1. Introduction: Master of Health Administration (MHA)

The Master of Health Administration Program is housed within the Department of Health Management and Policy in the College of Public Health. The program has been externally accredited since 1995, most recently by the Commission on Healthcare Management Education (CAHME) in 2012 for a seven year period.

1.1. Unit Mission Statement

As a component of Kentucky’s land grant institution, the Mission of the College of Public Health at the University of Kentucky is to apply comprehensive health approaches to better understand and to help reduce burdens and disparities of health problems on individuals, families, and communities.

The mission of the Department of Health Management and Policy is to improve the organization and delivery of personal and public health services in Kentucky and beyond through education, health services research, and service.

The mission of the MHA Program is to provide graduates with critical competencies required to succeed in post-graduate positions in hospitals, multi-unit health systems, and other complex, health-related organizations and provide a solid foundation for their future leadership development.

1.1.1. Program Purpose

The MHA degree program is designed to provide graduate level education to individuals who, after appropriate managerial experience, are capable of assuming senior leadership positions in a variety of health services organizations. Examples include health systems, hospitals, physician practices, ambulatory clinics, community health centers, government and other public sector providers, the health insurance industry, long-term care and mental health providers.

1.2. Basic Assessment Approach

Learning outcomes assessment in the College of Public Health for all programs is guided by the following standards:

1. Assessment must be based on the competencies or learning outcomes specified for the program.
2. Data are derived from the following sources and perspectives: students, faculty, alumni, and practitioners (where appropriate).
3. Assessment is conducted with both direct and indirect evidence.
4. Data collection is sufficiently standardized, progressive and aggregated to determine value within the program.
5. Learning assessments are integrated throughout the program, and characterize milestones in student program requirements.
2. Assessment Oversight, Resources

The Director of Graduate Studies, as program director, is responsible for overseeing MHA program assessment. The Director is responsible for convening a group of faculty to review assessment data and for implementing recommended improvements. The Director reports on MHA program assessment at regular department meetings. Support for data gathering, analysis, and documentation of assessment activities is provided through CPH Administration.

3. Program Learning Outcomes

Learning Outcomes by Program

The MHA curriculum is designed around a set of learning outcomes that healthcare executives and faculty jointly have agreed are essential in the 21st century. Upon completion of the MHA program, students are expected to demonstrate ability in six domains, which are the primary student learning outcomes for the program.

1. **Health services and health status** - Ability to analyze health services and other factors that impact health status and commitment to improving the health status of individuals, families, and communities.

2. **Management, governance, and leadership** - Ability to inspire support for a vision or course of action and successfully direct the teams, processes, and changes required to accomplish it.

3. **Communication and Interpersonal skills** - Ability to communicate effectively and build enduring, trust-based interpersonal relationships.

4. **Systems thinking and creative analysis** - Ability to identify key issues and problems, analyze them systematically, and reach sound, innovative conclusions.

5. **Organizational and public policy** - Ability to understand how organizational and public policies are formulated, their impact on healthcare organizations and communities, and how to influence their development.

6. **Continuous evaluation and improvement** - Commitment to on-going evaluation for continuous organizational and personal improvement.

As a Master of Health Administration Program accredited by the Commission on Accreditation of Healthcare Management Education (CAHME), the UK MHA program learning outcomes are characterized as competencies. A competency is intended to reflect essential and enduring knowledge, skills, and attributes (values, dispositions) that constitute an integrated learning experience. Competencies are grouped under six (6) domains which constitute the overall student learning outcomes (SLOs) as follows:
1. Health Services and Health Status
   - Analyze the key determinants of population health and health disparities and their relative impact on individuals, communities, and society.
   - Analyze the incidence and prevalence of injury and disease using epidemiological and statistical methods.
   - Analyze and prioritize population health needs.
   - Apply appropriate quantitative methods for measuring and assessing the services (clinical and non-clinical) provided by healthcare organizations.
   - Assess and prioritize market opportunities and alternatives.
   - Apply accounting and financial management principles in analyzing financial statements and issues.

2. Management, Governance, and Leadership
   - Create strategies for designing healthcare programs that are durable, efficient, and effective.
   - Apply key concepts, principles, and legal aspects of strategic human resources management in healthcare organizations.
   - Explain the concepts of mission, vision, values, and policies and the responsibilities for establishing and implementing them in healthcare organizations.
   - Explain the respective roles of governance and management in healthcare organizations, including multi-level organizations.
   - Synthesize pertinent information and utilize it in constructing capital budgets, operating budgets, and human resources budgets and in cash management.
   - Create solid strategic and business plans, including methods for evaluating progress in relation to them.

3. Communication and Interpersonal Skills
   - Work comfortably in multi-disciplinary groups, both large and small.
   - Develop effective management skills and the ability to assess their impact on individual behavior, group behavior, and organizational culture and performance.
   - Speak and write in a clear, logical, and grammatical manner in formal and informal situations, including cogent business presentations and use of social media.

4. Systems Thinking and Creative Analysis
   - Demonstrate the ability to analyze organizational issues and discern those which require the advice and assistance of legal counsel.
   - Synthesize and apply pertinent concepts and principles of leadership in analyzing organizational issues through case studies and projects in healthcare settings.
• Apply statistical principles and methods in analyzing organizational issues and interpreting the results.
• Apply economic principles and methods in analyzing organizational issues and payment systems and in interpreting the results.
• Apply the basic concepts and principles of healthcare ethics in analyzing organizational issues, policy formulation, and decision-making processes.
• Develop and demonstrate the capacity for critical thinking and the ability to employ a systematic, analytical approach to decision making.
• Ability to look beyond the status quo, envision new directions and approaches, and formulate solutions that are both creative and pragmatic.

5. Organizational and public policy
   • Explain the structure of the U.S. healthcare system and the processes through which health policies are formulated and implemented at the state and federal levels.
   • Assess the impact of government policy and regulatory requirements on healthcare organizations.
   • Demonstrate understanding of the basic concepts of health law and compliance requirements as they affect decision-making in healthcare organizations.

6. Continuous evaluation and improvement
   • Apply key concepts and principles of change management in modifying policies, practices, and programs in healthcare organizations.
   • Apply current methods for monitoring, assessing, and improving organizational performance, including patient safety, clinical quality, and patient satisfaction.
   • Apply basic concepts and principles that affect the selection, implementation, and evaluation of information technology in healthcare organizations.
   • Demonstrate commitment to objective self-assessment and on-going development that will lead to personal and professional growth throughout their career.
4. **Curriculum Map**

The “X” indicates that the course is linked to the core outcome through course level competencies based on January 30, 2013 mapping.

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<tr>
<th>Foundation Courses</th>
<th>SLO 1</th>
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<td>HA 601—Overview of U.S. Healthcare</td>
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<td>CPH 663—An Introduction to Public Health Practice &amp; Administration</td>
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<th>Core Courses</th>
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<td>HA 602—Strategic Planning &amp; Marketing in Healthcare</td>
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<td>HA 603—Legal Aspects of Healthcare Management</td>
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<td>HA 623—Healthcare Operations Analysis &amp; Management</td>
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<td>HA 624—Information Systems in Healthcare</td>
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<td>HA 628—Human Resources Management in Healthcare</td>
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5. Assessment Methods and Measures

The College has identified assessment milestones within the MHA program on a standard cycle. The milestones were selected because they mark completion of specific stages of the program to ensure a step-wise learning progression. The following description reflects those methods:

Indirect Methods:

- For external accreditation, the MHA program reports enrollment and graduation rates (numbers and time to graduation) annually. This is an indirect measure of SLOs 1 through 6.
- Grades for all core courses will be aggregated for each cohort and reviewed every three years. This is an indirect measure of SLOs 1 through 6.
- Each student completes a self-assessment based on the competencies three times during the program: upon entry, at the start of the second semester in the first year, and in the students’ final semester of the program. This assessment is linked to the competencies and is used for establishing individual student objectives for the Internship (second self-assessment) and Integrative Final Exam (third self-assessment). This is an indirect measure of SLOs 1 through 6. (Appendix A: Student Self-Assessment)
• Each summer alumni who completed the program one year earlier are asked to complete an online assessment survey (Appendix B: Alumni Survey). This allows graduates time to have developed a practitioner perspective on the adequacy of preparation in the major student outcome areas. Students are asked to identify level of agreement with a statement about each of the twenty-nine competencies linked to learning outcomes. These data are an indirect measure of SLOs 1 through 6.

Direct Methods:

The instruments used for preceptor evaluation and the Integrative Final Exam are currently under review with the goal of ensuring SLOs are explicitly addressed along with the program competencies.

• The student enrolls in HA711: Internship in Healthcare Management. The internship typically takes place in a healthcare organization under the direction of a preceptor in the summer between the first and second year of the program. All internships share a common set of competencies with additional individual student competencies for the internship agreed upon by the student, preceptor and faculty. At the completion of the internship, the preceptor and the student each evaluate the student’s progress in achieving the competencies using a standard evaluation form. Preceptor evaluations of all individual students’ performance in the previous summer’s internship are aggregated and reviewed each November by a Faculty Committee chaired by the Program Director. Preceptor evaluation forms request level of agreement with competency statements based on a four point Likert scale. (Appendix C: Preceptor Evaluation Survey).

• The MHA program requires an Integrative Final Exam (IFE) as a comprehensive and objective examination of student mastery of the MHA student learning outcomes. The IFE also serves as a final, integrative learning experience for MHA students. The examination, which includes both written and oral sections, takes place in mid-April in the last semester of a student’s program. A committee of program faculty with practitioner input develops a complex case each year requiring skill in a broad range of SLOs. The student then is given one week to analyze the case independently, recommend decisions related to the case, and submit a written analysis.

During the 75 minute oral examination by a committee of three program faculty and a practicing healthcare administrator, the student provides a brief summary of the written analysis and then responds to questions from the committee related to the case and program SLOs. Time is then allocated for questions and discussions about SLOs that may not have been prominently featured in the case. The committee chairperson is responsible for ensuring that SLOs 1 through 6 are addressed in the examination. The committee makes a determination of “Pass”, “Conditional Pass”, or “Not Pass”. Each committee member completes an evaluation form for each student examined (Appendix D: IFE Evaluation Survey).
Inter-rater variability among committee members is minimized through a training session held prior to the examination. Evaluations of IFE individual student performance in the previous April are aggregated and reviewed each November by a faculty committee chaired by the Program Director.

6. Data Collection and Review
6.1. Data Collection Process/Procedures

Data for each outcome will be collected annually for review and continuous improvement. The attached diagram illustrates the cycle through which data collection will be conducted.

6.1.1. How will data be collected for each outcome?
The Program Director in conjunction with the Office of Academic and Faculty Affairs (OAFA) will provide oversight of data collection for measure. Program-level assessment data will be gathered at summative points in the curriculum.
6.1.2. What will be the benchmark/target for each outcome?

- On an annual basis, 85% of students completing the integrative final exam will do so at the level of pass or conditional pass.
- On assessment instruments using Likert scales of “Strongly Disagree” to “Strongly Agree” (student and alumni self-assessments, preceptor evaluations), 85% of responses will be at the “Agree” or “Strongly Agree” level. Patterns of responses below the level of “Agree” result in further review and potential improvement action. Upward and downward trends over time are also reviewed, to determine the success of previous interventions or for early identification of emerging problems.
- The program’s benchmark for job placement within healthcare services or related fields is > 80% within 90 days of graduation. This is consistent with CAHME accreditation criteria. For AY2015, the program adopted the objective of achieving MHA placement rates for program graduates at 85% or higher within three months of graduation.

7. Assessment Cycle and Data Analysis

7.1. Assessment Cycle

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7.1.1. Identifies at a minimum an annual date for sharing results with faculty and planning improvement actions

In conjunction with the Office of Academic and Faculty Affairs, in the first semester of each academic year, the Director is responsible for preparing an annual summary of data to be used that year for assessment. These data will be disseminated through the Director who convenes a group of designated faculty members for discussion of the data, its significance for assessment, the opportunities to improve the program that it indicates, comparison to SLO, and alignment with College strategic priorities. This team will then develop an improvement plan, when necessary, to address deficiencies. At the end of each academic year, a summary of that year’s data and activities will be completed by September 30th. OAFA will provide the reports to the Academic Affairs committee for further review by October 15th. Further recommendations from the Academic Affairs Committee will be reported to the Associate Dean for Admissions and Student Affairs, and subsequently College Dean on an annual basis. These data will be utilized for alignment of budget goals to academics. The assessment report to the University Assessment Council will be due on October 31st of each year.

8. Teaching Effectiveness
8.1. Identify measures of teaching effectiveness
Teaching and advising are evaluated in two methods: 1) via productivity which is measured using documentation that is variable in depth depending on faculty appointment, and is required of faculty members who teach, as outlined in the University’s Administrative Regulations; and 2) teaching effectiveness is quantified through the Teacher Course Evaluations. New faculty may also have a teaching and course peer review at least once per year.

Students are asked to complete an evaluation anonymously for each course in which they are enrolled. Data are aggregated by course, and themes in student comments are also included. Course evaluation results are reviewed by the instructor, the program director, the department chairperson, and the Dean of the College. Variances from an acceptable response (typically indicated by a score less than “3”) are reviewed with the instructor by the chairperson. Furthermore, faculty are evaluated by Department Chairs in their performance evaluation on a four-point scale in the area of “teaching” when the faculty member’s DOE includes teaching at
any level based on the documents presented for productivity. Chairs communicate teaching concerns to Directors for courses within their programs based on these data. Faculty members, in conjunction with their Chairs, develop goals for areas of improvement.

8.2. What efforts to improve teaching effectiveness will be pursued based on these measures?

Based on feedback from a survey of new faculty and comments on the teacher course evaluations, College wide faculty development sessions are offered every semester gearing learning content to areas of deficiency or self-identified areas of concern. For instance, in January 2015, the Triple T (Teaching, Tips, and Tune Ups) Session was a structured informational and workshop based teaching event for new teaching faculty, TA’s and any faculty desiring to attend. The content emphasized the implementation of classroom strategies for promoting student success, discussing student motivation, and academic processes. Furthermore, continued recognition of outstanding teaching is completed annually in accepting nominations and selection of the Dean's Outstanding Teaching and the Dean’s Innovation in Teaching Awards. These recognitions are either self or peer-nominated and include narratives on how teaching innovation and/or outstanding methods are being implemented. Directors can use this information in evaluating strengths in program specific teachers.

9. What are the plans to evaluate students' post-graduate success?

Career paths of graduates have been tracked since 2010. Data include both employment setting (postgraduate fellowships, further education, international employment, various U.S. healthcare settings, unrelated employment, etc.) and position currently held. Success in obtaining competitive administrative fellowships is also reviewed. Data are collected through direct survey, online research, and direct communications with alumni. The MHA program has a Board of Advisors which provides valuable assistance to the Program Director on program curriculum, initiatives, opportunities and challenges in developing healthcare leaders for the 21st century.

10. Appendices – Required Curriculum maps by Program, Assessment Tools (i.e. Rubrics, Surveys, Tests, etc.), Other important materials/documentation