ARMY-BAYLOR UNIVERSITY GRADUATE PROGRAM
IN HEALTH AND BUSINESS ADMINISTRATION

ADMINISTRATIVE RESIDENCY MANUAL

PREPARED FOR THE 2018-2019 RESIDENT CLASS

OFFERED JOINTLY BY

The Graduate School
Baylor University
Waco, Texas

AMEDDC&S, HRCoe
United States Army
Fort Sam Houston, Texas
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I. INTRODUCTION

The purpose of the Army-Baylor University Graduate Program in Health and Business Administration is to educate students to perform effectively as leaders in the modern health care environment. The educational process begins with a year of didactic instruction in the theories, concepts, principles, and techniques involved in the planning, management, and delivery of health care. Upon completion of the didactic phase, the process continues through performance of an administrative residency. The administrative residency is a required element of the Army-Baylor Program and must be completed by all candidates for award of the degree of Master of Health Administration and Master of Business Administration. The candidate will receive nine semester hours of academic credit towards their degree upon satisfactory completion of the residency. Satisfactory completion is determined by the preceptor and faculty who evaluates the candidate’s demonstrated competencies on a pass or fail basis.

The residency commences at the end of the didactic year and comprises the second half of the Army-Baylor program. The residency is a means for students to apply skills developed during the didactic phase in an environment tailored to the individual needs of each student. Thus, the residency is a critical element of the student’s development. 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 health care administration. The majority of residency assignments are at large medical facilities allowing students the means to gain experience in medical operations and to apply didactic concepts in operational settings.

The Army-Baylor Residency Objectives and Competency Model

The objectives of the Army-Baylor residency are to provide students with an opportunity to:

- Apply the theories, concepts, and practices presented during the didactic phase.
- Develop a practical knowledge of the clinical and administrative elements of health care institutions across numerous competency areas.
- Refine functional skills appropriate to middle- and senior-level management positions in health care settings.
- Gain additional experience in areas identified by the preceptor and/or faculty advisor where the skills of the student require enhancement.
- Strengthen a code of personal ethics, a philosophy of management, and a dedication to the high ideals and standards of excellence in health care administration.
- Develop the skills necessary for future health care leadership positions via completion of several preceptor-sponsored management projects.

The objectives of the Army-Baylor administrative residency have been developed based on the strategic objectives set forth by The Surgeons General of the Army, Navy, and Air Force; the Department of Veteran Affairs (VA); and Baylor University. The objectives also meet the standards and guidelines of the Commission on the Accreditation of Healthcare Management Education (CAHME).
In order to meet the objectives identified above, the Army-Baylor faculty has adopted the Defense Health Agency’s Leadership, Education, Analysis, Development, Sustainment (LEADS) (formerly known as the Joint Medical Executive Skills) core competencies and structured the curriculum of the program to ensure that each graduating student possesses basic level skills within each area. These criteria are provided within this document to not only identify the focus of student development but to also assist in shaping the focus, scope, and depth of all assigned student projects during the residency year.

**The Army-Baylor Competency Model**

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<th>Military Medical</th>
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<td>1. Military Mission</td>
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<td>2. Medical Doctrine</td>
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<td>3. Total Force Management</td>
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<td>4. Readiness of the Medical Force</td>
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<td>5. Emergency Management and Contingency Operations</td>
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**Leadership and Organizational Management**

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<td>6. Strategic Planning</td>
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<td>7. Organizational Design</td>
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<td>8. Decision Making</td>
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<td>9. Change Management</td>
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<td>10. Leadership</td>
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**Health Law & Policy**

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<td>11. Public Law</td>
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<td>12. Medical Liability</td>
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<td>13. Medical Staff By-Laws</td>
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<td>14. Regulations</td>
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<td>15. Accreditation and Inspections</td>
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**Health Resources Allocation**

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<td>20. Facilities Management</td>
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<td>21. Information Management and Technology</td>
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**Ethics in the Health Care Environment**

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**Individual & Organizational Behavior**

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<td>27. Conflict Management</td>
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<td>28. Interpersonal Communication</td>
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<td>29. Public Speaking</td>
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<td>30. Strategic Communication</td>
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**Performance Measurement and Improvement**

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<td>33. Integrated Healthcare Systems</td>
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<td>34. Quality Management and Performance Improvement</td>
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**Students in Class of 2017-2019 are assessed using the Core Curriculum 8th Edition.**
II. RESPONSIBILITIES

Introduction

The Administrative Residency of the Army-Baylor Program in Health and Business Administration includes a number of key stakeholders. The overall success of the administrative residency is a team effort of the preceptor, the resident, the faculty advisor, 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 responsibility of the preceptor is to teach and mentor the resident. In fulfilling these roles, the preceptor must ensure that the student 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.

Senior 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 (AACSBS). 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 preceptor should be a strong supporter of graduate health care management education and competent and capable to serve as the primary educator of the resident during the residency phase. His/her primary motive in serving as a preceptor should be to teach and facilitate life-long learning. He/she should be familiar with teaching techniques and have the ability to communicate ideas and stimulate residents to meet the academic requirements of the residency. He/she must be prepared and willing to assume the responsibility for guiding and coordinating the educational plan of the resident in accordance with sound educational principles and the established policies and guidelines of the program.

Additionally, the preceptor, as an educator, is expected to be active in continuing education. Affiliation with a nationally recognized health care organization is one way of ensuring continuing education and professional development.
The responsibilities and duties of the preceptor include:

- Orienting the resident to the institution
- Assuming an active role in the development of the administrative residency plan and development of graduate management projects.
- Periodically interacting with faculty advisor to discuss the development of the resident
- Participating in the quarterly Preceptor teleconferences (as available)
- Reviewing and assessing initial levels of competency attainment using the Baylor Experience and Assessment Review (BEAR)
- Assisting and guiding the resident during the residency to facilitate learning through projects and integrative experiences in an applied setting. The preceptor’s judgment of student progress should be aligned with his/her evaluation of whether the student is demonstrating a progressive and appropriate level of competence
- Providing the residency infrastructure to include office space and computer for the resident adequate to support executive level communication and project development
- Introducing resident to key staff and support personnel
- Critically evaluating the residency progress and endorse all deliverables submitted by resident to include initialing quarterly BEAR reports (Preceptor Validation column)
- Formally evaluate the student’s portfolio both at the mid-point and at the end of the year using the appropriate rubric for each submission
- Assuring curtailments and other changes in the residency plan are coordinated with the faculty advisor and Army-Baylor Program Director
- Certifying completion of the residency and provide recommendation on curtailments.
- Participating in continuing education
- Participating in Army-Baylor preceptor training at least once every three years
- At end of residency year, completing the preceptor survey, final competency assessment, and statement of residency completion
- Forwarding any concerns or disputes regarding the resident or the Army-Baylor administrative residency program in writing (e-mail is sufficient) to the Residency Program Chairman for consideration by the Residency Committee and/or the Program Director as needed
- Supporting resident attendance and participation in national or regional professional meetings of a professional association for health care administration

**Resident**

The responsibility of the resident is to learn. While support from the preceptor and faculty advisor is necessary, the resident is ultimately responsible for the successful completion of the administrative residency phase of the Army-Baylor University Graduate Program in Health and Business Administration. The following highlight the duties and responsibilities of the resident:

- Developing a residency plan in close collaboration with the assigned preceptor
- Executing the residency plan while allowing for inclusion of emergent opportunities
- Working closely with the preceptor in the development of portfolio projects
- Submitting a weekly report to Preceptor and faculty advisor summarizing events for the week
- Consulting with faculty advisor in the development of portfolio projects. Guidance can be
solicited and at any time. Multiple advisors may be solicited for advice on the same project. There is no formal request process required.

- Completing management projects as directed by preceptor.
- Attending meetings, symposiums, and strategy sessions as directed by preceptor.
- Completing all residency requirements in accordance with the residency manual.
- Submitting Dean Toland Preceptor of the Year Award (optional).
- Ensuring the preceptor reviews and approves quarterly Baylor Experience Assessment & Review (BEAR) reports before they are posted to Canvas.
- Completing resident survey.
- Developing and planning itinerary for any Army-Baylor faculty site visits (if applicable).
- Forwarding any concerns or disputes regarding the preceptor or the Army-Baylor administrative residency program in writing (e-mail is sufficient) to the Residency Program Chairman for consideration by the Residency Committee and/or the Program Director as needed.

**Faculty Advisor**

The faculty advisor functions as the connection between the preceptor, the resident, and the program and, as such, is an important stakeholder in the residency process. The duties of the faculty advisor are as follows:

- Assisting the resident and preceptor on specific aspects of graduate management projects (e.g., methodology, theoretical applications, research design, etc.).
- Facilitating quarterly meetings with the resident and the preceptor to review preceptor approved BEAR.
- Serving as first and primary contact for residency issues for the resident and preceptor.
- Reviewing and approving the administrative residency plan.
- Coordinating with preceptor on all administrative aspects of residency.
- Providing recommendations on curtailment.
- Assuming preceptor duties in case of curtailments without interim preceptors.
- Reviewing quarterly and final residency reports / portfolios to maintain oversight of the residency experience and certify sufficient academic rigor has been applied during the residency year.
- Provide online feedback via monthly online discussion questions.

**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 students as well as the corporate needs of each respective service and the program.

The responsibilities of the Residency Director include:

- Evaluating the adequacy of the residency sites and preceptors.
- Determining the appropriateness of preceptors using the following criteria:
- Education and/or experience in health care 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
- Professional affiliations (e.g., ACHE, MGMA, HFMA, etc.)

- Scheduling and facilitating preceptor and resident quarterly teleconferences
- Evaluating requested curtailments and recommending approval/disapproval to Director
- Coordinating 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 sufficient academic rigor has been applied during the residency year
- Making recommendations to the Program Director for the Boone Powell and Dean Toland awards based on student performance and present awards in an appropriate public forum (e.g. ACHE Congress or annual Preceptors Training)
- Establishing criteria and schedule for residency site visits
- Reviewing complaints and disputes pertaining to the administrative residency, attempting to solve matters at the lowest level possible. Providing recommendations and guidance to the resident, preceptor or Program Director on further action as needed
- Consolidating ‘Best Practice’ projects from residency portfolios for consideration by Army-Baylor preceptors to support award of the COL Richard Harder award
- Reviewing, updating, and distributing the Residency Manual to students and current preceptors on an annual basis

Program Director

The Program Director has oversight of the administrative residency program. In order to accomplish this oversight responsibility, the Program Director has the following responsibilities:

- Approving residency sites and preceptors
- Serving as the appeal authority for all disputes and curtailment issues
- Certifying completion of residency requirements and all winners of residency awards.
- Overseeing all Graduate Management Studies for students who failed to meet residency requirements

Education Technician

The education technician for the Army-Baylor program is Ms. Rene Pryor. Ms. Pryor serves as the program coordinator and as a liaison with Baylor University. The duties of the education technician with respect to the residency program are as follows:

- Serving 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 management portfolios, etc.)
- Recording completion of documentation on official program records and certifies residents
for graduation from Baylor University.
III. RESIDENCY PLANNING

Introduction

Planning for the residency is a joint effort between the resident, faculty advisor, preceptor, service representatives, branch consultants, and the Chairman of the Residency Committee. The residency should be wisely planned and coordinated, so that the student will be provided with ample opportunity to gain diverse experience in health care administration through exposure within a complex health care system and via the completion of multiple projects of value to the organization and of substantive educational value to the resident. Ultimately, the residency is a living process and, as such, changes are expected and emergent opportunities should be capitalized upon to the benefit of the host organization and the student.

Important considerations exist when selecting residency sites. These include time in service, experience, previous assignments, availability of a qualified preceptor, advancement considerations, plans for future assignments, and availability of billets, just to name a few.

Preceptor’s Orientation

In addition to preparing the organization for the residency, the preceptor is responsible for orienting the resident to the residency setting. It is recommended that the preceptor discuss the following issues with the resident upon his/her arrival to the residency site:

- Mission, vision, values and history of the organization.
- Structure of the organization and the health care facility and surrounding area
- Community health facilities and organizations
  - Area associations
  - Area planning agencies
  - Area fiscal intermediaries and third party payers
  - Public health activities
  - Managed care activities
  - Mental health activities
  - Medical, dental, nursing and labor societies and organizations
- Command/organization financial structure
- Committees (structures, compositions, and responsibilities)
- The administrative residency
  - Residency plan and projects forecasted for resident involvement
  - Army-Baylor University Graduate Program requirements and reports
  - Personal items such as leave, automation support, office space, housing, etc.

Types of Residencies

The Army-Baylor University Graduate Program in Health and Business Administration generally supports four 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 the fixed facility residency 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 typically conducted at a policy-setting institution or organization. Residents in this type of residency have been assigned 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 extensive 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 70C, Comptrollers. 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 orals board within the residency year.

**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 & 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. However, students are not allowed to ask for (solicit) any type of benefit. The government can only accept it if it is offered freely. Army-Baylor students 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. However, these trips are neither an entitlement nor a requirement of the program for graduation. They are highly encouraged as both events contribute substantially to student awareness of both military and civilian sector healthcare management issues on a national scale.

Enclosure G provides 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.

Students 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 legal. 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 DOCUMENTATION**

The administrative residency begins on **23 July 2018** and ends on **19 July 2019**. The table below summarizes the requirements, deadlines, and routing processes for the major documents for the administrative residency. **ALL MATERIALS ARE SUBMITTED THROUGH CANVAS.**

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<tr>
<th>ITEM</th>
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<tr>
<td>Canvas Threaded Discussions</td>
<td>15th day of the Month</td>
<td>Resident</td>
<td>Faculty Advisor</td>
<td>Faculty Advisor</td>
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<tr>
<td>Residency Plan &amp; Final Didactic Year BEAR</td>
<td>17 Aug 18</td>
<td>Resident working with Preceptor</td>
<td>Preceptor Faculty Advisor</td>
<td>Director</td>
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| BEAR and Residency Plan Progress Reports | 19 Oct 18  
25 Jan 19  
19 Apr 19  
19 Jul 19 | Resident in conjunction with Preceptor | Preceptor Faculty Advisor | Preceptor |
| Mid-year Draft Portfolio Submission | 11 Jan 19 | Resident | Preceptor Faculty Advisor | Faculty Advisor |
| Portfolio and Best Practice Submission | 10 May 19 | Resident | Preceptor Faculty Advisor | Director |
| Portfolios graded and returned to students NLT | 31 May 19 | Faculty | Faculty Advisor | Director |
| Portfolio Rewrite Submission | 14 Jun 19 | Resident | Preceptor Faculty Advisor | Director |
| Dean Toland Preceptor of the Year Award | 1 Jun 19 | Resident or Faculty Member | Residency Committee | Director |
| Statement Certifying Completion of Residency | 19 Jul 19 | Resident and Preceptor | Preceptor Faculty Advisor | Director |

Please note: The project 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).
Administrative Residency Plan

At the beginning of the residency year, the preceptor and student should review the student’s BEAR report and discuss the residency in detail and negotiate a preliminary residency plan tailored to the competency development needs of the student. Careful attention should be given to ensure the student completes MHA core competency rotations during the first six months of the residency. These rotations are considered “non-negotiable” as they build on the theories, concepts, and practices presented during the didactic year. Students are highly encouraged to include rotations to areas that are unique to the organizations. Enclosure B provides a list of Core Rotation Areas and recommended emphasis within each core rotation. When developing the residency plan, include any known breaks that may be required during the year (such as a family wedding or graduation). The plan is submitted by the resident, through the preceptor to the faculty advisor. Residency Plan updates must be submitted to Canvas on a quarterly basis. (See page 11 for specific due dates). A sample residency plan is included at Enclosure B of this document.

The administrative residency plan may be refined during the course of the residency year based on opportunities that were not known or available at the beginning of the year. The administrative residency plan should be continually developed or tailored in such a way that it addresses the needs of each residency site, preceptor, and resident. In all cases, the residency plan must conform to the philosophy and objectives of the program as previously stated. Additionally, the administrative residency plan should provide for at least the following:

- Attendance as an ex-officio member of all standing and special committees
- 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, health care educational councils, and planning agencies. Enclosure G 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 health care administrators, e.g., the American Academy of Medical Administrators, the American College of Healthcare Executives, or the Medical Group Management Association
- Adequate time (not to exceed a total of four {full} weeks) during the residency to research, develop, present and write all Graduate Management Projects for inclusion in the Graduate Management Portfolio.
- Participation and completion of service or AOC specific requirements (e.g., 70C internship)

The Baylor Experience Assessment Review (BEAR)—Quarterly Report

The quarterly residency progress report is required to be a quantitative and competency based assessment of student progress. The Baylor Experience and Assessment Review is depicted in
this document at Enclosure D and is available for download on Canvas and is submitted through Canvas on the dates specified on page 10. The tool requires a brief description of each substantive project or experience, a careful consideration of the top five (5) competencies developed and the student’s self-assessment of the depth of competency development. Preceptors and faculty advisors are also asked to validate this assessment as part of their quarterly review.

The BEAR is a living document to be continuously developed from the start of the residency and successively augmented based on student projects, activities, rotations, etc. Each subsequent quarterly report will build on the version prior to it with the intent of guiding preceptor and student attention to the areas where the student has not yet mastered or had significant exposure to a specific competency skill set. These shortcomings can then be addressed in future projects and events. Thus, the final quarterly report should include the entire year’s activities, quarterly rotations and projects summarized within the BEAR template. Qualitative comments are encouraged to provide the preceptor and faculty a clear picture of the projects, rotations, and activities. The ‘open comment’ section can also be used by both residents and preceptors to indicate changes (and explanation for reason) to the administrative residency plan as well as comments and recommendations for consideration by the Baylor Faculty and Staff. The final BEAR must include the End of Residency Year Resident Self-Rated Competency Assessment as well as the End of Residency Year Preceptor Competency Assessment found at the bottom of the Residency Assessment worksheet (See Enclosure D).

All reports should be reviewed by the preceptor and submitted electronically to Canvas.

Online Canvas Threaded Discussions

Every month, students are expected to participate in an online Canvas Threaded Discussion assignment posed by the faculty. Students are required to post a substantive initial response (at least 200 words) and at least 2 posts in response to 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 insure 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 p.m. CST. 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 p.m CST.

Weekly Updates to Preceptor and Advisor

Given the high level profile of Preceptors, meetings with your Preceptor on a regular basis may not always be possible. Additionally, communication between students and their Academic Advisors may sometimes be hindered due to the geographic distance. In an effort to improve communication and have all stakeholders remain abreast of their residents, students are required to submit via email a weekly progress report to both their Preceptors and their Academic Advisors. This weekly progress report will serve as a means to provide a synopsis of their weekly progress. The report should be concise, yet provide ample description of the events that occurred on a daily basis and serve as documentation of occurrences, relationships, and effective
time management during the residency year. Key observations of your weekly experience should also be annotated. (See Enclosure J for an example of a weekly report.) The weekly reports can also serve as topics for discussion between preceptors, students, and advisors to further explore project ideas, observed situations, and approaches to solutions. Contents of the weekly updates shall be used to complete the qualitative portion of the BEAR. Weekly reports are due to your Preceptor and Faculty Advisor not later than the close of business on Monday for the week prior.

Graduate Management Portfolio

Residents will complete projects that demonstrate practical application of skills and sufficient coverage of the Army-Baylor core competencies highlighted in the Introduction. 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, medical science, and marketing. The projects should be practical and demonstrate the resident’s fundamental understanding of concepts learned in the didactic phase of the program.

The graduate management portfolio of projects is the capstone of the residency. It is the program’s expectation that these projects will serve as an integrative experience in an applied setting and will be demonstrative of sufficient content and development commensurate with graduate level work and research. The final product will reflect a comprehensive, thorough, and original effort on the resident’s part. The final work must be grammatically and structurally correct and of appropriate quality. While the content of the papers is of utmost importance, the physical aspects of the written products are also important.

Residents have numerous options to choose from when deciding upon how to approach their graduate management portfolios. Project ideas should be discussed with the preceptor and faculty advisor as appropriate. Students should strive for diversity across core competencies. Projects should also be focused on areas that are self-identified or program identified weaknesses as defined by the BEAR, self-assessment, faculty assessment or preceptor assessment. In some cases, research will require approval by an Institutional Review Board (IRB). Completion of such projects may not be possible in the limited time available. Preceptors and faculty advisors will help guide residents in the determination of a requirement for IRB approval. Projects should span a variety of areas within the facility and cover a variety of competencies and academic tools.

A student’s final graduate management “portfolio” is comprised of FOUR products: three organizationally-focused projects assigned by the preceptor based on the intent of generating immediate benefit to the host organization AND one “best practice” project from within the host residency location. (Best practice projects are described on page 13 and Enclosure E.) PLEASE NOTE: The Portfolio will be uploaded in TWO separate Canvas assignments: 1.) Final Portfolio Projects and 2.) Best Practice

PROJECTS- Given the brevity and quick turnaround expected on these projects, the projects may be formatted as required by the preceptor. Each graduate management portfolio is submitted to the preceptor for final approval and use within the organization. Once approved,
residents are required to submit a summary report of each project - not to exceed three pages plus a maximum of four pages of appendices (with the exception of the Best Practice Write-up defined below) - to the faculty advisor and educational technician for proper credit and to fulfill the requirement for graduation. Appendices must be readable in printed form (i.e. readers should not have to zoom in to read content). Should additional pages be required for appendices, approval must be granted by the Faculty Advisor. Documentation of the approval must be uploaded as a separate copy to Canvas along with the final portfolio. The graduate management portfolio design is purposeful in its structure. The inclusion of abbreviated extracts versus complete projects is intended to teach students to distill the salient information from a complex analysis for presentation to senior level/c-suite executives to facilitate effective organizational decision making.

**BEST PRACTICE SUBMISSIONS** - In addition to the required **THREE** projects, students are also required to locate and assess **ONE** ‘best practice’ from within the host residency location. A best practice is an approach, methods, or technique used within the host facility that is considered by the organization to provide significant value and superior results. A ‘best practice’ can be determined by the preceptor or student, but must be approved by the Preceptor and **confirmed through graduate level analysis** performed by the resident. See Enclosure E for a detailed example.

**DETAILED PORTFOLIO GUIDANCE** - Summaries will be **NO LONGER THAN 3** single-spaced, type written pages (1” margins, 12 point font). A cover sheet may be used to provide administrative information. You may append your submission with up to four (4) pages of graphs, tables or charts. Refrain from the use of bulleted comments. Be clear in YOUR contribution to any project you submit. What analysis did you perform? The use of personal pronouns is encouraged. Take credit and responsibility for your contributions. The use of collaborative projects within your portfolio is allowed but be clear in what contribution you personally made and/or analytics that you performed. The *Publication Manual of the American Psychological Association*, 6th edition sets forth the overall citation and formatting guidelines. See Enclosure C for a detailed example. Also see Enclosure I for an example of the Best Practice Grading Rubric.

At the conclusion of the residency year, the top ten best practices will be highlighted on the program’s web page best practice repository as a resource for other facilities. The top ‘best practice’ project, as determined by the collective voting of the faculty, will be conferred the COL Richard Harder Memorial award. Projects will be evaluated based on (a) impact (b) generalizability (c) depth of analysis and (d) quality of student write up. A list of award selection criteria can be located at Enclosure E.

**MID-YEAR DRAFT PORTFOLIO SUBMISSION** - The mid-year **Draft Portfolio Submission** requires at least one full draft project and one **partial draft project**. Please note: A Best Practice cannot be part of your Mid-Year DRAFT Portfolio submission. The full draft will consist of ALL of the completed sections of the portfolio as outlined in **Enclosure C**. The partial draft project will require, at a minimum, the completion of (a) Introduction and Background, (b) Problem Statement, (c) Purpose Statement, (d) Literature review, and (e) a brief statement of the methods to be used to address the problem. The purpose of this submission is to afford the academic advisor an opportunity to provide the resident with a preliminary assessment of his/her
projects to date and to make recommendations on formatting, content, and grammar—if necessary. A formal grade will not be provided until the entire portfolio is submitted in May. Your academic advisor will review your project and provide feedback.

The Mid-Year Draft Portfolio rubric found on Enclosure I will be used to assess your progress at mid-year. This rubric is used to assess each project individually. The criteria described in this rubric should be used as a guide to formulate your projects, best practice and your final portfolio.

**FAILURE TO SUBMIT PORTFOLIO**— any student who fails to submit a graduate management portfolio on the date identified in the administrative residency manual will submit a formal memorandum to the program director explaining the reason that the portfolio was not submitted on time. Additionally, the student will include—as attachments to the memo—the progress of all portfolio projects. Failure to submit a portfolio by the due date will result in an automatic “rewrite” which could adversely impact a student’s ability to graduate.

**PORTFOLIO GRADING PROCESS**— Portfolios will be evaluated by a team of faculty members. Faculty members will provide direct feedback in the document uploaded to Canvas. Additionally, each grading team will upload an individual Portfolio Grading Rubric. A copy of this rubric is found in Enclosure I. At least 2 of the 3 faculty members must determine that the portfolio meets the standard of graduate level rigor for the portfolio to pass. Students who do not pass the first round of submissions will be required to revise and resubmit their portfolio by 14 Jun 19. Once the portfolio is resubmitted the same panel of three reviewers will grade the second round submission. A second round rewrite 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 his/her discretion.

The Single Project Graduate Management Study

This type of project will only be conducted by exception or in the event that a preceptor or Program Director judges that a student’s graduate management work during the residency year is not sufficient. 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 prior to graduation. Questions about submitting the final approved thesis should be addressed to the Army-Baylor education technician. See Enclosure K, 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 19 Jul 19. Upon satisfactory completion of the residency, the student 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:

This is to certify that _ (resident's name) _ has successfully completed the administrative residency in
health administration on (date) at (name and location of health care facility or other site) and that he/she has 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)

Rating and Evaluation Reports

Army-Baylor residents receive different officer evaluation reports dependent upon service affiliation. Army officers receive an OER. Army students entering a non-traditional or civilian residency will be rated by the Academic Advisor and Senior Rated by the Program Director 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 personnel 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 non-gratuitous military training agreements (MTAs) or Training With Industry (TWI) agreements be set in place to legally cover students 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.

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 members training at a civilian institution. The DOJ will refuse to consider the student 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 student and undertaking the representation and liability, the student would be on his/her own to defend the suit and pay any resulting judgment.

At certain times, a student 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 G provides a sample format for residents and preceptors to utilize when preparing for these types of short duration events.
Non-Disclosure Agreements

Occasionally, students are asked to sign Non-Disclosure Agreements (NDA) during their residency year. 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. Thus, the Army Medical Department Center & School (AMEDDC&S) legal counsel advises that the residents not sign an NDA. However, the hospital should consider whether the existing statute affords it sufficient protection against improper disclosure of confidential or proprietary information.

Curtailments

The residency plan should cover 52 weeks, which includes up to 4 weeks of leave for the resident. A curtailment occurs when the resident is unable to complete the administrative residency plan and requests formal approval to shorten the residency. A curtailment will not be approved for residencies less than 48 weeks in duration. Regardless of the length of the residency, the resident is required to obtain an approved portfolio. No curtailments will be approved without a preceptor and faculty approved portfolio. Enclosure H provides an example of the curtailment memo.

The requesting and approval process for curtailments is as follows:

- Resident formally requests curtailment in advance of curtailment in written memo format through the Preceptor, Faculty Advisor, and Residency Director who will in turn present to the Residency Committee. The curtailment request must include a revised timeline to account for Final Portfolio submission, grading and potential re-write. Include a statement certifying the completion of core rotations.
- Residency Committee recommends approval/disapproval.
- Program Director renders final decision.

V. AWARDS & FEEDBACK

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 student who, in the opinion of the faculty, has compiled the most outstanding graduate management 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 the award are professionalism, scholarship and scope. By professionalism, it is meant that the writer has selected appropriate problems, where the discussion and proposed solution or amelioration of the problems in question will be of benefit to a defined community or population. Further, the writer will have dealt with the subject in an appropriately collegial way. 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 will consider each student’s project work and will recommend to the Program Director the portfolio that best meets the criteria for the award based on a summary of project work developed during the residency year. The Program Director may accept or reject the committee’s selection. All GMP Portfolios will be reviewed for eligibility of this award.

Dean Toland Preceptor of the Year Award

The Dean Toland Preceptor of the Year Award is named after William G. Toland. Dean Toland had a profound, long-lasting impact on our program and its graduates. As a teacher to faculty and students 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 nominate current or prior preceptors to the chair of the residency committee for this award. The Residency Committee will consider each nomination and will recommend for approval by the Program Director the preceptor that best meets the criteria demonstrated by Dean Toland.

The 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, 12 point font, 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
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 criteria for evaluation, can be found at enclosure E.

Feedback

The Army-Baylor program is continuing to evolve with changes in accreditation requirements, faculty expertise, the operational environment, and input gathered from key stakeholders in the process. As a resident or preceptor, you are encouraged to provide feedback to the program to assist in creating a better educational environment for subsequent cohorts. Ultimately, by making the best better, we are serving the needs of all military health system and veteran beneficiaries.

Feedback from all Army-Baylor stakeholders is welcome at any time – either in written, oral or electronic form. A formalized feedback process is accomplished through a survey distributed on an annual basis to residents and preceptors on initiation and completion of the residency phase. The surveys seek to gather relevant information pertaining to the long term continuous development of the Baylor program to optimally meet the needs of the Military Health System, Veterans Health System and the healthcare industry as a whole. Feedback will be used by the faculty and members of the program administration to evaluate and update both the didactic and residency phases of the program.

Quarterly Preceptor and Resident teleconferences will be held to provide a conduit to exchange information during the residency year. These teleconferences will be hosted by the Residency Director and will be conducted separately for preceptors and residents. The teleconferences are voluntary yet highly encouraged to attend and are offered to maintain communication across the diverse number of Army Baylor residency sites. The dates for each teleconference are on page 20.
2018-2019
Teleconference
Schedule

<table>
<thead>
<tr>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>12 Oct 18</td>
</tr>
<tr>
<td>18 Jan 19</td>
</tr>
<tr>
<td>12 Apr 19</td>
</tr>
<tr>
<td>5 Jul 19</td>
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</tbody>
</table>

Note: 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#.

Site Visits

Subject to the availability of funds, site visits by a faculty member or a program representative will be conducted in person. New residency sites or sites with a new preceptor are the top priority. The purpose of the visits is to ensure the adequacy of the current residency and to assess the potential value of the residency site for future residents. Areas to be covered during a site visit include evaluations of the following:

- Institutional setting.
- Execution of the administrative residency plan.
- Residency support systems.
- Reception and orientation of resident.
- Access to preceptor and involvement with senior management.
- Projects accomplished by resident (assigned and self-initiated).
- Residency strengths, weaknesses and recommended improvements.
- Status of current graduate management projects.
- Recommendation on site and preceptor for future residency phases.
ENCLOSURE A

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ENCLOSURE B
2018-2019 Core Rotation Areas and Sample Administrative Residency Plan

To ensure a robust residency experience that builds on a student’s didactic year, the following core rotation areas should be built into the Administrative Residency Plan during the first six months of rotations. The length of time spent at each rotation should be based on the student’s competency level and personal experience with the focus area. Students are highly encouraged to include rotations that are not listed as core rotations, particularly rotations that are unique to the organization.

**Core rotations:**

<table>
<thead>
<tr>
<th>Core rotations</th>
<th>Command Suite</th>
<th>Business Operations</th>
<th>Resource Management</th>
<th>Logistics Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inprocessing and Orientation</td>
<td>Command Suite</td>
<td>Business Operations</td>
<td>Resource Management</td>
<td>Logistics Division</td>
</tr>
<tr>
<td>Information Management</td>
<td>Patient Administration</td>
<td>Inpatient Services</td>
<td>Nursing Operations</td>
<td>Department of Surgery</td>
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<tr>
<td>Operating Room</td>
<td>Department of Medicine</td>
<td>Department of Emergency</td>
<td>Clinical Operations</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 IMedicine</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>
</tr>
<tr>
<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/EEO/Labor Relations</td>
</tr>
</tbody>
</table>
Sample Administrative Residency Plan

CPT CHRIS A. DOE

ADMINISTRATIVE RESIDENCY PLAN

I. GOALS AND OBJECTIVES:

In this section the resident is to directly state his/her goals and objectives for the residency year. Goals and objectives may be brief but should be written with consideration given to three primary factors. First, given the resident's education and experience, what does he/she bring to the residency? Second, where will the completed MHA/MBA program fit into the resident's mid and long range life goals? Finally, what goals should be established for the residency to make the maximum contribution to bridge this gap? These goals and objectives should be related to the competencies to be addressed and the documentation required 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 broad range of domains and specific competencies. 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 the established goals and objectives and graduate as a well-developed future healthcare leader.

III. ADMINISTRATIVE RESIDENCY PLAN 1st Quarter

<table>
<thead>
<tr>
<th>WEEK</th>
<th>DATES</th>
<th>ROTATION AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23 Jul - 27 Jul</td>
<td>Inprocessing</td>
</tr>
<tr>
<td>2</td>
<td>30 Jul - 3 Aug</td>
<td>Command Suite</td>
</tr>
<tr>
<td>3</td>
<td>6 Aug – 10 Aug</td>
<td>Business Operations</td>
</tr>
<tr>
<td>4</td>
<td>13 Aug - 17 Aug</td>
<td>Resource Management</td>
</tr>
<tr>
<td>5</td>
<td>20 Aug - 24 Aug</td>
<td>Logistics Division</td>
</tr>
<tr>
<td>6</td>
<td>27 Aug – 31 Aug</td>
<td>Information Management</td>
</tr>
<tr>
<td>7</td>
<td>3 Sep - 7 Sep</td>
<td>Patient Administration</td>
</tr>
<tr>
<td>8</td>
<td>10 Sep - 14 Sep</td>
<td>Inpatient Services</td>
</tr>
<tr>
<td>9</td>
<td>17 Sep - 21 Sep</td>
<td>Nursing Operations</td>
</tr>
<tr>
<td>10</td>
<td>24 Sep - 28 Sep</td>
<td>Department of Surgery</td>
</tr>
<tr>
<td>11</td>
<td>1 Oct - 5 Oct</td>
<td>Operating Room</td>
</tr>
<tr>
<td>12</td>
<td>8 Oct - 12 Oct</td>
<td>Research Time</td>
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### 2nd Quarter

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<tr>
<th>WEEK</th>
<th>DATES</th>
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<tr>
<td>13</td>
<td>15 Oct - 19 Oct</td>
<td>Unique Organizational Rotation</td>
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<tr>
<td>14</td>
<td>22 Oct - 26 Oct</td>
<td>Department of Emergency Medicine</td>
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<tr>
<td>15</td>
<td>19 Oct - 2 Nov</td>
<td>Clinical Operations</td>
</tr>
<tr>
<td>16</td>
<td>5 Nov - 9 Nov</td>
<td>Primary Care</td>
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<tr>
<td>17</td>
<td>12 Nov - 16 Nov</td>
<td>Specialty Services</td>
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<tr>
<td>18</td>
<td>19 Nov - 23 Nov</td>
<td>Behavioral Health</td>
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<tr>
<td>19</td>
<td>26 Nov – 30 Nov</td>
<td>LEAVE</td>
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<tr>
<td>20</td>
<td>3 Dec - 7 Dec</td>
<td>Public Health</td>
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<tr>
<td>21</td>
<td>10 Dec - 14 Dec</td>
<td>Support Services</td>
</tr>
<tr>
<td>22</td>
<td>17 Dec - 21 Dec</td>
<td>Medical Management</td>
</tr>
<tr>
<td>23</td>
<td>24 Dec - 28 Dec</td>
<td>LEAVE</td>
</tr>
<tr>
<td>24</td>
<td>31 Dec - 4 Jan</td>
<td>LEAVE</td>
</tr>
<tr>
<td>25</td>
<td>7 Jan - 11 Jan</td>
<td>Research Time</td>
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<tr>
<td>26</td>
<td>14 Jan - 18 Jan</td>
<td>Department of Nutritional Medicine</td>
</tr>
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</table>

### 3rd Quarter

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<th>DATES</th>
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</thead>
<tbody>
<tr>
<td>27</td>
<td>21 Jan - 25 Jan</td>
<td>High Reliability Office</td>
</tr>
<tr>
<td>28</td>
<td>28 Jan - 1 Feb</td>
<td>Patient Experience Office</td>
</tr>
<tr>
<td>29</td>
<td>4 Feb - 8 Feb</td>
<td>Division of Quality Services</td>
</tr>
<tr>
<td>30</td>
<td>11 Feb - 15 Feb</td>
<td>Accreditation</td>
</tr>
<tr>
<td>31</td>
<td>18 Feb - 22 Feb</td>
<td>Hospital Safety</td>
</tr>
<tr>
<td>32</td>
<td>25 Feb - 1 Mar</td>
<td>Legal</td>
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<td>33</td>
<td>4 Mar - 8 Mar</td>
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<td>34</td>
<td>11 Mar - 15 Mar</td>
<td>Hospital Education</td>
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<tr>
<td>35</td>
<td>18 Mar - 22 Mar</td>
<td>HQ (IG/EOO/Labor Relations)</td>
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<td>36</td>
<td>25 Mar - 29 Mar</td>
<td>ACHE Congress</td>
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<td>37</td>
<td>1 Apr - 5 Apr</td>
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<tr>
<td>38</td>
<td>8 Apr - 12 Apr</td>
<td>Research Time</td>
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<tr>
<td>WEEK</td>
<td>DATES</td>
<td>ROTATION AREAS</td>
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<td>39</td>
<td>15 Apr - 19 Apr</td>
<td>Readiness/Emergency Management</td>
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<td>40</td>
<td>22 Apr - 26 Apr</td>
<td>Plans, Training, Mobilization, and Security</td>
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<td>29 Apr - 3 May</td>
<td>Civilian Health Care Affiliation</td>
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<td>42</td>
<td>6 May - 10 May</td>
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<td>43</td>
<td>13 May - 17 May</td>
<td>Dental Activity</td>
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<td>20 May - 24 May</td>
<td>Physical Medicine &amp; Rehab Activity</td>
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<td>45</td>
<td>27 May – 31 May</td>
<td>Visit Local Civilian Facility</td>
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<td>46</td>
<td>3 Jun - 7 Jun</td>
<td>Personnel Division/Troop Command</td>
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<td>47</td>
<td>10 Jun - 14 Jun</td>
<td>Community Health Services/ ADAPCP</td>
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<td>48</td>
<td>17 Jun - 21 Jun</td>
<td>Social Work Service</td>
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<td>49</td>
<td>24 Jun - 28 Jun</td>
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<td>1 Jul - 5 Jul</td>
<td>Veteran's Affairs Administration</td>
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<td>51</td>
<td>8 Jul - 12 Jul</td>
<td>Clinical Investigation Service</td>
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<td>52</td>
<td>15 Jul - 19 Jul</td>
<td>Nearest MTF</td>
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</table>
ENCLOSURE C
Portfolio Guidance Document

Army Baylor University Graduate Management Project

Project Title
Residency Location
Resident Name
Preceptor Name
Faculty Advisor
Residency Year

Competencies: List up to 5 competencies that you address in this project. Ex:
11-Public Law
16-Financial Management
21-Information Management Technology
33-Integrated Health Care Delivery Systems

Finance: (If applicable) Ex:
Cost Avoidance: Annualized
Revenue Generation: Annualized

Tools, Models, or Methods: List at least one tool, model, or method learned during the didactic year that you use in developing this project (e.g. Donabedian model, Multiple Linear Regression, PEST-CL Analysis, etc.) Ex:
Business Case Analysis
Porter’s Five Forces Model
Table of Contents (1 page): All 4 projects (3 organizationally focused projects and 1 best practice) will be consolidated into one Microsoft Word document with a Table of Contents page identifying each project. The Portfolio shall not exceed three pages plus up to four pages of appendices.

Introduction and Background (approximately ½ page): The purpose of this section is to provide the reader with rationale, context, and background information associated with your portfolio project. You can think of this section as an inverted triangle. You begin this section by providing general overall information associated with the project, the top of the triangle, with the goal of leading the reader down the triangle, ultimately to the problem statement and purpose statement.

Problem Statement: In this section you will provide a brief summary of your problem and relate that to the reader. Consider that an effective problem statement will convince someone to expend resources to solve the problem. An effective problem statement is absolutely critical, should be concise and should include (1) a brief description of the problem, (2) where the problem is occurring, (3) the time frame over which the problem has been occurring, and a quantified magnitude of the problem (e.g. dollars).

**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.

**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 have exceeded the target of 25 days 95 percent of the time from January - December 2014. A total of $250,000 per year could be saved if inventories were at the target level.

Purpose Statement: The purpose statement clearly and concisely describes (in no more than two sentences) the specific intent and scope of the project. The purpose statement gives the paper focus and informs the reader of the goal of the study. The purpose statement should be clear, specific, and informative. This statement should include the approach being used, what is being studied, participants/groups/organizations, location or research site. Your purpose statement will begin with phases such as (1) “The purpose of this project is…” or (2) “The purpose of this project is two-fold…”

**Example of a Poor Purpose Statement:** The purpose of this portfolio project is to recapture health care leaking to the network.

**Example of an Excellent Purpose Statement:** The purpose of this portfolio project is to conduct 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.

Literature Review (approximately ½ page): The literature review is the critical evaluation and reporting of published materials associated with your research problem. When conducting the literature review, the student should identify current literature on the subject, and if possible, older seminal works that serve as foundational articles. The purpose of the literature review is to inform the understanding of your problem, find what other studies found, and to serve as a guide to answer your research question. A minimum of three sources is required.
**Methods (approximately 3/4 -1 page):** In this section you should briefly explain the tools, methods, concepts, or theories (overall approach) that you are using to address the problem. Additionally, clearly explain why the approach that you are using is justified in addressing the problem. You should discuss the steps that were used to implement the overall approach. This includes how you collected data, people you interviewed, and all the steps that were required to gather the necessary results. Ensure that you clearly identify your role in the project and state your individual contributions by using the pronoun “I” when writing up the project.

**Results and Discussion (approximately 3/4 - 1 page):** The results section is used to discuss the findings of your research. In discussing the findings, you should summarize your data and analysis in a manner that logically walks the reader through your results. Use this section to clearly describe and discuss the tables and charts located in the appendices. The results section should only address factual information. When moving to discussing your results, you should focus on interpreting your results in a manner that addresses the problem statement. The discussion should also address the consequences of the findings for the organization. You should also mention whether your findings are consistent with, or run counter to what was found in the literature review. Furthermore, in the discussion you should mention any areas where there may be bias, challenges with data quality or other limiting factors associated with your analysis.

**Conclusion and Recommendations (approximately ½ page):** In this section briefly summarize the problem, purpose, the methodology used to address the problem, and the results of the study. Here you make a recommendation to the organization of how to utilize your findings to add value to the organization. You should also discuss the implications of your research for your organization.

**References, Figures, and Tables:** Each individual portfolio project will include a minimum of 3 references. All references must comport with 6th Edition of the American Psychological Association (APA) publication manual. All charts and tables will be placed in the appendix section of the portfolio. Please ensure that all charts and tables are of sufficient size to be easily read and interpreted.
### Baylor Experience Assessment & Review (BEAR) Quarterly Report Format – Abridged

#### ENCLOSURE D

**Directions:** Residents have all "major" project and activities performed documented by completing the Competency Assessment Matrix. A "Major" project or activity is defined as one that requires a significant depth of coverage according to the scale provided. Preceptor validates assessment at the right column. Preceptor identifies level of competency at the bottom of the page. Completion is noted in far right column. Free script areas are available in the bottom of the page for residents and preceptors to identify level of competency development during the residency year on the bottom of the page.

**Competency Assessment Color scale:**
- Green = Expert (8, 9 or 10);
- Orange = Application (5, 6 or 7);
- Yellow = Knowledge (1, 2, 3 or 4);
- Black = None (0).

#### Student Name: [Name]

#### Residency Site: [Site]

#### Residency Year: [Year]

#### Project / Activity

<table>
<thead>
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<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
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<th>Overall</th>
<th>Notes</th>
<th>Comments</th>
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</table>

#### Preceptor Name & Position: [Preceptor]

#### Academic Advisor: [Advisor]

#### Completion Date: [Date]

#### Notes: [Notes]

#### Comments: [Comments]

---

**Legend:**
- Green = Expert (8, 9 or 10);
- Orange = Application (5, 6 or 7);
- Yellow = Knowledge (1, 2, 3 or 4);
- Black = None (0).
### Example:
**Lean Six Sigma Black Belt Project: Discharge Process Cycle at St. Luke’s Medical-Oncology Unit (Project 1)**

The administration at St. Luke’s Baptist Hospital had a desire to improve the efficiency of the discharge process cycle efficiency. 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 technicians, and the administrative clinical operations office. St. Luke’s Baptist Hospital’s Medical-Oncology Unit average patient discharge process cycle times from 02 Sep 2014 to 28 Sep 2014 were 241.89 minutes. The Medical-Oncology Unit expects patient discharge process cycle times not exceed 150 minutes. The average contribution margin per emergency patient is $550.00. Increasing capacity reduces wait time for a bed and helps prevent patients from leaving the facility without being seen (LWOB3). 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 (TIMWOCO). 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 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 to 8 sentences).

<table>
<thead>
<tr>
<th>Competency Assessment Matrix</th>
<th>Course Comments</th>
<th>Residency Assessment</th>
<th>Rotation &amp; Project Comments</th>
<th>POLAR AREA</th>
</tr>
</thead>
</table>
ENCLOSURE E

Best Practice Submission

Health care 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 has the time to research it. The COL Richard Harder Best Practice Award was established to assist with the documentation, collection, and dissemination of these innovative programs. Through the award program, best practices will be shared with senior healthcare executives throughout the federal and civilian health system through electronic and print media. In addition, select best practices will be shared with senior leaders as potential system-wide solutions.

As a part of the graduate management portfolio, each Army-Baylor resident will identify, document and submit one best practice from their residency site. Best practices are new ideas, methods, or devices existing to achieve mission performance gains. Best practices improve quality of care and access to care, increase satisfaction of patients and staff, and/or decrease health care delivery costs. The following criteria will be used for evaluating the best practice submissions:

- **Outcomes-based**
  - Measurable;
  - Demonstrates a savings or return on investment; and
  - Achieves efficiency and effectiveness.

- **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

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

The text portion of the best practice submission will consist of the following sections:

- **Title:** Title of the project.
- **Executive Summary.** Summarize in 250 words or less 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. The Executive Summary is included on the title page.
- **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.** The name of the group involved with the best practice such as Department of Surgery, Quality Division, Clinical Operations Division, or TRICARE Regional Office (TRO) will be listed here.

- **Summary of Best Practice** (limit to 3-4 pages with single-spaced lines in a 12 point font size and 1 inch margins [references are not counted against the 3-4 pages]):
  - 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.
  - Literature Review: Describe any similar programs in existence and the evidence on 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 they are measured. 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 there has been significant cost shifting to accomplish these savings or cost avoidance.
  - Conclusion: Describe how you feel the best practice meets each of the four evaluation criteria (outcomes-based, adaptability/replicable, sustainable/institutionalized, innovative).

When considering the goals and objectives of the best practice, it may be helpful to align them with the aims 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 health care 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 health care activity.

The COL Richard Harder Best Practice Award Program is closely modeled after the Military Health System (MHS) Healthcare Innovations Program (Office of the Chief Medical Officer, n.d.) and ACHE’s Management Innovations Poster Session (American College of Healthcare Executives, n.d.). Because of the similarities of the submission guidelines and evaluation criteria,
preceptors are encouraged to have their assigned resident(s) concurrently submit their best practices to these programs in order to further disseminate their best practice and promote the accomplishments of their organization.

The selected references for this submission are:


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

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

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

Submitted by XXXXXXXXXXX
15 May 2019

Executive Summary: The process of recruiting, interviewing and hiring new personnel cost 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.

Competencies: List up to 5 competencies that you address in this project. Ex:
11-Public Law
16-Financial Management
21-Information Management Technology
33-Integrated Health Care Delivery Systems

Finance: (If applicable) Ex:
Cost Avoidance: Annualized
Revenue Generation: Annualized

Themes Addressed: Ex:
Patient Communication
Expanding Services
Revenue Generation
**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 to 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. XXXXXXX 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 many studies have expanded 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 synch with the organizational strategic goals or culture.

Nursing salaries constitute the majority of a hospitals staffing expense. In order 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 is 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 complied 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 are 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 have steadily trended downwards and in 2011, the year to date 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 XXXXXX were significantly reduced. 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 ends of reducing 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>
<th>Average Monthly Total Turnover % (Seasonally Adjusted)</th>
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<tr>
<td>Pre-Gallup 08 *</td>
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<td>0.97%</td>
<td>1.45%</td>
<td>1.16%</td>
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</table>

* - 12 Month Period  
** - Year to Date

References


Business Attire and Etiquette Guidelines

Business Professional Dress

**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; pin stripes 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 shirts out of style much faster than basic white. If you are not into ironing, plan to take your shirts to a cleaners and expect to pay $1.50 - $3.00 for each shirt to be cleaned and ironed. It is 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, especially in the finance industry. 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. Stick with black, gray, or navy suits with simple lines and no ruffles or pleats. 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

Every organization has a different definition of business casual. Some require suits without ties; others permit flip-flops. 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.

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2 Source: Marriott School of Management Business Career Center
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 the majority 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 all right. 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 all right to order that item if you would like.

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.

3 Adapted from Ball State University, Dining and Etiquette Guidelines
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 considered appropriate. In the American style, one cuts the food by holding the knife in the right hand and the fork in the left 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 left to your right 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 right hand while securing your food with your fork in your left hand. The difference is your fork remains in your left hand, tines facing down, and the knife in your right hand. Simply eat the cut pieces of food by picking them up with your fork still in your left 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. The common way to show that you have finished your meal is to lay your fork and knife diagonally across your plate.

**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.
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” and “thank you.”
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 bylaws; financial feasibility studies; employee handbook policies; CON process; budgeting; contracts; etc.
31. Courageously push back on your boss in private. 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”...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!

Adapted from a presentation titled “Subtle & Not So Subtle Tips for Your Residency/Fellowship,” Nesa Joseph, Ed. D., Vice President, Deaconess Foundation, Summer 2006. Although they were prepared with MHA graduates in mind, they include basic principles regarding “best practice behavior” in all workplace settings.
ENCLOSURE G

Army Specific

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. Be certain non-Federal source is not 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 relates to your official duties.

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

   g. It is inappropriate to accept travel, which 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 do 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:

- the identity of the non-Federal source;
- the nature and purpose of the meeting, conference, etc.;
- the identity of the other participants;
- the nature and sensitivity of any matters pending in the Army which could affect the interests of the non-Federal source;
- the significance of the traveler’s role in such matters; and
- 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.
MEMORANDUM FOR RECORD

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

1. Travel benefits have been offered by INSERT 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.

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

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 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 have 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. This approval has been coordinated with the Ethics counselor, AMEDDC&S.

   (Signature)

   ______________________

   Travel approval authority

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

Concur ____________________ Nonconcur ____________________
Acceptance of Travel and Related Benefits from A Non-Federal Source
Pursuant to 31 U.S.C. §1353

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:   Itemized In-Kind Expenses:
Hotel: ____________                 Hotel: ____________
Airline: ___________                   Airline: ___________
Meals: ____________                 Meals: ____________
Acceptance of Travel and Related Benefits from A Non-Federal Source - Report of Payment of Travel and Related Expenses Accepted from Non-Federal Entities

Pursuant to 31 U.S.C. §1353

(Office Symbol)

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

(Amount of Payments In-Kind, continued)

Other: ____________ Other: ____________

Amount of Payments by Check: ______

Total For Employee: ________ Total For Spouse: __________

Itemized Expenses:

Hotel: ____________ Hotel: ____________

Airline: ____________ Airline: ____________

Meals: ____________ Meals: ____________

Other: ____________ Other: ____________

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 Authority      Date of signature

_____________________________    _________________
Signature of Ethics counselor      Date of signature

SUBMIT REPORT TO YOUR ETHICS COUNSELOR WITHIN 30 DAYS OF TRAVEL
Short Duration Visitation to Non-Federal Organizations
Draft Memo

Manpower Programming Division

July 1, 2097

Mr./Ms. John/Jane Doe
123 Main Street
Nashville, Tennessee 73695-0000

Dear Mr./Ms. Doe:

Thank you for allowing [student], a student 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, [student] will be observing the following during this site visit:

1. 
2. 
3. 

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

Thank you again for opening your facility to [student] 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
ENCLOSURE H

Curtailment Memo Example

MCCS-WWB-GE 1 May 19

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

Lorena A. Bailey, 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 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. 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.

3. 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
ENCLOSURE I

Rubrics

Mid-Year Draft Portfolio Rubric
(Used to assess single projects)

<table>
<thead>
<tr>
<th>Student Name: _____________________</th>
<th>E</th>
<th>VG</th>
<th>G</th>
<th>M</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction and Background</strong></td>
<td></td>
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</tr>
<tr>
<td>1. The student provides necessary context information associated with the problem</td>
<td>5</td>
<td>4</td>
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</tr>
<tr>
<td>2. Introduction logically leads the reader to the problem and purpose statements</td>
<td>5</td>
<td>4</td>
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</tr>
<tr>
<td><strong>Problems &amp; Purpose Statements</strong></td>
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<tr>
<td>3. The problem statement clearly describes and quantifies the problem</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
</tr>
<tr>
<td>4. The purpose statement clearly describes the specific reason for the project</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td><strong>Literature Review</strong></td>
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<tr>
<td>5. The project discusses relevant literature associated with the problem</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
</tr>
<tr>
<td>6. The student uses relevant literature to inform their research approach</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td><strong>Methods</strong></td>
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<tr>
<td>7. The concept, method, or theory is identified and discussed</td>
<td>5</td>
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<tr>
<td>8. The steps used to implement the approach is clearly and logically discussed</td>
<td>5</td>
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<td>9. The data collection process is clearly described</td>
<td>5</td>
<td>4</td>
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<tr>
<td>10. The student clearly identifies their individual contributions to the project</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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</tr>
<tr>
<td><strong>Results and Discussion</strong></td>
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<tr>
<td>11. The results are clearly discussed and presented in a logical manner</td>
<td>5</td>
<td>4</td>
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<tr>
<td>12. The results addresses the problem statement</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>13. The figures, tables, and charts are clearly explained</td>
<td>5</td>
<td>4</td>
<td>3</td>
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</tr>
<tr>
<td>14. The student discusses the implications of the results for the organization</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
</tr>
<tr>
<td>15. The student discusses the limiting factors associated with the project</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Conclusions and Recommendations</strong></td>
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<tr>
<td>16. The project is summarized and touches on the problem, results, and discussion</td>
<td>5</td>
<td>4</td>
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<td>1</td>
</tr>
<tr>
<td>17. The recommendation is clear and addresses the problem statement</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
</tr>
<tr>
<td>18. The recommendation is feasible and actionable</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
</tr>
<tr>
<td><strong>Grammar, Formatting, and References</strong></td>
<td></td>
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</tr>
<tr>
<td>19. The project is generally free of grammatical errors and formatted appropriately</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
</tr>
<tr>
<td>20. Figures, tables, and charts are readable and contribute value to the project</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
</tr>
</tbody>
</table>

Comments

Faculty Reviewer: _____________________

Grade

Publication: Y/N
**Portfolio Evaluation Rubric**

<table>
<thead>
<tr>
<th>Evaluation Criteria Area</th>
<th>MASTERFUL RATING: PASS +</th>
<th>COMPETENT RATING: PASS</th>
<th>MARGINAL RATING: MARGINAL</th>
<th>UNACCEPTABLE RATING: FAILURE</th>
<th>CRITERION SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure &amp; Mechanics</td>
<td>Written work has clear and appropriate framework to address each project within the portfolio. All projects are written clearly, logically &amp; professionally consistent with Residency Manual guidance. Each project could stand alone – without supporting documents to guide an organization’s decision making. Written work has no major errors in word selection and use, sentence structure, spelling, punctuation, and capitalization.</td>
<td>Written work is structured to address each project within the portfolio. Contents are predominantly clear, logical and professional and are generally consistent with Residency Manual guidance. Project drafts could be used to support organizational decision making with minimal outside support. Written work is relatively free of errors in word selection and use, sentence structure, spelling, punctuation, and capitalization.</td>
<td>Written work lacks a coherent framework to address each project within the portfolio. Project drafts are written with a general lack of clarity, logic &amp; professionalism.</td>
<td>Organizational structure has serious and persistent errors not in keeping with graduate level education. Projects could not stand alone – without substantial supporting documentation - to guide organizational decision making. Written work has serious and persistent errors in word selection and use, sentence structure, spelling, punctuation, and capitalization.</td>
<td></td>
</tr>
<tr>
<td>Evaluation Criteria Area</td>
<td>MASTERFUL RATING: PASS +</td>
<td>COMPETENT RATING: PASS</td>
<td>MARGINAL RATING: MARGINAL</td>
<td>UNACCEPTABLE RATING: FAILURE</td>
<td>CRITERION SCORE</td>
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<tr>
<td>Depth &amp; Magnitude of Project Involvement &amp; Development</td>
<td>All (100%) of the portfolio projects can be considered of sufficient depth to have a meaningful functional impact to the host organization.</td>
<td>Most (76% - 99%) of the portfolio projects can be considered of sufficient scope and depth to have a meaningful functional impact to the host organization.</td>
<td>Few (50% - 75%) of the portfolio projects can be considered of sufficient scope and depth to have a meaningful functional impact to the host organization.</td>
<td>Few or none (&lt;49%) of the portfolio projects can be considered of sufficient scope and depth to have a meaningful functional impact to the host organization.</td>
<td></td>
</tr>
<tr>
<td>Breadth &amp; Scope of Project Involvement &amp; Development</td>
<td>All (100%) of the portfolio projects are unique, distinct stand alone projects that demonstrate expansive application of the JMES competencies.</td>
<td>Most (76% - 99%) of the portfolio projects can be considered unique or distinct stand alone projects. Very good evidence of application of the JMES competencies is present.</td>
<td>Few (50% - 75%) of the portfolio projects can be considered unique or distinct stand alone projects. Projects are narrowly focused within a few JMES competencies.</td>
<td>Few or none (&lt;49%) of the portfolio projects can be unique or distinct projects. Projects are extremely narrowly focused on a very few JMES competencies.</td>
<td></td>
</tr>
</tbody>
</table>
# Best Practice Rubric

**Student Name:** _____________________

<table>
<thead>
<tr>
<th><strong>Executive Summary</strong></th>
<th>E</th>
<th>VG</th>
<th>G</th>
<th>M</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Summarize in 250 words or less 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 VA/MHS leadership. Executive Summary is included on the title page; must include POC, name of the group involved with Best Practice</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>E</th>
<th>VG</th>
<th>G</th>
<th>M</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Specifically address the goal(s) of this best practice</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Objective logically leads the reader to the background</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Background</strong></th>
<th>E</th>
<th>VG</th>
<th>G</th>
<th>M</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. The student provides necessary contextual information associated with the issue</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Describe the circumstances or events leading up to implementation of the best practice</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<table>
<thead>
<tr>
<th><strong>Literature Review</strong></th>
<th>E</th>
<th>VG</th>
<th>G</th>
<th>M</th>
<th>U</th>
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<tr>
<td>6. Discusses relevant literature associated with the issue</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>7. Describe similar programs in existence and evidence on which the best practice is based</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<thead>
<tr>
<th><strong>Implementation Methods</strong></th>
<th>E</th>
<th>VG</th>
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</thead>
<tbody>
<tr>
<td>8. The concept, method, or theory is identified and discussed</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>9. The steps used to implement the approach are clearly and logically discussed</td>
<td>5</td>
<td>4</td>
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<td>10. Describe the methods used to implement the best practice</td>
<td>5</td>
<td>4</td>
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<td>11. The student clearly identifies his/her individual contributions to the project</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<thead>
<tr>
<th><strong>Results</strong></th>
<th>E</th>
<th>VG</th>
<th>G</th>
<th>M</th>
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</thead>
<tbody>
<tr>
<td>12. The results are clearly discussed and presented in a logical manner</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
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<tr>
<td>13. Describe the outcomes of the best practice and how they are measured</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>14. Indicate if changes occur at the clinic, department, facility, system or Service component</td>
<td>5</td>
<td>4</td>
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<tr>
<td>15. The student discusses the implications of the results for the organization</td>
<td>5</td>
<td>4</td>
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<td>16. The student discusses the limiting factors associated with the best practice</td>
<td>5</td>
<td>4</td>
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<thead>
<tr>
<th><strong>Conclusions</strong></th>
<th>E</th>
<th>VG</th>
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<tbody>
<tr>
<td>17. The student describes how the best practice meets each of the four evaluation criteria (outcomes-based, adaptability/replicable, sustainable/institutionalized, innovative)</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>18. The recommendation is feasible and actionable</td>
<td>5</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Grammar, Formatting, and References</strong></th>
<th>E</th>
<th>VG</th>
<th>G</th>
<th>M</th>
<th>U</th>
</tr>
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<tbody>
<tr>
<td>19. The write-up is generally grammatical error free and formatted appropriately</td>
<td>5</td>
<td>4</td>
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<tr>
<td>20. Figures, tables, and charts are readable and contribute value to the best practice</td>
<td>5</td>
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**Comments**

**Faculty Reviewer:** _____________________  
**Grade Posted** | Y/N  
**Feedback Sent** | Y/N
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 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 where to place the antibiotics- 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 ESSENTRIC note has antibiotics orders.

2. The FARM visit identified numerous 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 K

Guide to the Graduate Management Study

During the administrative residency, students are required to complete a graduate management portfolio (GMP). In the event that a preceptor or the program director judges that a student’s graduate management portfolio is not sufficient, the student will be required to complete a single-project graduate management study (GMS) and submit to the faculty advisor and program director for evaluation prior to graduation.

The GMS concentrates 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 students learn in the didactic and residency phases of the program.

Prior to submission of a GMS, the student 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 student proposes to conduct the analysis, and discuss the expected results. The faculty advisor review and approval of the student’s GMSP consists of the following:

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

For those students who do not successfully complete a GMP, the 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 student’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.

Each GMSP and GMS will consist of three parts: the preliminaries, text, and final section. The preliminaries section for the GMSP will include only a title page and a table of contents. The table of contents should include every major heading and center heading of the report, with page numbers of each. The preliminaries section of the GMS is more formal and will have 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 student 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. Same as GMSP.
- 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 student 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**

Students have at least seven different options to choose from when deciding upon how to approach their GMS. If the student 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.