Master of Business Administration
Healthcare Administration Specialization

2008 Administrative Residency Manual

Master of Business Administration (MBA)
Healthcare Administration Specialization
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The Administrative Residency Overview

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

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

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

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

Baylor University – Ten Core Convictions

1. Encourage the integration of Christian faith and the intellectual life
2. Support, Encourage, and Expect excellence in all undertakings
3. Provide a unique place for learning and the building of community
4. Equip individuals to understand life as a divine calling and thus serve society and the world in the name of our Lord Jesus Christ
5. Promote the health of mind, body, and spirit as these are understood in the Christian tradition and by the best of modern physical and psychological science
6. Strive to illuminate and enrich human experience by the word of God and the best of human science and culture
7. Encourage the understanding and care of the natural world as a matter of Christian stewardship
8. Facilitate the discovery of new knowledge to the glory of God and the betterment of humanity
9. Extend the campus in time and space to embrace our entire community in relationships of caring and mutual benefit
10. Anticipate and respond to change in higher education and the world
Introduction

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

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

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

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

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

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

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

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

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

Residency Eligibility and Options

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

Objectives

The goals for the administrative residency encompass three broad areas:

Mentoring Relationship, Observation/Familiarization, and Application

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

The Mentoring Relationship Objectives

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

- To participate with the Preceptor in debriefing sessions which follow regular formal and/or informal meetings
- To engage in discussions in which the Preceptor can evaluate the skills of the Resident and provide feedback
- To work on Preceptor-assigned projects so that the Preceptor can evaluate the skills of the Resident and provide feedback
- To participate in discussions with the Preceptor regarding his/her views on leadership philosophy and techniques
- To develop a personal philosophy, value system, code of ethics, and a dedication to high professional standards and ideals of a healthcare administrator
2. **Observation / Familiarization** - The student develops an understanding of the organization's mission, administrative structure, the operation and interrelationship of major units within the organization, and the means through which the organization carries out its major functions. The student develops an understanding of the operations of decision-making bodies and processes at various levels including: policy making, medical and professional staff, administrative staff, and important external organizations such as regulatory, financing, and professional associations.

**Observation/Familiarization Objectives**

The resident will strive to meet the following objectives:

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

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

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

*The following are examples of such documents: strategic planning documents including organization mission, values, and objectives; administrative policy manual; personnel manual; disaster manual; medical staff bylaws, rules and regulations; coordination council bylaws; corporate board bylaws; business plan of parent and subsidiaries; and budgets of parent and subsidiaries.*
3. **Application** - The student applies and tests administrative theory and tools in a "real world" setting. Through this application process the student will build upon knowledge acquired in the didactic curriculum (refer to Appendix C.)

**Application Objectives**

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

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

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

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

**Residency Site & Preceptor Selection**

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

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

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

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

Grading

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

- Residency Plan
- Report Activities
- Management/Problem Solving Projects
- Preceptor Evaluation Reports
- Resident Evaluation of the Preceptor Report
- Oral Presentation
- Input gained by the Preceptor Coordinator through the Preceptor
- Observations made during the site visits

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

Preceptor

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

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

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

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

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

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

Through the Preceptor Coordinator, Baylor University agrees to:

- Assist students in finding and obtaining a suitable residency
- Prepare students for their residency through a series of seminars and a one-hour course
- Send a faculty member to visit the Preceptor and Resident at least once during the residency
- Provide ongoing academic and career counseling
- Grade the Resident on his/her documentation and projects
- Maintain confidentiality of all reports and information from the Resident concerning the residency organization

Resident

The Resident agrees to:

- Serve as an ambassador representing Baylor University
- Create a Residency Plan, with the assistance of the Preceptor, and meet the expectations set therein
- Prepare all projects, reports and evaluations, as required by this manual, and submit them on time to the Preceptor Coordinator
- Organize and coordinate site visits between the Preceptor Coordinator and Preceptor
Residency Requirements

I. Residency Plan

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

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

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

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

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

Each student is required to submit to the Preceptor Coordinator a monthly report of the activities in which he/she has been engaged. The organization Preceptor should review each monthly report before submission.

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

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

III. Readings

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

IV. Competitive Paper

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

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

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

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

- Ability of the project to develop competencies of the Resident
- Requirements of the institution
- Ability to complete the project or research within the time allocated for the residency

General Guidelines

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

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

- Although the project does not have a mandatory length requirement, it should be considered a major academic paper and should thoroughly cover the approved subject. The subject matter of each project should be well developed and explained prior to selection. Baylor’s Faculty Member, the Preceptor Coordinator, and the Preceptor will approve the selection of the topic for the major project
- The project must include a major quantitative research element meeting Baylor academic research standards
- At the end of the residency, the student will present an oral report of project findings to Baylor Faculty Member(s), the Preceptor Coordinator, and the Preceptor. The Preceptor may also select any additional attendees
- The final written report will be due during the final semester for HPA 5121, Current Issues in Healthcare Administration. Students will also make an oral presentation to the combined HPA 5120 and HPA 5121 classes
Project Report Organization

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

1. **Executive Summary**

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

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

2. **Background**

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

3. **Planning and Execution**

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

4. **Results and Outcomes**

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

5. **Management Implications**

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

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

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

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

7. **Appendices and Bibliography**

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

**VI. Preceptor Evaluation of the Resident**

The Preceptor will make an evaluation report (Appendix H) at the end of the Summer and Fall sessions. The Preceptor should make special reports or telephone calls to the Preceptor Coordinator whenever the progress or conduct of the student is considered to be deficient. In addition the Preceptor will be provided a Management Competency Assessment form to help identify student progress during the residency.

**VII. Resident Evaluation of the Preceptor**

At the end of the residency, each Resident must fill out and return to the Preceptor Coordinator one copy of the Resident Evaluation of Preceptor form (Appendix I). This evaluation will be kept in the strictest confidence. The comment section should be used for any pertinent information, such as the type of Resident that will excel with this Preceptor.

**VIII. Resident Management Competency Self Assessment**

Students will complete a pre and post Management Competency Assessment based on the competencies identified in Appendix E.
IX. Site Visits

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

A typical visit is brief with the first hour spent with the Resident discussing his/her projects and experiences. The second hour will be spent with the Preceptor discussing the Resident’s performance. If pertinent, additional time may be spent visiting with other co-workers.
Baylor University, hereinafter referred to as "University", and the "Agency," agree to establish an affiliation for the purpose of providing a residency course in healthcare administration for a graduate student at the University.

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

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

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

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

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

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

6. This Statement does not require the payment of any compensation or benefits by the Agency to the Student. Payment of a stipend or benefits or reimbursement of business or travel expenses is a matter solely between the Student and the Agency.
7. No faculty member of the University shall be considered an employee or agent of the Agency, unless specified in an additional agreement. Similarly, neither the Student nor any employee of the Agency is considered an employee or agent of the University, unless specified in an additional written agreement signed by Baylor University.

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

II. The University agrees to:

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

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

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

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

5. Administer the residency.

6. Respect the mission of the Agency.

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

III. The Agency agrees to:

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

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

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

4. Allow Preceptor time to prepare for conferences with students, to maintain conferences with students, and to consult with the University’s representative.
5. Provide for the Student suitable office space, equipment and materials. Allow, if applicable, clerical assistance necessary to the accomplishment of the teaching/learning task.

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

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

Resident Information Form

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

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

Name: ________________________________________________________________________

Resident Home Address:_________________________________________________________

Resident Home Phone: __________________________________________________________

Resident Cell Phone: ____________________________________________________________

Resident Home Email: ___________________________________________________________

Site/Work Address: _____________________________________________________________

____________________________________________________________________________

Site/Work Phone: _______________________ Site/Work Fax: __________________________

Site Email: ____________________________________________________________________

Preceptor Name: _______________________________________________________________

Preceptor Title: ________________________________________________________________

Preceptor Phone: _______________________________________________________________

Preceptor Email: _______________________________________________________________
# Appendix C
## Degree Plan

**MBA (Master of Business Administration)**  
Healthcare Administration Specialization

### Core One - Plan (Fall 2007)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
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<tr>
<td>BUS 5290</td>
<td>Management Communication: Focus Firm</td>
<td>2</td>
</tr>
<tr>
<td>MIS 5151</td>
<td>Technical Foundations of Information Systems</td>
<td>1</td>
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<tr>
<td>ACC 5121</td>
<td>Accounting Planning</td>
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<td>FIN 5161</td>
<td>Corporate Finance - Planning</td>
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<td>MKT 5398</td>
<td>Seminar in Marketing Administration</td>
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<td>MGT 5385</td>
<td>Strategic Management and Business Policy</td>
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<td>QBA 5131</td>
<td>Quantitative Methods for Decision Making - Part 1</td>
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<td>Professional Career Development</td>
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<td>ECO 5315</td>
<td>Microeconomic Theory and Business Decisions</td>
<td>3</td>
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<td>MGT 5310</td>
<td>Management of Organizational Behavior</td>
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<td>HPA 5310</td>
<td>Healthcare Administration</td>
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**Total Hours Core One:** 18

### Core Two - Implement (Spring 2008)

<table>
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<th>Course Title</th>
<th>Hours</th>
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<td>MIS 5152</td>
<td>Aligning Info Technology with the Business Enterprise</td>
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<tr>
<td>ACC 5122</td>
<td>Accounting Implementation</td>
<td>1</td>
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<tr>
<td>FIN 5162</td>
<td>Corporate Finance - Implementation</td>
<td>1</td>
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<td>MKT 5398</td>
<td>Seminar in Marketing Administration</td>
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</tr>
<tr>
<td>MGT 5385</td>
<td>Strategic Management and Business Policy</td>
<td>3</td>
</tr>
<tr>
<td>QBA 5132</td>
<td>Quantitative Methods for Decision Making - Part 2</td>
<td>1</td>
</tr>
<tr>
<td>BUS 5001</td>
<td>Professional Career Development</td>
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</tr>
<tr>
<td>MGT 5320</td>
<td>Manufacturing and Service Operations</td>
<td>3</td>
</tr>
<tr>
<td>HPA 5120</td>
<td>Princ and Methods/Healthcare Delivery Sys. Research</td>
<td>1</td>
</tr>
<tr>
<td>HPA 5126</td>
<td>Public Health Issues for Healthcare Executives</td>
<td>1</td>
</tr>
<tr>
<td>HPA 5350</td>
<td>Health Economics</td>
<td>3</td>
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<tr>
<td>HPA 5380</td>
<td>Healthcare Finance</td>
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**Total Hours Core Two:** 18

### Summer and Fall (2008)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPA 5V90</td>
<td>Healthcare Administration Residency</td>
<td>3 and 6</td>
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</table>

**Total Hours Summer/Fall:** 9
# Core Three- Evaluate (Spring 2009)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIS 5153</td>
<td>Managing the Info Technology Resource</td>
<td>1</td>
</tr>
<tr>
<td>ACC 5123</td>
<td>Accounting in a Changing Environment</td>
<td>1</td>
</tr>
<tr>
<td>FIN 5163</td>
<td>Financial Control</td>
<td>1</td>
</tr>
<tr>
<td>QBA 5133</td>
<td>Quantitative Methods for Decision Making- Part 3</td>
<td>1</td>
</tr>
<tr>
<td>BUS 5001</td>
<td>Professional Career Development</td>
<td>0</td>
</tr>
<tr>
<td>HPA 5395</td>
<td>US Healthcare Directions (Capstone)</td>
<td>3</td>
</tr>
<tr>
<td>HPA 5367</td>
<td>Managerial Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>HPA 5330</td>
<td>Healthcare Law and Ethics</td>
<td>3</td>
</tr>
<tr>
<td>HPA 5121</td>
<td>Current Issues in Healthcare Administration</td>
<td>1</td>
</tr>
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</table>

**Total Hours Core Three:** 14

## Program Total: 59 hours

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

(This is the standard degree plan. The degree plan for individual students may vary in timing but the course elements remain the same.)
# Appendix D
## Calendar of Residency

<table>
<thead>
<tr>
<th>Item</th>
<th>Reference</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Information Form</td>
<td>Appendix B</td>
<td>Week 1</td>
</tr>
<tr>
<td>Residency Plan</td>
<td>Page 13; Appendix F</td>
<td>Week 2</td>
</tr>
<tr>
<td>Monthly Activity Reports</td>
<td>Page 14; Appendix G</td>
<td>By last day of each month, May through December</td>
</tr>
<tr>
<td>Healthcare Administration Competency Assessment</td>
<td>Page 17</td>
<td>Week 2</td>
</tr>
<tr>
<td>Competitive Paper</td>
<td>Page 14</td>
<td>By September 12</td>
</tr>
<tr>
<td>Major Project</td>
<td>Pages 15-17</td>
<td>Oral Report due at close of Residency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final written paper due during Lockstep 3 for HPA 5121 (Current Issues in Healthcare Administration).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Students will also make an oral presentation to the combined HPA 5120 and HPA 5121 classes</td>
</tr>
<tr>
<td>Preceptor Evaluation of the Resident including Healthcare Administration Competency Assessment</td>
<td>Page 17; Appendix H</td>
<td>1st evaluation: August 2nd</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final evaluation: 1 week after oral presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Preceptor has the option of making an oral evaluation to the Preceptor Coordinator)</td>
</tr>
<tr>
<td>Resident Evaluation of the Preceptor and self Healthcare Administration Competency Assessment</td>
<td>Page 17; Appendix I</td>
<td>1 week after completion of Residency</td>
</tr>
</tbody>
</table>
# Appendix E

## Healthcare Administration Competencies

### DOMAIN 1 – Knowledge of the Healthcare Environment

1. **Healthcare Environment: The ability to understand and explain issues and advancements in the healthcare industry.**
   - Recognizes and understands health and medical care terminology
   - Understands regulatory environment related to healthcare delivery (CMS, JCAHO, HIPAA)
   - Develops an understanding of healthcare issues, trends, and perspectives (aging population, insurance costs)
   - Is familiar with technological research and advancements related to medical care

2. **Economics and statistical methods: The ability to use, understand, and apply the basic principles of economics, statistics, and epidemiology to health care issues.**
   - Uses and applies methods and practice of economics to healthcare
   - Understands basic statistical and epidemiology analysis (e.g., research design, scientific method)

3. **Policy and Advocacy: The ability to understand the legislative environment and effectively participate in discussions relating to health policy at the local, state, and federal levels.**
   - Understands pertinent legislative issues and recognizes advocacy opportunities
   - Is familiar with healthcare policy issues (e.g., uninsured, access, quality, cost, medical malpractice, system reform)

### DOMAIN 2 – Critical Thinking and Analysis

1. **Critical Thinking and Analysis: The ability to understand a situation, issue, or problem by breaking it into smaller pieces or tracing its implications in a step-by-step way.**
   - Breaks down problems
     - Breaks problems into simple lists of tasks or activities without assigning values
     - Asks the right questions when making decisions
   - Identifies basic relationships
     - Identifies and understands the cause-and-effect relationship between two aspects of a situation
     - Sorts out a list of tasks in order of importance
     - Views issues from different perspectives
     - Identifies and prioritizes alternatives
   - Recognizes multiple relationships
     - Makes multiple causal links: several potential causes of events, several consequences of actions, or multiple-part chain of events (A leads to B leads to C leads to D)
     - Analyzes relationships among several parts of a problem or situation (e.g., anticipates obstacles and thinks ahead about next steps, in detail, with multiple steps)

2. **Innovative Thinking: The ability to apply complex concepts, develop creative solutions, or adapt previous solutions in new ways.**
   - Applies basic rules, common sense, evidence, and past experiences to identify problems
   - Recognizes patterns based on life experience, sees patterns, trends, or missing pieces/linkages and can identify similarities and differences
   - Clarifies complex ideas or situations
   - Applies basic rules, common sense, evidence, and past experiences to identify problems
   - Recognizes patterns based on life experience, sees patterns, trends, or missing pieces/linkages and can identify similarities and differences
   - Clarifies complex ideas or situations
     - Assembles ideas, issues, and observations into a clear and useful explanation
     - Restates existing observations of knowledge in a simpler fashion
3. Strategic Orientation: The ability to consider the business, demographic, ethno-cultural, political, and regulatory implications of decisions and develop strategies that continually improve the long-term success and viability of the organization

1. Conducts environmental scanning
   a. Performs present and future analyses that identify the competitive.market, governmental and regulatory, public opinion, scientific, and technological forces that shape the organization
   b. Identifies the strengths and challenges of the organization vis-à-vis the forces today and into the future

2. Develops strategic goals and plans for the organization that take advantage of its strengths, addresses its weaknesses, builds on opportunities, and attempts to minimize environmental threats (SWOT Analysis)

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

DOMAIN 3 – Business and Management Knowledge

1. Financial Skills: The ability to understand and explain financial and accounting information, prepare and manage budgets, and make sound long-term investment decisions.
   a. Explains the organization’s financial metrics and reports
      i. Explains income statement, balance sheet, cash flow
      ii. Has knowledge of financial analysis (ratio analysis, Cost-benefit analysis, Cost-effectiveness analysis)
      iii. Uses financial metrics to drive and track the organization’s success
      iv. Explains indicators of financial health, especially profitability, and accounting entries through general ledger to revenue
   b. Manages budgets and assets
      i. Has knowledge of strategic planning, strategic financial planning, operational planning, capital budgeting
      ii. Develops budgets
      iii. Demonstrates expense and revenue management skills (unit or department)
      iv. Manages budget variances, including revisions and corrective actions
      v. Explains expense sources and management alternatives with implications
      vi. Understands sources of revenue including sensitivity analyses
      vii. Demonstrates capital budgeting and asset management skills
   c. Understands impact of reimbursement models
      i. Assesses reimbursement and payment system alternatives (RBRVS, DRG, UCR, Managed Care, Medicare)
      ii. Considers impact of reimbursement and payment systems when assessing management alternatives
   d. Evaluates financial analyses and investments
      i. Analyzes rate of return, net present value, cash flow analyses, risk-return trade-offs and cost-benefit analyses
      ii. Analyzes population, disease, and utilization data
   e. Develops long-term financial planning methodologies
      i. Develops long-term plans for funding growth and development (e.g., new services, clinical programs, community outreach)
      ii. Formulates strategies for developing new service line activities
      iii. Understands long-term capital spending for building renovation and expansion
      iv. Understands funding sources and their financial implications

2. Information Seeking: An underlying curiosity and desire to know more about things, people, or issues, including the lifelong desire for knowledge and staying current with health, organizational, industry, and professional trends and developments.
   a. Consults available resources
      i. Asks direct questions of the people who are knowledgeable about the situation
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>b. Uses readily available information, or consults other resources</td>
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<tr>
<td>2. Conducts preliminary investigations regarding a problem or situation beyond routine questioning</td>
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<tr>
<td>3. Conducts research to maintain knowledge</td>
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<tr>
<td>a. Makes a systematic effort over a limited period of time to obtain needed data or feedback</td>
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<tr>
<td>b. Conducts formal research (e.g., market, financial, competitive) through newspapers, magazines, computer search systems, or other resources regarding practices in healthcare and other industries for the purpose of keeping current</td>
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<tr>
<td>c. Seeks expert perspective and knowledge</td>
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<tr>
<td>4. Is recognized as a user of best practices</td>
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<tr>
<td>a. Establishes ongoing systems or habits to get information; for example, walks around, meets informally, and scans publications that feature best practices</td>
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<tr>
<td>b. Adopts the best practices from other industries</td>
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<tr>
<td>3. Information technology management: The ability to see the potential in and understand the use of administrative and clinical technology and decision-support tools in process and performance improvement.</td>
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</tr>
<tr>
<td>1. Recognizes the potential of information systems in process and patient service improvement</td>
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<tr>
<td>a. Understands the importance of information systems in relation to quality of care, service outcomes, and process improvement</td>
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<tr>
<td>b. Understands how information technology tools simplify, streamline, and improve care</td>
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<tr>
<td>c. Is familiar with current technology for patient tracking (especially registration, billing, and records management), financial automation and reporting, and reimbursement management</td>
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<tr>
<td>d. Understands and implements security aspects of patient data (HIPAA)</td>
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<tr>
<td>2. Actively promotes the use of information</td>
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<tr>
<td>a. Uses knowledge of PC and network technologies to advocate for integrated systems that collect, track, and share information across local and wide-area networks</td>
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<tr>
<td>b. Presents a cogent case for using IT tools to clinical and administrative audiences</td>
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<tr>
<td>c. Understands and uses information technology or tools to improve processes and performance outcomes</td>
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<tr>
<td>3. Seeks and challenges the organization to use leading-edge and developing information technology</td>
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<tr>
<td>a. Understands critical IT governance mechanisms necessary to insure that major technology initiatives are aligned with organizational needs</td>
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<tr>
<td>b. Understands the benefits, disadvantages, and management implications of various forms of IT service delivery mechanisms such as the on-demand (ASP) model, custom development, and application software packages</td>
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<tr>
<td>c. Understands the systems development lifecycle and best practices for managing complex information technology projects</td>
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<tr>
<td>d. Is able to deploy a &quot;systems approach&quot; to analysis and improvement of critical organizational processes</td>
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<tr>
<td>4. Organizational awareness: The ability to understand and learn the formal and informal decision-making structures and power relationships in an organization or industry (e.g., stakeholders, suppliers). This includes the ability to identify key decision makers and the individuals who can influence them, and to predict how new events will affect individuals and groups within the organization.</td>
<td></td>
</tr>
<tr>
<td>1. Uses formal structure</td>
<td></td>
</tr>
<tr>
<td>a. Understands organizational dynamics and principles and practices of management and organizational behavior</td>
<td></td>
</tr>
<tr>
<td>b. Uses the formal structure or hierarchy of an organization to get things done</td>
<td></td>
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<tr>
<td>c. Understands chain of command, positional power, rules and regulations, policies and procedures, etc.</td>
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</tr>
<tr>
<td>2. Applies understanding of informal structure</td>
<td></td>
</tr>
<tr>
<td>a. Uses the informal structure of an organization when the formal structure does not work as well as desired</td>
<td></td>
</tr>
<tr>
<td>b. Recognizes key actors, decision influencers, etc.</td>
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</tbody>
</table>
3. Recognizes norms and values of an organization including the unspoken guidelines about what people are and are not comfortable doing, and what is and is not possible at certain times or by people in certain positions

4. Considers priorities and values of multiple constituencies
   a. Takes time to become familiar with the expectations, priorities, and values of healthcare’s many stakeholders (e.g., physicians, nurses, patients, staff, professionals, families, community leaders)
   b. Uses this understanding to build coalitions and consensus around the organization’s vision, priorities, and national health and wellness agendas
   c. Recognizes and/or uses ongoing power and political relationships within the constituencies (alliances, rivalries) with a clear sense of organizational impact

5. Performance Measurement: The ability to understand and use statistical and financial methods and metrics to set goals and measure clinical as well as organizational performance; commitment to and employment of evidence-based techniques.
   1. Monitors indicators of performance
      a. Uses knowledge of customers, markets, and financial and management accounting to track organization performance and financial results
      b. Understands basic patient tracking (e.g., registration, invoicing, third-party payer) and operational (e.g., numbers of procedures, equipment usage) measurement systems
   2. Monitors a “scorecard” of quantitative and qualitative measures
      a. Tracks financial, customer, quality, and employee performance measures
      b. Uses patient and constituent satisfaction scores, as well as demographic and epidemiological statistics, to set organizational priorities, plans and investments
      c. Gathers both quantitative and qualitative information on customer perceptions, market position, and financial viability

6. Organizational Design and Governance: The ability to analyze and design or improve an organizational process, including incorporating the principles of quality management and customer satisfaction.
   1. Understands the basics of organization governance
      a. Understands governance practices, including board relations, committee structure, and fiduciary, ethics, and clinical review responsibilities
      b. Defines roles and responsibilities of foundations and other auxiliary organizations
      c. Is familiar with key governing and regulatory organizations such as state, county, and city governments
   2. Benchmarks good processes and practices
      a. Conducts benchmarking and best practices research and interpretation to improve both clinical and non-clinical organizational practices
      b. Understands customer service and satisfaction drivers
      c. Understands continuum of care across different delivery sites (e.g., outpatient, acute care, specialty clinic)
      d. Defines roles and responsibilities of different caregivers and other providers
      e. Defines roles and responsibilities of administrators and departments
      f. Understands legal, accrediting, and regulatory requirements
      g. Knows patient and information confidentiality requirements
      h. Determines costs and revenue implications
   3. Evaluates organization structure and design
      a. Assesses organization structures (functional, departmental, service line, etc.) and their advantages and disadvantages
      b. Understands basic differences in provider structures (i.e., practice site, teaching hospital, community hospital, clinic, sub-acute provider)
      c. Uses organization structure to design and improve performance

7. Human Resource Management: The ability to implement staff development and other management practices that represent contemporary best practices, comply with legal regulatory requirements, optimize the performance of the workforce, including performance assessments, alternative compensation and benefit methods, and the alignment of human resource practices and processes to meet the strategic goals of the organization.
1. Demonstrates basic knowledge of employment management principles, policies, and law in relation to hiring, promotion, or dismissal

2. Demonstrates an understanding of union/labor principles and practices (e.g., contracting, negotiation, grievance process, mediation), equal opportunity and federal contract compliance (EEOC/OFCCP), the disabilities act (ADA), fair labor standards (FLSA), employee income, security, retirement regulations (ERISA), and worker safety (OSHA)

**DOMAIN 4 – Political and Community Development**

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

   1. Identifies key community stakeholders including agencies and organizations providing and directing community health programs
      - a. Understands broad managerial epidemiology concepts and their impact on the community
      - b. Is familiar with community public health organizations and their impact on community health, including organizations such as family and child advocacy
      - c. Comprehends the overlaps and interaction between medical organizations and government programs
   2. Provides service to the community
      - a. Participates actively in local community health initiatives such as “Race for The Cure”
      - b. Supports new service lines to address the specific needs of the population and how it receives and wants to receive health, recognizing ethnic and cultural differences
      - c. Advocates for community health needs and priorities

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

   1. Acts openly and honestly
      - a. Acts consistently and according to organization’s expressed core values
      - b. Deals with staff, public, and government in an open and truthful manner
      - c. Expresses what he or she believes even when the message may not be welcome
      - d. Shares information, insights, or comments when it would be easier to refrain from doing so
   2. Promotes organizational integrity
      - a. Ensures that organization adheres to honesty and fair dealing with all constituencies, including employees and community stakeholders
      - b. Promotes the development of professional roles/values that are compatible with the improvement of health and wellness
      - c. Serves all equally and upholds trustworthiness
   3. Maintains social accountability by handling issues and mistakes with openness, honestly, and fairness
   4. Promotes community stewardship
      - a. Develops professional roles/values compatible with improving population and individual health
      - b. Ensures organizational stewardship and accountability for honesty and fair dealing with all constituents

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

   1. Develops or sustains informal contacts
      - a. Makes or sustains informal contacts with others that extend beyond formal work relationships
      - b. Is approachable and able to engage in “small talk” and informal conversations
   2. Builds friendly rapport with associates
      - a. Maintains friendly relationships and rapport with work contacts
      - b. Attends events with associates and other business contacts that provide informal mingling and contact such as business meals, sporting events, and other outings
      - c. Finds things that one has in common with associates and uses them to build friendly relationships
3. Sustains formal contacts by participating in a broad range of relationships with others who have the potential to become strong business allies

4. Establishes important relationships with key leaders
   a. Works to meet key people in the health industry, the community, and other constituencies
   b. Is comfortable working with healthcare providers including physicians, nurses, and medical technical staff

5. Sustains strong personal networks
   a. Builds personal relationships with colleagues such that one can ask and readily receive favors and requests
   b. Maintains contacts with others in the field for mutual assistance
   c. Can call on others for support and, if needed, personal testimonials and references

4. Self-Development: The ability to have an accurate view of one’s own strengths and development needs, including the impact that one has on others. A willingness to address needs through reflective, self-directed learning, and by trying new approaches.
   1. Seeks feedback
      a. Routinely seeks feedback from others, including those who are likely to be critical
      b. Appreciates the need to learn and grow
   2. Improves own performance
      a. Regularly reflects on own performance including events that were successful and those that were less so
      b. Learns from less successful events, missteps, and challenges
      c. Sets annual improvement goals
      d. Is open to coaching
   3. Considers the impact one has on others
      a. Is aware of what behaviors and styles get the best results and matches styles to the situation
      b. Reflects on the impact one has on others prior to making decisions or taking actions
      c. Modifies behaviors in response to informal cues as well as formal feedback and integrates the results into personal development efforts and goals
   4. Pursues long-term personal development
      a. Independently analyzes future developmental needs, factoring in accurate self-assessment, feedback from others, personal career goals, and organization direction
      b. Proactively pursues multi-year personal development, including willingness to tackle fundamental behavior change (e.g., from pacesetter to consensus builder)

DOMAIN 5 – Communication

1. Accountability: The ability to hold people accountable to standards of performance or ensure compliance using the power of one’s position or force of personality appropriately and effectively, with the long-term good of the organization in mind.
   1. Communicates requirements and expectations
      a. Gives basic directions
      b. Makes needs and requirements reasonably clear
      c. Ensures understanding of task requirements and performance expectations
   2. Sets limits
      a. Establishes high but achievable performance, quality, and resource utilization standards
      b. Firmly says no to unreasonable requests
      c. Sets limits for others’ behavior and actions
   3. Addresses performance problems
      a. Openly and directly addresses individual and team performance shortfalls and problems
      b. Holds people accountable for performance
      c. Ensures timely resolution to performance deficiencies
   4. Creates culture of accountability and accepts responsibility for results of own work and that delegated to others

2. Communication Skills: The ability to facilitate a group; speak and write in a clear, logical, and grammatical manner in formal and informal situations to prepare cogent business presentations.
   1. Speaks and writes clearly and effectively using generally accepted English grammar
a. Uses subject-verb agreement and parallel structure  
b. Uses rules of punctuation and sentence and paragraph construction  
c. Uses concise thematic construction  

2. Prepares effective written reports or presentations  
a. Uses accurate and complete presentation of facts  
b. Uses logical presentation of arguments pro and con  
c. Develops well-reasoned recommendations  
d. Prepares concise executive summary  

3. Makes persuasive oral presentations  
a. Uses clear and understandable voice that is free of extraneous phrases (i.e., “uhm”, “you know”)  
b. Uses effective audiovisual media (presentation software, exhibits, etc.)  
c. Stays on the topic  
d. Engages in non-defensive Q&A  
e. Stays within time allotment  

4. Facilitates group interactions  
a. Uses varied communication strategies, brainstorming, consensus building, group problem solving, and conflict resolution  
b. Demonstrates good meeting management techniques (e.g., agenda development, time management)  

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

1. Recognizes emotions and concerns of others  
a. Recognizes emotion by reading body language, facial expression, and/or tone of voice  
b. Attends to thoughts and concerns (spoken and unspoken) displayed by others  

2. Commits to understanding others  
a. Takes time to get to know people beyond superficial or job-related information  
b. Genuinely seeks to understand people as individuals and their point of view  
c. Uses insights gained from the knowledge of others to know “where they are coming from” or why they act in certain ways  

3. Displays sensitivity to cultural, ethnic, and social issues  
a. Is sensitive to the cultural, ethnic, and social backgrounds of individuals and groups  
b. Understands their differences with an eye toward accommodating or appreciating them  
c. Displays an in-depth understanding of the ongoing reasons for a person’s behavior or responses  

4. Is able to accurately and effectively communicate positions with others using understanding of individual emotional, cultural and ethnic differences.  

DOMAIN 6 - Leadership  

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

1. Demonstrates leadership  
a. Establishes norms for strong ethical behavior  
b. Personally models the norms  
c. Takes appropriate action when members violate the norms  
d. Works with team members to gain their personal commitment and energy to the organizational mission, goals, and norms  
e. Uses own positional power, trust, respects of others, and relationships to remove or smooth over obstacles that the organization meets  
f. Coaches and develops organization members to top performance  

2. Develops a strong personal ethical and spiritual base for one’s conduct and decision-making  

3. Is recognized within the organization as an example of strong leadership  

4. Manages team meetings well  
a. Controls time and pace  
b. States meeting agendas and objectives  
c. Makes assignments
5. Keeps people informed
   a. Provides essential information for decision making and fulfillment of responsibilities individually and collectively
   b. Lets people affected by the team know what is happening and the status of decision
   c. Explains the reasons behind a decision promptly and candidly

6. Promotes team effectiveness
   a. Creates the conditions that enable the team to perform at its best (e.g., setting clear direction, providing appropriate structure, getting the right people)
   b. Determines team membership (including selection and dismissal), team assignments, performance management, and team development actions in a manner that promotes team morale and productivity
   c. Obtains input from others to promote the effectiveness of the group or process
   d. Builds team spirit for purposes of promoting the effectiveness of the group or process

7. Obtains resources/takes care of the team
   a. Obtains needed personnel, resources, and information to meet team goals
   b. Holds team members accountable for their contributions to team success, including bringing team resources to their assistance
   c. Provides or secures needed support and development for both the individuals and the team as a group

2. Change Leadership: The ability to energize stakeholders and sustain their commitment to changes in approaches, processes, and strategies.
   1. Identifies areas for change
      a. Publicly defines one or more specific areas where change is needed
      b. Identifies what needs to change, but may not completely describe the path to change
   2. Expresses vision for change
      a. Defines an explicit vision for change (i.e., what should be different and how)
      b. Modifies or redefines a previous vision in specific terms
      c. Outlines strategies for change
   3. Provides calm during the storm of change
      a. Maintains an eye on the strategic goals and values during the chaos of change
      b. Provides focused, unwavering leadership to advance change initiatives
      c. Exemplifies quiet confidence in the progress and benefits of change
      d. Provides direction of overcoming adversity and resistance to change

3. Collaboration: The ability to work cooperatively with others, to be a part of a team, to work together, as opposed to working separately or competitively.
   1. Conducts work in a cooperative manner
      a. Supports team decisions
      b. Does his or her share of the work
      c. Keeps other team members informed and up-to-date about what is happening in the group
      d. Shares all relevant or useful information
   2. Expresses positive attitudes and expectations of team or team members
      a. Expresses positive attitudes and expectations of others in terms of their abilities, expected contributions, etc.
      b. Speaks of team members in positive terms, either to the team member directly or to a third party
      c. Develops effective working interactions with teammates
   3. Solicits input
      a. Genuinely values others’ input and expertise
      b. Actively seeks the input of others to increase the quality of solutions developed
      c. Displays willingness to learn from others, including subordinates and peers
      d. Solicits ideas and opinions to help form specific decisions or plans
      e. Works to create common mindset
   4. Encourages others
      a. Publicly credits others who have performed well
      b. Empowers others
5. Builds team commitment
   a. Acts to promote good working relationships regardless of personal likes and dislikes
   b. Breaks down barriers across groups
   c. Builds good morale or cooperation within the team, including creating symbols of group identity or other actions to build cohesiveness
   d. Encourages or facilitates a beneficial resolution to conflict
   e. Creates conditions for high-performance teams

4. Self-Confidence: A belief in one's own capability to accomplish a task and select an effective approach to a task or problem. This includes confidence in one's ability as expressed in increasingly challenging circumstances and confidence in one’s decisions or opinions.

1. Acts confidently within job or role
   a. Works without needing direct supervision
   b. Appears confident in person
   c. Presents self well

2. Acts confidently at the limits or slightly beyond the limits of job or role
   a. Makes decisions without asking others
   b. Makes decisions even when others disagree

3. Takes on challenges
   a. Seeks challenging assignments and is excited by a challenge
   b. Looks for and receives new responsibilities
   c. Speaks up when he or she disagrees with management or others in power; but disagrees politely, stating own view clearly and confidently – even in a conflict
Appendix F
Residency Plan (Format)

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

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

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

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

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

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

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

Rotations:

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

External Organization Rotation
  Organization: (Student should identify each outside organization visited during the month, and include dates of rotation, key personnel interactions, and management competency addressed.)

Mentoring:
  Preceptor Meetings:
  Executive Meetings:
  Organization Meetings Attended:

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

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

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

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

(Keeping a daily diary of residency activities is highly recommended.)
Appendix H

Preceptor Evaluation of Resident Form

Preceptor Name _______________________________________________________________
Title _______________________________________________________________________
Organization __________________________________________________________________
Name of Resident ____________________________________________________________

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

<table>
<thead>
<tr>
<th>Relations with Others</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Did Not Observe</th>
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<tbody>
<tr>
<td>Preceptor</td>
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<td>Management</td>
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<td>Physicians</td>
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<td>Employees</td>
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<td>Public</td>
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Comments:____________________________________________________________________
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<thead>
<tr>
<th>Communication Skills</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Did Not Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
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<td>Written</td>
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<td>Manner</td>
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<tr>
<td>Contribution at Meetings</td>
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Comments:____________________________________________________________________
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<tr>
<th>Professional Skills</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Did Not Observe</th>
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<tbody>
<tr>
<td>Willingness to accept criticism</td>
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<td>Self-reliance</td>
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<td>Resourcefulness</td>
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<td>Flexibility</td>
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<td>Thoroughness</td>
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<td>Dependability</td>
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<td>Curiosity</td>
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<td>Personal appearance</td>
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<td>Attendance &amp; punctuality</td>
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<td>Maturity &amp; professionalism</td>
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<td>Development of administrative skill/knowledge</td>
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<td>Common sense usage</td>
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<td>Decision-making ability</td>
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<td>Ability to conceptualize</td>
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<tr>
<td>Management style</td>
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Comments:____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

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

Would you recommend this student for a position in an organization similar to yours?

If you had to give this individual a letter grade (A, B, C, D, or F), what grade would you give?

Has this report been discussed with the Resident?

Resident comments:

________________________________   _____________________________  
Signature of Preceptor                  Date               Signature of Resident              Date
Appendix I

Residency Evaluation Form

Please rate the person who served as Preceptor during your Residency by circling one response for each objective. The rating system is as follows:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>Unable to Assess</td>
<td>Did not meet Objectives</td>
<td>Met Objectives</td>
<td>Exceeded Objectives</td>
</tr>
</tbody>
</table>

**Student Objectives**

Enhanced my understanding of theories, concepts, practices, and principles presented during the didactic phase of the degree program through application in an operation setting.

1 2 3 4

Strengthened my leadership, judgment, problem solving, decision-making, administrative and communication skills.

1 2 3 4

Helped me develop a personal philosophy, value system code of ethics, and a dedication to high professional standards and ideals desired of a healthcare administrator.

1 2 3 4

Helped me develop a knowledge and appreciation for professional activities of the health system with a focus on all services and programs relating to patient care.

1 2 3 4

Helped me develop a knowledge and understanding of the structural and interpersonal relationships between other medical professionals and healthcare administrators in the healthcare setting.

1 2 3 4

Instilled in me the desire for continuous professional growth and development through dedication to a process of lifelong learning and personal development.

1 2 3 4

Helped me demonstrate leadership potential.

1 2 3 4

Helped me acquire marketable skills and experience.

1 2 3 4
Please Rate the Residency Site:

Organizational Objectives

Provided a method to enhance the transition from the academic to a practical setting.

1 2 3 4

Enhanced my preparation for a career in healthcare administration.

1 2 3 4

Provided role models for me.

1 2 3 4

Instilled philosophy and professional codes of conduct for new entrant into healthcare fields.

1 2 3 4

Provided me with a framework of values for healthcare administration.

1 2 3 4

Activities Experienced

Projects

1 2 3 4

Attendance at meetings

1 2 3 4

Types of meetings experienced: ______________________________________________

____________________________________________

____________________________________________

Task assignment

1 2 3 4

Line responsibility

1 2 3 4
Committee support

1 2 3 4

Observation

1 2 3 4

Discussion

1 2 3 4

Did the didactic coursework prepare you for your residency? If not, why?

Were your expectations for your residency met? If not, why?

Would you recommend your Preceptor to future residents? If not, why?

________________________________________________________________________
Preceptor

________________________________________________________________________
Title of Preceptor

________________________________________________________________________
Organization Name & Address

________________________________________________________________________
Date of Residency

________________________________________________________________________
Name of Resident

________________________________________________________________________
Signature of Resident