing you want is to make a mess of yourself. As a guest, you should not order one of the most expensive items on the menu or more than two courses unless your host indicates that it is acceptable. If the host says, "I'm going to try this delicious sounding cheesecake; why don't you try dessert too," or "The prime rib is the specialty here; I think you'd enjoy it," then it is acceptable to order that item if you would like.

When to Start Eating

At a small table of only two to four people, wait until everyone else has been served before starting to eat. At a formal or business meal, you should either wait until everyone is served to start or begin when the host asks you to.

Use of Silverware

Choosing the correct silverware from the variety in front of you is not as difficult as it may first appear. Starting with the knife, fork, or spoon that is farthest from your plate, work your way in, using one utensil for each course. The salad fork is on your outermost left, followed by your dinner fork. Your soupspoon is on your outermost right, followed by your beverage spoon, salad knife and dinner knife. Your dessert spoon and fork are above your plate or are brought out with dessert. If you remember the rule to work from the outside in, you'll be fine.

There are two ways to use a knife and fork to cut and eat your food. They are the American style and the European or Continental style. Either style is

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2 Adapted from Ball State University, Dining and Etiquette Guidelines
considered appropriate. In the American style, one cuts the food by holding the knife in the
dominant hand and the fork in the non-dominant hand with the fork tines piercing the food to
secure it on the plate. Cut a few bite-size pieces of food, and then lay your knife across the top
edge of your plate with the sharp edge of the blade facing in. Change your fork from your non-
dominant to your dominant hand to eat, fork tines facing up. (If you are left-handed, keep your
fork in your left hand, tines facing up.) The European or Continental style is the same as the
American style in that you cut your meat by holding your knife in your dominant hand while
securing your food with your fork in your non-dominant hand. The difference is your fork
remains in your non-dominant hand, tines facing down, and the knife in your dominant hand.
Simply eat the cut pieces of food by picking them up with your fork still in your non-dominant
hand.

When You Have Finished
Do not push your plate away from you when you have finished eating. Leave your plate
where it is in the place setting. To show that you have finished your meal, you put your fork and
knife together at 4:20 on the plate. If you’re eating American style, your fork tines face up.

Modern Etiquette for Business Cocktails
By Pamela Eyring, owner/president of The Protocol School of Washington® (PSOW)

In the world of business, networking is everything. Among the most valuable venues for
networking are after-hours business cocktail parties and receptions. These events provide
opportunities for meeting new people and establishing relationships. The key is knowing how to
work the event.

Tips for making the right impression at an after-hours event no matter who’s watching:

1. Before the Event: Prepare for Success
   - Because what you’re wearing is key to your first impression, wear appropriate business
     attire.
   - Take your cue from the venue and tone of the event regarding how formal to dress.
   - Even if the invitation states “business casual”, avoid going too casual. You never want to be
     the worst-dressed individual at an event.
   - Bring plenty of business cards with you and keep them in an accessible business card
     holder.
   - Always eat before you go. You were invited not because you’re hungry but because you
     have something to contribute. Plus, eating in advance will keep you from drinking on an
     empty stomach.

2. At the Event: Make the Right Impression
   - Do your best to arrive on time.
   - When you enter, step to the side and assess the space, looking for the location of the bar,
     food, and people.
   - Once you decide where to go, move there with purpose.
   - If you go to the bar, take and keep your drink in your left hand so your right hand is free (and
     dry) to shake when meeting others.
   - If you head to the buffet, choose foods that are eaten with a fork or toothpick so your hands
     remain clean.
   - If you choose to mingle, avoid approaching individuals engaged in serious conversations.
   - Look for groups where people are open in their body language and appear friendly.
• Don’t barge into conversations. Instead, move near the group, make eye contact, smile, and ask, “May I join you?”

• Shake hands with each individual looking them in the eye and clearly stating your name as well as theirs — “Joe, it’s great to meet you.”

• Repeat with each person.

• When making small talk, ask about the other individual—where they’re from or if they came into town for the event. Simple questions help you learn about the person and provide topics for discussion.

• When sharing business cards, present yours so it can be read by the person receiving it.

• When accepting a card, read it thoroughly, noting the individual’s title, company, and location, which may offer points for discussion and connection.

Making the most of an event doesn’t have to be difficult. Just remain mindful that it’s a professional event and do your best to make a positive impression that indicates doing business with you is a pleasure.


**Tipping Etiquette**

• Dining out 15%-18% over the bill, NY rule of thumb – double the tip
• Fast food delivery $1.00-5.00
• Hairdresser 10%
• Cab driver $1.00-5.00/person
• Ladies/Men’s Room Attendant $1.00
• Coat Check $1.00
• Doorman $1.00
• Hotel housekeeping $2.00/person per night
• Bellman $1.00/bag
• Room Service 10-15% (min=$1)
• Valet Parking $1.00-5.00
• Concierge $5.00
• Private Chauffeur $5.00-10.00
• Limousine Service 15-20% (over bill)
• Cruise Dining Rm Steward $3.00/day
1. Ensure proper introduction and detailed orientation. Prepare a “profile” of yourself with a CV that outlines professional and personal development.

2. You’re joining a professional field. Look like you take it seriously. Invest in quality business, business casual, and casual attire.

3. Invest in personal business cards.

4. Be careful about social networking. Once you post it, it’s tough to take it back. Regrettable photos and comments can be damaging. Make sure privacy setting are “friends only.”

5. Identify the formal and informal power centers in your organization.

6. Respect and treat all co-workers equally.

7. Accept organizing and secretarial assignments cheerfully.

8. Act with integrity.

9. Ask substantive questions and listen.

10. Take opportunities to showcase your healthcare institution

11. Focus your attention on the Mission, Vision, Values and Culture of the organization. Clearly understand and be able to convey your organization’s story...and how the story defines the mission.

12. Identify a willing “mentor” and volunteer to complete tasks and projects within your ability and interest. A good mentor is worth his/her weight in gold...make the most of the opportunity.

13. Be a methods skeptic...apply your analytical skills.

14. Know your audience. Stay clear of ethnic, sexist, racist or inappropriate humor. Occasional self-deprecating humor is okay.

15. Learn from your boss...both what to do and what not to do in personal and professional exchanges.

16. Talk less, listen more; maintain confidentiality.

17. Stay true to yourself. Be yourself, not someone else.

18. Leverage your strengths and leverage the strength of other employees.


20. Say “Please”, “Thank you”, and “You’re welcome!”

21. Pay attention to all patient care issues. The most important person in hospital is the PATIENT.

22. Pay special attention to learning HR issues, logistics and finance...these three are your bread and butter.

23. Base your inputs on facts whenever possible.

24. Pass the praise, accept the blame.

25. Make the team a star.

26. Share the microphone; giving an important presentation is an opportunity to lead.

27. Leverage the strength of the group/team/task force.

28. Recognize success early and often.

29. Consistently raise your standard. Recognize you might be the only one who knows what ‘right’ should look like. Lead the rest of the organization to the objective.

30. Master a couple of skills. E.g., medical staff by-laws; financial feasibility studies; employee handbook policies; CON process; budgeting; contracts; etc.

31. Courageously push back on your boss in private, if necessary. Don’t do it in public.

32. Argue for the patient/client; “what would the patient or client say about this?”

33. Learn from every employee.

34. Be prompt!

35. Don’t swear.

36. Pay attention to detail in everything you do.

37. Don’t assume people know what to do or how to do it.

38. Schedule “my time” to reset and refresh; find a balance.

39. Clarify expectations early and often.

40. Avoid sarcasm and cynicism.

41. Avoid and stay away from the office gossip and politics especially as you have access to information.

42. Build trust through open and honest dialogue.

43. Clarify with others the risks and rewards of taking action.

44. Ask team members to recall a success story from the past…and listen. Use an ice-breaker and keep things as light as possible. Nobody wants to work on a team that’s always serious.

45. Keep promises/deadlines. Follow through

46. Do not oversell yourself. A good recipe for disaster is to assume responsibility way beyond your expertise and experience.

47. Learn the skill of facilitating meetings. Begin and end meetings on time.

48. Don’t try to be Mr. or Ms. Fix-it!

49. Continuously work on improving your communication skills.

50. Have fun.
ENCLOSURE M
Acceptance of Travel and Related Benefits from A Non-Federal Source Information Paper
Pursuant to 31 U.S.C. §1353

INFORMATION PAPER


1. PURPOSE. To provide information to personnel assigned to AMEDDC&S on the rules and procedures for accepting an offer from a non-Federal source to pay travel, subsistence, and related expenses with respect to attendance of the employee at any conference, seminar, meeting, or similar function relating to the official duties of the employee.

2. FACTS. Universities, professional associations, or private companies often offer to pay travel and related expenses for personnel to attend a conference, meeting, or similar function on a subject that relates to their official duties. Although such payment is a gift for the performance of official duties, Congress allows the Government to accept such gifts under strict conditions and procedures. Potential travelers must know the rules or risk paying all of the expenses themselves. Travel Approval Authorities must also know what to consider in making a determination that the Government may accept the gift.

3. RULES.

   a. You may not solicit an offer; it must be voluntary.

   b. The non-Federal source cannot not be disqualified due to a conflict of interests.

   c. Approval of the travel approving authority and ethics counselor should be obtained before the offer is accepted. Otherwise, you, the traveler, run the risk of having to reimburse the non-Federal source.

   d. If the Army did not authorize acceptance of any payment from a non-Federal source prior to your travel, you may accept, on behalf of the Army, payment for the types of travel expenses that are authorized by your travel orders and within the maximum allowances authorized, providing:

      (1) You request your travel approving authority’s acceptance of these benefits within 7 working days after your trip ends; and

      (2) If the Army does not authorize acceptance of the travel benefits from the non-Federal source, you or the Army reimburse the non-Federal source.

   e. The meeting or similar function must relate to your official duties.

   f. The meeting or similar function must take place away from your official duty station.

   g. It is inappropriate to accept travel that exceeds three weeks in duration.
h. You may not accept travel benefits to attend a meeting or similar function that is required to carry out the agency’s statutory or regulatory functions (that is, a function that is essential to an agency's mission) such as investigations, inspections, audits, site visits, negotiations, or litigation.

i. Do not accept travel benefits to attend a meeting which amounts to promotional vendor training or is held for the primary purpose of marketing the non-Federal source’s products/services.

j. You may not accept cash payments on behalf of the Government. Payments shall be either in kind or by check made payable to the Government.

k. Invitations for spousal travel must be approved by the Administrative Assistant to the Secretary of the Army. The accompanying spouse’s presence must support the mission of the Army or substantially assist you in carrying out your official duties.

4. PROCEDURES. Processing an offer requires the following:

a. The individual being invited to travel must submit the written offer of travel benefits and a memorandum to the travel approval authority. The memorandum must explain how the travel relates to the individual’s official duties, is in the best interests of the United States, and how attendance will not undermine the integrity of Army programs or operations. The travel approving authority has the authority to accept the offer subject to the concurrence of the Ethics Counselor.

b. The travel approving authority must perform a "conflict of interests analysis" to determine that acceptance, under the circumstances, would not cause a reasonable person, with knowledge of all the relevant facts, to question the integrity of Army programs or operations. A sample Memorandum for Record (MFR), which may be used as a guide in recording the decision, is enclosed. The analysis must consider such matters as:

   (1) the identity of the non-Federal source;
   (2) the nature and purpose of the meeting, conference, etc.;
   (3) the identity of the other participants;
   (4) the nature and sensitivity of any matters pending in the Army which could affect the interests of the non-Federal source;
   (5) the significance of the traveler’s role in such matters; and
   (6) the monetary value and character of the travel benefits.

c. The Travel Approval Authority must forward the MFR, the individual’s memorandum, and any additional information that explains the event, to the ethics counselor for concurrence.

d. The ethics counselor must concur in the decision or the offer may not be accepted.

e. Once authorized, the Government may accept either payment "in-kind" (i.e. prepaid tickets, lodging, airline tickets, meals, etc.) or a check. The traveler may never accept cash, but may accept a check on behalf of the Army made payable to the Department of the Army. It is preferable that these benefits be furnished “in-kind”, rather than by subsequent reimbursement.

f. If travel benefits are accepted totaling $250 or more, the traveler must submit a report within 30 days of the travel through the travel approval authority to the ethics counselor. A copy of this report, showing the required format, is enclosed (following two pages).
MEMORANDUM FOR RECORD

SUBJECT: Approval of the Acceptance of Travel Benefits Under 31 U.S.C. §1353

1. Travel benefits have been offered by RESIDENCY SITE to accommodate the participation of RESIDENT NAME in SPECIFY EVENT on INCLUSIVE DATES in LOCATION.

2. The Army employee will be traveling, attending, and participating in an official capacity and [the non-Federal source] has offered to pay for the following travel and related expenses which will be provided either in-kind or by check payable to the Department of the Army.

   - Round-trip air transportation
   - Other transportation (taxicab to and from hotel)
   - Overnight accommodations
   - Meals
   - Free attendance at event
   - Other (describe)

   Total value of proffered travel and related expenses

3. I completed a conflict of interests analysis, taking into account such factors as the source of the gift, to whom it is offered, any matters that I know of before the Army concerning the source, and the nature of the employee’s involvement, if any, in the matter. I hereby determine that acceptance of these travel benefits would not cause a reasonable person with knowledge of all the relevant facts to question the integrity of the Army’s programs or operations and approve [employee’s name] accepting the above-described gift on behalf of the Army.

4. I reminded the employee that he/she is required to file a travel report [see enclosure 2] with the Ethics Counselor, Office of the Staff Judge Advocate, if the travel benefits received (consisting of food, lodging, transportation, or entertainment) total $250 or more.

5. I coordinated this approval with the Ethics Counselor, AMEDDC&S.

(Signature)

Travel Approval Authority

Coordination: Ethics Counselor, OSJA, AMEDDC&S and FSH

Concur ___________________________ Non-concur ___________________________
MEMORANDUM FOR Ethics Counselor, Administrative and Civil Law Division, Staff Judge Advocate, AMEDDC&S and Fort Sam Houston, ATTN: MCCS-BJA-AL (Stop 19), Fort Sam Houston, Texas 78234

SUBJECT: REPORT OF PAYMENT OF TRAVEL & RELATED EXPENSES ACCEPTED FROM NON-FEDERAL ENTITIES

Employee’s Name & Rank/Grade: 
Command/Organization: 
Employee’s Position: 
Spouse’s Name (if applicable): 

**EVENT**

Nature/Title of Event: 
Sponsor: 
Location: 
Dates: From: To: 

**TYPE OF DONATION**

Donating Organization: 
Total Amount (Payments In-Kind and By Check): 
Amount of Payments In-Kind: 
(Pre-paid conference fees, lodging, airline tickets, meals, etc.)

Total For Employee: 
Total For Spouse: 

**Itemized In-Kind Expenses:**

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Airline</th>
<th>Meals</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount of Payments by Check: **

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Airline</th>
<th>Meals</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(Continued on next page)
SUBJECT: REPORT OF PAYMENT OF TRAVEL & RELATED EXPENSES ACCEPTED FROM NON-FEDERAL ENTITIES (Continued)

(Report of Travel Payment continued)

I certify that the statements on this report are true, complete, and correct to the best of my knowledge.

__________________________________________  ________________________________
Signature of Traveler  Date of signature

__________________________________________  ________________________________
Signature of Travel Approval Authority  Date of signature

__________________________________________  ________________________________
Signature of Ethics Counselor  Date of signature

SUBMIT REPORT TO YOUR ETHICS COUNSELOR WITHIN 30 DAYS OF TRAVEL
ENCLOSURE N
Information Paper on Accepting a Gift of Travel Expenses under 5 USC § 4111

1. The provision in the Executive Branch ethics regulation (5 CFR 2635.204(l)) on this subject reads as follows:

   a. Gifts accepted under specific statutory authority. The prohibitions on acceptance of gifts from outside sources contained in this subpart do not apply to any item, receipt of which is specifically authorized by statute. Gifts which may be received by an employee under the authority of specific statutes include, but are not limited to:

   b. Free attendance, course or meeting materials, transportation, lodgings, food and refreshments or reimbursements therefor incident to training or meetings when accepted by the employee under the authority of 5 U.S.C. § 4111 from an organization with tax-exempt status under 26 U.S.C. § 501(c)(3) or from a person to whom the prohibitions in 18 U.S.C. § 209 do not apply. The employee's acceptance must be approved by the agency in accordance with part 410 of this title [Title 5 of the CFR]….

   c. Note: 26 U.S.C. § 501(c)(3) is authority for tax-exempt treatment of a limited class of nonprofit organizations, including those organized and operated for charitable, religious or educational purposes. Many nonprofit organizations are not exempt from taxation under this section.

2. 5 USC § 4111 is entitled “Acceptance of contributions, awards and other payments.” It reads as follows:

   a. To the extent authorized by regulation of the President, contributions and awards incident to training in non-Government facilities, and payment of travel, subsistence, and other expenses incident to attendance at meetings, may be made to and accepted by an employee, without regard to section 209 of title 18, if the contributions, awards, and payments are made by an organization determined by the Secretary of the Treasury to be an organization described by section 501(c)(3) of title 26 which is exempt from taxation under section 501(a) of title 26.

   b. When a contribution, award, or payment, in cash or in kind, is made to an employee for travel, subsistence, or other expenses under subsection (a) of this section, an appropriate reduction, under regulations of the President, shall be made from payment by the Government to the employee for travel, subsistence, or other expenses incident to training in a non-Government facility or to attendance at a meeting.


   a. Section 410.501 - Scope.

      (1) Section 4111 of Title 5, United States Code, describes conditions for employee acceptance of contributions, awards, and payments made in connection with non-Government sponsored training or meetings which an employee attends while on duty or when the agency pays the training or meeting attendance expenses, in whole or in part.

      (2) This subpart does not limit the authority of an agency head to establish procedures on the acceptance of contributions, awards, and payments in connection with any training and meetings that are outside the scope of this subpart in accordance with laws and regulations.
governing Government ethics and governing acceptance of travel reimbursements from non-Federal sources.

b. Section 410.502 - Authority of the head of an agency.

(1) In writing, the head of an agency may authorize an agency employee to accept a contribution or award (in cash or in kind) incident to training or to accept payment (in cash or in kind) of travel, subsistence, and other expenses incident to attendance at meetings if

(a) The conditions specified in section 4111 of Title 5, United States Code, are met; and

(b) In the judgment of the agency head, the following two conditions are met:

(i) The contribution, award, or payment is not a reward for services to the organization prior to the training or meeting; and

(ii) Acceptance of the contribution, award, or payment:

(1) Would not reflect unfavorably on the employee's ability to carry out official duties in a fair and objective manner;

(2) Would not compromise the honesty and integrity of Government programs or of Government employees and their official actions or decisions;

(3) Would be compatible with the Ethics in Government Act of 1978, as amended; and

(4) Would otherwise be proper and ethical for the employee concerned given the circumstances of the particular case.

(2) Delegation of authority. An agency head may delegate authority to authorize the acceptance of contributions, awards, and payments under this section. The designated official must ensure that--

(a) The policies of the agency head are reflected in each decision; and

(b) The circumstances of each case are fully evaluated under conditions set forth in Sec. 410.502(a).

(3) Acceptance of contributions, awards, and payments. An employee may accept a contribution, award, or payment (whether made in cash or in kind) that falls within the scope of this section only when he or she has specific written authorization.

(4) When more than one non-Government organization participates in making a single contribution, award, or payment, the "organization" referred to in this subsection is the one that:

(a) Selects the recipient; and

(b) Administers the funds from which the contribution, award, or payment is made.

c. Section 410.503 - Records. An agency shall maintain, in such form and manner as the agency head considers appropriate, the following records in connection with each contribution, awards, or payment made and accepted under authority of this section: The recipient's name; the organization's name; the amount and nature of the contribution, award, or payment and the
purpose for which it is to be used; and a copy of the written authorization required by Sec. 410.502(a).

4. The Joint Ethics Regulation, DoD 5500.7-R, paragraph 4-102, reads as follows:

4-102. Acceptance of Contributions, Awards and Other Payments by DoD Employees from Tax-Exempt Organizations (5 U.S.C. 4111 (reference (g)))

a. Applicability. Military members are permitted to accept contributions, awards and other payments the same as civilian DoD employees in accordance with the requirements of this subsection, below.

b. Conditions for Acceptance. Except when acceptance is permitted under 5 C.F.R. 2635.204(d) (reference (h)) in subsection 2-100 of this Regulation, DoD employees are permitted to accept contributions, awards and other payments directly from non-Federal sources only when all of the following conditions are met:

(1) The source is a tax-exempt organization described by 26 U.S.C. 501(c)(3) (reference (i)) or a State or local government (see 5 C.F.R. 410, Subpart G (reference (j)));

(2) The contribution, award, or payment of travel benefits is incidental to training in non-Federal Government facilities or attendance at a meeting;

(3) An appropriate deduction is made from any payment by the Federal Government to the DoD employee for their official travel entitlement;

(4) The contribution, award, or payment is not a reward for services to the non-Federal source;

(5) Acceptance of the contribution, award, or payment would not reflect unfavorably on the DoD employee's ability to perform his duties in a fair and objective manner, nor otherwise compromise the integrity of any Federal Government action; and

(6) The travel approving authority approves the acceptance of the contribution, award, or payment in writing.

c. Payments from Multiple Sources. When more than one organization participates in making a single contribution, award, or payment, only the organization that selects the recipient and administers the funds from which the contribution, award, or payment is made will be considered the source.

d. Reporting. Individuals who are required to file financial disclosure statements must report acceptance of these travel benefits on their financial disclosure statements if the fair market value of those benefits reach the reportable amount.

4. 18 USC § 209 states, in relevant part:

a. Whoever receives any salary, or any contribution to or supplementation of salary, as compensation for his services as an officer or employee of the executive branch of the United States Government, of any independent agency of the United States, or of the District of Columbia, from any source other than the Government of the United States, except as may be contributed out of the treasury of any State, county, or municipality; or

b. Whoever, whether an individual, partnership, association, corporation, or other
organization pays, makes any contribution to, or in any way supplements, the salary of any such officer or employee under circumstances which would make its receipt a violation of this subsection—

c. Shall be subject to the penalties set forth in section 216 of this title.

d. This section does not prohibit payment or acceptance of contributions, awards, or other expenses under the terms of chapter 41 of title 5 [which includes 5 USC 4111].

Prepared by: Mark Stone, Lt Col, USAFR / Assistant Staff Judge Advocate / ASC/JA / 2 Apr 10

1 Encl  Ethics Counselor/1-6549
MEMORANDUM FOR RECORD

SUBJECT: Approval of the Acceptance of Travel Benefits Under 5 U.S.C. § 4111

1. Travel benefits have been offered by ___[DONOR]_______ to accommodate the participation of ___[TRAVELER]_______ in ___[EVENT]_______ on _____[DATE]___________ in [PLACE].

2. The Army employee will be traveling incident to training in non-Government facilities or attendance at a meeting and [the non-Federal source] has offered to pay for the following travel and related expenses which will be provided either in-kind or by check payable to the Army employee.

(Enter $ amounts)

- Round-trip air transportation
- Other transportation (taxicab to and from hotel)
- Overnight accommodations
- Meals
- Free attendance at event
- Other (describe)

**Total value of proffered travel and related expenses**

3. I have done a conflict of interests analysis taking into account such factors as the source of the gift, to whom it is offered, any matters that I know of before the Army concerning the source, and the nature of the employee's involvement, if any, in the matter. I have determined that acceptance of these travel benefits would not cause a reasonable person with knowledge of all the relevant facts to question the integrity of the Army's programs or operations and approve [employee's name] accepting the above-described gift. I have also determined that:

   a. The source is a tax exempt organization described by 26 U.S.C. 501(c)(3) or a State or local government (see 5 C.F.R. 410, Subpart G);

   b. An appropriate deduction will be made from any payment by the Federal Government to the DoD employee for any official travel entitlement;

   c. The contribution, award, or payment is not a reward for services to the non-Federal source;

   d. Acceptance of the contribution, award or payment would not reflect unfavorably on the DoD employee's ability to perform his duties in a fair and objective manner, nor otherwise compromise the integrity of any Federal Government action.

4. I have reminded the employee that if s/he is an OGE 450 filer, s/he will need to disclose the travel benefits received as a gift if it exceeds the reportable amount.
Enclosure 1 - Accepting a Gift of Travel Expenses under 5 USC § 4111

5. I coordinated this approval with the Ethics Counselor, AMEDDC&S.

(Signature)

Travel Approval Authority

Coordination: Ethics Counselor, OSJA, AMEDDC&S and FSH

Concur ___________________________  Non-concur ___________________________
Dear Mr./Ms. Doe:

Thank you for allowing [resident], a resident in the Army-Baylor University Graduate Program in Health and Business Administration, to observe at [institution] from [date] to [date]. As we’ve previously discussed, [resident] will observe the following during this visit:

1. 
2. 
3. 

While at your institution, [resident] will remain on active duty on official business under authority of lawful orders issued by the Department of the Defense, is acting within the scope of his/her employment under Federal law and receives his/her pay and allowances therefrom. The provisions of 28 United States Code, section 2679, will immunize the military resident from individual tort liability.

While undergoing training at [training institution], the resident will be under the immediate professional supervision and control of the Chief, ________________ (Department), or his authorized designee. The resident will be subject to, and be required to abide by, all the facility’s rules and applicable regulations. Should the resident fail to meet these expectations, please contact me so that we may coordinate removal of the resident.

Thank you again for opening your organization to [resident] to further his/her training. Please contact me at (210) 295-XXXX if you have any questions.

Sincerely,

I.M. Preceptor
Lieutenant Colonel, US Army
Deputy Commander for Administration