

2010-2011

**DEPARTMENT OF
HEALTH SERVICES POLICY AND MANAGEMENT**

Graduate Student Handbook

Revised and Approved
July, 2010



ARNOLD SCHOOL OF PUBLIC HEALTH

This Handbook of the programs, policies, and practices of the Department of Health Services Policy and Management is not an official University document. If there are discrepancies between this Handbook and the University's Graduate Studies Bulletin, the Graduate Studies Bulletin supersedes.

**HEALTH SERVICES POLICY AND MANAGEMENT GRADUATE STUDENT HANDBOOK:
2010-2011**

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I. The Arnold School Of Public Health

The Arnold School of Public Health, of the University of South Carolina, was established in 1974 in response to a mandate from the South Carolina Legislature. The first students were admitted in late 1974. The growing number of students necessitated a reorganization of the School and the permanent formation of a full-time faculty, in July 1977. In 2000, we became the Arnold School of Public Health, in honor of a generous donation to the School by Norman J. Arnold. Presently, the School has a faculty of about 115 members and approximately 575 graduate students.

Since 1979, the School has been accredited by the Council on Education for Public Health (CEPH), the accrediting body for schools of public health in the United States. The mission of the Arnold School of Public Health is to expand, disseminate, and apply the body of knowledge regarding the following: prevention of disease, disability and environmental degradation,; promoting health and well being in diverse populations; and providing effective, efficient and equitable health services.

Principal responsibilities of the Arnold School of Public Health are: (1) educational preparation of undergraduate and post-baccalaureate students for academic and professional careers within public health and health services organizations; (2) research on significant public health problems and/or issues; and (3) development and delivery of continuing professional education for health services personnel outside the immediate university community.

There are six departments within the Arnold School of Public Health: Health Services Policy and Management; Health Promotion, Education, and Behavior; Environmental Health Sciences; Epidemiology/Biostatistics; Exercise Science; and Communication Sciences and Disorders.

II. The Department of Health Services Policy and Management

Mission, Vision, Goals, and Objectives

Mission

The mission of the Department of Health Services Policy and Management is to advance the provision of effective, efficient and equitable health services by preparing individuals for positions in health services management, policy, public health programs, research, and education. The Department serves South Carolina while attracting students from throughout the United States and other countries.

Revised and approved, November 2009

Vision

The Department of Health Services Policy and Management will be a resource for excellence in graduate education and research in South Carolina and in distinct international markets. Through its masters and doctoral programs, it will produce well trained graduates ready to assume or progress to leadership positions in health services, public health, and research/academic organizations. The Department will serve as a networking/integrating resource for alumni, providers and leaders in health services in South Carolina and beyond. The Department will offer programs that continually seek to improve through new ideas and new technology, and by responding to the changing needs of the dynamic healthcare environment. Through research, teaching, service and consulting, faculty will create a Department on the leading edge of health services management, policy, and research.

Revised and approved November, 2009

Goals and Objectives

The Department will implement its vision by providing students in the Master of Health Administration, Master of Public Health, Doctoral programs, and other degree programs with the highest quality graduate education based on excellence in teaching, research, and service. The Department serves South Carolina while attracting students from throughout the United States and other countries.

A. Educational Goals

1. *MHA*

The overall educational goal of the Department is to prepare healthcare managers who have both the competencies required to manage effectively in a market-driven healthcare system and an understanding of approaches to address the social and population health responsibilities of healthcare organizations. We will equip MHA students with the theory, competencies, and applications to prepare: (1) individuals without previous health services management experience for entry level managerial positions and facilitate their advancement into senior management; and (2) experienced health service professionals for promotion and further career advancement.

Upon completion of the MHA program students will demonstrate competency in:

- a. applying management theory to health services organizations (HSPM 766, HSPM 768, HSPM 770, HSPM 791)
- b. analyzing the ethical and moral issues confronting health services organizations and the

- individuals that work therein. (HSPM 714, HSPM 713, HSPM 724, HSPM 765, HSPM 766, HSPM 770, HSPM 791)
- c. understanding leadership theory and its importance in organizational performance and as it relates to effective team performance. (HSPM 765, HSPM 770, HSPM 791)
 - d. applying the theories of organizational behavior with an emphasis on the structure, design, communication and decision-making of the organization and the personalities and values of the individuals in the organization. (HSPM 765, HSPM 766, HSPM 768, HSPM 770, HSPM 791)
 - e. assessing the importance of issues in both the internal and external environment and the effect of these on management, planning, strategy development and decision-making. (HSPM 718, HSPM 791, HSPM 731, HSPM 732, HSPM 766, HSPM 768, HSPM 770)
 - f. applying a public health perspective to health services management. (EPID 700, BIOS 700, HSPM 714, HSPM 718, HSPM 766)
 - g. interpreting health care finance based on the principles of financial and managerial accounting, economics, and current public and private payment policies. (HSPM 712, HSPM 733, HSPM 731, HSPM 732, HSPM 766)
 - h. applying the theories of law in health care relative to employees, organizations, and individuals. (HSPM 724, HSPM 791)
 - i. applying the concepts and theory of information and information technology to the planning, evaluation, and management of information and information systems in health services organizations. (HSPM 713, HSPM 718, HSPM 791, HSPM 766)
 - j. demonstrating professional written communication and oral presentation skills. (all courses)
 - k. integrating theory with practice via case studies, student projects and the management residency. (HSPM 718, HSPM 766, HSPM 770, HSPM 791, HSPM 797)

Please review the detailed knowledge (content) areas covered and competencies facilitated by the curriculum. Please access the links to “MHA Program Content Areas” and “MHA Program Competency Model” at the MHA program webpage.

2. MPH

The educational goal of the MPH program is to prepare students for public health management and leadership positions in government, non-profit health care organizations, and the private sector by providing them with applied theory, competencies, and skills. The curriculum qualifies individuals with no previous public health or health services management experience for entry-level managerial positions and facilitates their advancement into senior management. The curriculum prepares experienced public health or health service professionals for promotion and career advancement in public and private organizations.

Upon completion of the MPH in health administration, students will be able to:

- a. understand the general application of management in health care. (HSPM 700, HSPM 714)
- b. apply a broad public health perspective and knowledge base to management in health care: epidemiology, biostatistics, health education and environmental health science. (EPID 700, BIOS 700, HPEB 700, ENV 700, HSPM 714)
- c. apply an overview of health care policy and perspectives to the understanding of management in health care organizations. (HSPM 711, HSPM 714)

- d. apply quantitative analysis to health services management and evaluation. (EPID 700, BIOS 700, HSPM 716, HSPM 718)
- e. understand health care finance based on the principles of finance, economics, and current public and private payment policies. (HSPM 712, HSPM 714, HSPM 730)
- f. understand the ethical and moral issues confronting health care organizations and the individuals that work therein. (HSPM 700, HSPM 713, HSPM 714)
- g. apply the concepts and theory of information and information technology to the planning, evaluation, and management of information and information systems in health services organizations. (HSPM 713, HSPM 791)
- h. demonstrate proficiency in verbal, written, and oral presentation and communication skills. (All courses)
- i. demonstrate the ability to integrate theory with practice via case studies, student projects, and residency placement. (HSPM 718, HSPM 798)

3. *MHA/JD program:*

The dual degree in health administration and law is designed for students who wish to pursue study in law as applied to issues in health care settings. The dual degree leads to a Juris Doctor degree and Master of Health Administration through an innovative and integrated curriculum to be completed over a four year period. The completion of this dual degree will allow graduates to compete successfully for positions in this complex field.

The objectives and courses of the MHA section of this program are the same as the MHA program.

4. *MPH/MSW program:*

The dual degree in social work and public health seeks to prepare graduates with the competencies of two complementary professions. With the rapidly changing needs, expectations, and awareness of the inseparable links between social and health disparities, there is need for public health and social work trained professionals to address these issues with multi-pronged approaches for service development and provision needs. The MSW/MPH dual degree aims to prepare professionals for these challenges.

The objectives and courses of the MPH section of this program are the same as the MPH program, except that the residency incorporates elements of public health and social work.

V. *MPH/MSN program:*

Through a cooperative arrangement between the College of Nursing and the Arnold School of Public Health, a dual degree is offered leading to the Master of Nursing or Master of Science in Nursing and Master of Public Health in Health Services Policy and Management.

The objectives and courses of the MPH section of the joint degree program are the same as the MPH program, except that the residency incorporates elements of public health and nursing.

VI. *Doctor of Philosophy (PhD)*

The educational goal of the PhD programs is to prepare students to will assume positions in teaching and/or research in universities, public or private research institutes, or government.

Upon completion of the degree program, students will:

- a. demonstrate proficiency in one or more of the major approaches to health services research and the ability to assess and evaluate research using the remaining approaches.
- b. demonstrate the statistical and cognitive ability to analyze and interpret data, quantitative and qualitative.
- c. be knowledgeable about major issues in health services delivery and health services research through critical review of current literature.
- d. demonstrate the ability to conduct original research by completing a successful doctoral dissertation.

VII. *Doctor of Public Health (DrPH)*

The educational goal of the DrPH program is to prepare students to assume senior positions in teaching, policy, and/or management in public or private research institutes or government.

Upon completion of the degree program, students will:

- a. demonstrate knowledge of the major approaches to health services research (survey research, qualitative research, experimental design research) and the appropriateness of various applications for problem solving.
- b. demonstrate the ability to analyze and interpret quantitative and qualitative data.
- c. be familiar with major issues in health services delivery and health services research through the critical review of current literature.
- d. demonstrate the ability to conduct original research by completing a successful doctoral project.
- e. demonstrate knowledge and application of health policy analysis and research techniques.

B. Research Goals

To develop educational and research excellence and to assist in the promotion of effective, efficient and equitable health services, HSPM faculty will be continually engaged in policy and health service related research. The following steps will help attain Departmental research goals:

- a. The Department will maintain and improve an environment conducive to faculty research and will strive to promote collaborations with other Departments within the Arnold School, relevant Schools and Colleges throughout the University of South Carolina, and other institutions in the US and abroad.
- b. Faculty will conduct and participate in health services and policy research and will disseminate research findings via publication in peer reviewed journals and presentations for professional audiences.
- c. HSPM faculty will integrate research findings and methodology into teaching across all degree programs.

- d. HSPM faculty will contribute to the advancement of health policy and health services management through communication and consultation with health services organizations, advocacy groups, local, state and federal legislators, and others in a position to improve the quality of health and health services in the US and elsewhere.

C. Community and Service Goals

To disseminate knowledge about teaching as well as health services research, HSPM faculty will provide appropriate professional assistance to health service and public health organizations, and professional, scholarly, and funding organizations. This includes active participation in the larger University of South Carolina community:

- a. serve on advisory committees and boards to local, state, and national health care organizations.
- b. serve as guest speakers to local, state, and national organizations.
- c. participate in department, school and university-wide committees.

To facilitate liaisons with South Carolina health care providers and organizations to expand student educational and career opportunities, faculty will:

- a. utilize and provide guest speakers.
- b. utilize health care resources for student residency and integrated learning experiences.
- c. seek graduate assistantships for student placement in practice settings.
- d. provide professional consultation and evaluation.
- e. seek input from practicing administrators to identify relevant issues and managerial skill needs.

III. Student Responsibilities and Code of Ethics

Students enrolled in any educational program within the Department of Health Services Policy and Management are required to demonstrate the highest ethical standards. These requirements pertain to both academic and professional behavior.

A. Acceptable Academic Performance

The Department sets a high standard of performance for students in all of our master and doctoral programs. Students earning a grade less than “B” in one or more courses in any given semester will be asked to reduce their graduate assistantship hours, if any, to increase their focus on course work during the following semester. Any student who earns a grade less than “B” in three or more courses will be immediately suspended from his or her program. This rule applies equally to all master and doctoral programs within the Department.

B. Academic Honesty

Students are expected to adhere to all requirements of the Carolinian Creed (www.sa.sc.edu/creed/). Please especially note: you are held accountable to this Creed even if you violate it inadvertently. Any episode of dishonesty, cheating, or plagiarism in any form is cause for failure of an assignment, an examination, or a course. Students may want to refresh their understanding of the appropriate use of citations when constructing papers and other assignments, to prevent plagiarism stemming from lack of information. A second episode of dishonorable behavior is grounds for dismissal from the program.

C. Professional Responsibility

Graduate assistantships and residencies are intended to serve as an extension of the teaching mission of the Department of Health Services Policy and Management, by giving students work experience in the public health, health services, or research environments in which they will eventually pursue careers. While serving in on- or off-campus graduate assistantships or residencies, students are representatives of the Department. As such, they will comport themselves with total professionalism at all times.

Students participating in assistantships or residencies will follow the dress standards of their work environment. All students will comply with the work hours associated with their assistantship or residency. While at work, all students will ensure that their level of effort, deportment, and contribution to the work environment meet and, preferably, exceed sponsor expectations.

IV. Master Degrees

The Department offers two degrees at the master level, the Master of Public Health (MPH) and the Master of Health Administration (MHA). Each degree has a different focus and prepares students for a different career trajectory. Students are encouraged to review the goals and curriculum associated with each degree program to ensure a match between the degree and their personal goals.

The **MPH** degree program provides students with the competencies needed to manage public health programs and to direct population-based health improvement. In addition to the public health core elements of administration, biostatistics, epidemiology, health promotion and environmental health, the 48-hour MPH curriculum provides training in health services policy, public health finance, public health law, and program planning and evaluation. The MPH program prepares students primarily for management in the public health sector and community health programs, but some of our graduates do work in the private sector.

The **MHA** program prepares students for a career in the management of health services organizations in the private and public sectors, ranging from direct service providers (clinics, hospitals, long term care settings) through the ancillary industries (insurers, quality review organizations). In addition to the core public health disciplines, the 58-hour MHA provides training in management, accounting, finance, information technology, quantitative methods, leadership, and evaluation and planning for health care organizations.

THE MHA program is more business and organization-management oriented, while the MPH program is more public health agency/program/community health program oriented in its content. Applicants should consider their preferences and aptitudes for managerial roles in organizations prior to selecting between the MHA and MPH program. Volunteering at a local hospital or large physician practice (or other care setting) or interviewing managers of different departments at a local hospital can help applicants to understand the role of healthcare managers and decide if it offers a good fit for individual career and role preferences.

The MHA is offered in a full-time format for regular students, and in a part-time format, for working professionals. Most of the courses are offered in the late afternoons and evenings thereby permitting full-time working individuals to attend with minimal disruption of their work obligations.

A. GRADUATE PROGRAM IN PUBLIC HEALTH ADMINISTRATION (MPH)

The MPH is a 48-semester-hour program. The curriculum is:

Public Health Core (biostatistics, epidemiology, environmental health sciences, administration, and health promotion, education, and behavior)	15 hours
Management	18 hours
Planning, Organizational Behavior, or Policy	3 hours
Community Assessment/Delivery of Health Care Services	3 hours
Approved Elective	3 hours
Public Health Residency.....	6 hours

Upon entering the Department of Health Services Policy and Management, either as a degree candidate or in non-degree status, each student is assigned an academic advisor from the faculty of the Department. This advisor will work with the student throughout the program of study. Students are advised about

appropriate courses, sequencing of courses, independent studies, management residency and any additional work appropriate for preparing the student to meet his/her career objectives.

The student is expected to arrange to meet with the assigned faculty advisor prior to registration each semester as needed. Advisement is necessary each semester prior to registration for courses. The chair or graduate director may, at the request of either faculty member or advisee, assign a new advisor to the student. The advisor for the Residency does not have to be the same as the academic advisor.

The next page has our recommended course sequence for full-time students. Part-time students should work out their schedules with their advisors.

During the second year, well before graduation, students must complete and submit a Masters Degree or Certificate Program form. On this form, the student lists all courses that have been or will be taken for the MPH program. The student signs the form and submits it to the advisor, who verifies that the listed courses do fulfill the requirements for the degree. The advisor signs the form, and submits it for signing by the Department's graduate director and by the Dean of the Graduate School. Once all signatures are in place, this constitutes an agreement between the student and the University, guaranteeing that the student will receive the degree if the listed courses are completed satisfactorily. For this reason, the form *must* be completed well in advance of graduation, otherwise graduation may be delayed. The form is available at our web site, <http://www.sph.sc.edu/hspm/currentstudents.htm>.

Recommended Course Sequence for Full-Time MPH Students

FALL SEMESTER	
BIOS 700 Introduction to Biostatistics	3 hours
HSPM 700 Approaches and Concepts for Health Administration	3 hours
HSPM 712 Health Economics	3 hours
HSPM 714 Perspectives in Community Health Organization	3 hours
SPRING SEMESTER	
EPID 700 Basic Concepts and Methods of Epidemiology	3 hours
HSPM 716 Quantitative Methods	3 hours
HSPM 730 Financing of Health Care	3 hours
HSPM 791 Organization Behavior	3 hours
One of these courses:	3 hours
HSPM 718 Health Planning	
Other graduate elective	
SUMMER SESSION I	
Elective Must be graduate level course	3 hours
HSPM 715 Community Assessment and Delivery of Health Care Services	3 hours
SUMMER SESSION II	
HPEB 700 Public Health Education Concepts	3 hours
FALL SEMESTER (Year 2)	
ENHS 660 Concepts of Environmental Health Science	3 hours
HSPM 798 Public Health Residency	6 hours
One of the following:	3 hours
HSPM 711 Public Health History and Politics	
HSPM 726 Public Health Law for Administrators	
MPH Program Total	48 hours

B. GRADUATE PROGRAM IN HEALTH ADMINISTRATION (MHA)

The Master of Health Administration (MHA) provides training in management, accounting, finance, epidemiology, quantitative methods, evaluation and planning for students intending careers health care organizations. Reflecting its position in the Arnold School of Public Health, the MHA program addresses the additional core public health competencies: epidemiology, biostatistics, health promotion and environmental health. The MHA program prepares students for a career in the management of the full range of healthcare organizations, (hospitals and ambulatory care settings, post-acute (e.g. skilled nursing), long-term, and managed care), allied industries (health insurance, quality review organizations, risk management, etc) in the private, not-for-profit and public sectors. The MHA is offered in a full-time format for regular students, and in a part-time format, for working professionals.

In October 1991 the MHA program received full accreditation by the Accrediting Commission on Education for Health Services Administration (ACEHSA). The MHA program was re-accredited by ACEHSA in 1996 and again in 2000. The MHA program was re-accredited by the Commission on Accreditation of Healthcare Management Education (CAHME, formerly ACEHSA) in 2005.

Admission Criteria and Application Requirements

All applications for the MHA program must be submitted through SOPHAS. The link to SOPHAS is on the Arnold School of Public Health website. (<http://www.sph.sc.edu/futurestudents/apply.htm>) The Department is not allowed to make any exceptions. Applicants with a terminal degree (MD or JD or PhD) can be considered for waiver of GRE/GMAT scores on a case by case basis.

1. A Bachelor's degree is required before students can enroll in the MHA program. An official transcript of undergraduate work is required. Applicants who are in the process of completing a Bachelor's degree should submit an official transcript of all coursework taken.
2. Official Graduate Record Examination (GRE) (or GMAT) scores must be submitted.
3. Foreign applicants whose native language is not English must submit the results of the Test of English as a Foreign Language (TOEFL) scores. If prior academic experience in the U.S. illustrates that the student is proficient in English, this requirement may be waived, with the concurrence of the Graduate School.
4. Two letters of recommendations must be submitted from persons who can reflect upon the applicant's prior academic and/or professional performance.
5. The applicant must provide a career goal statement and a current resume.

Standardized tests

Regarding standardized tests, the academic standard preferred by faculty is that applicants have a GPA of at least a 3.0, and combined verbal and quantitative GRE scores of at least 1,000 (or the equivalent GMAT score). We use a portfolio approach to evaluate applicants: An applicant's portfolio consists of reference letters, previous professional experience, goal statement, grade point average in undergraduate and previous graduate work (if applicable), and standardized test scores. The portfolio approach allows us to address the limitations of standardized test scores. The portfolio approach allows us to balance a somewhat lower GRE score with a much higher GPA, experience in or motivation for a healthcare career, and strong letters of recommendation.

International applicants

Please note it has become increasingly challenging to place international students in graduate assistantships. Obtaining a graduate assistantship that is compensated at the prescribed level by the Graduate School reduces tuition to in-state levels. We assist students to interview for graduate assistant positions the best we can; but we cannot place students before they enroll, or promise assistantships. At the same time, tuition and fees have increased substantially over the past 5 years. Thus, we strongly recommend that international students contact the Program Director before submitting an application through SOPHAS.

For all applicants, tuition and fees

Applicants are advised to review the tuition and fees carefully, as these have increased over the past 5 years. There is a one-time matriculation fee for HSPM graduate students over and above the university and School of Public Health fees, which is billed to students about the middle of the first semester. Applicants should also plan for summer enrollment (and the associated tuition and fees) because required courses are offered in summer. There is an easy access link on the Arnold School of Public Health home page, <http://www.sph.sc.edu/index.htm>.

A key strength of our MHA program is that, subject to availability and to economic conditions, we identify opportunities in healthcare organizations in the greater Columbia area for students to interview for compensated graduate assistantship positions (10-20 hours a week). Historically, in most years almost all full time students have been hired as graduate assistants beginning with their first semester, and all were placed at least in some semesters. However, applicants should note that GA placements and locations are dependent on a combination of the general economic conditions, the role performance needs of the sponsoring organization, the student's educational background and work experience, and the student's initiative and enthusiasm displayed during the interview. Interviews and placements may not be completed until the middle of the first semester (or beyond depending on the above factors). To maximize chances of being placed in a healthcare or allied organization, applicants are encouraged to volunteer at a healthcare organization if they do not have prior work or internship experience.

Graduate assistantships provide a small stipend, usually ranging from \$1,500-2,000 per semester for 10-hours a week prorated to the hours worked up to a maximum of 20 hours a week. In addition, out-of-state students who have a graduate assistantship have their tuition reduced to in-state rates. Due to the near-universal placement of students in GAship positions in the past, our graduates' job acquisition rate has been very high, many within 0-3 months of graduation under normal economic conditions, and most within 6 months. We are working to increase funds available for scholarships. At present, there are no notable scholarship opportunities. All applicants should be aware that the graduate assistantship will cover only a portion of the tuition and fees. Applicants should plan financially accordingly, and also plan to finance their living costs during the program.

Conditional Admission to the MHA Program

When certain strengths in an applicant's portfolio suggest admission but the standardized test scores or GPA are lower than our expectation for admission, our offer of admission is conditional. A general condition of a conditional admission requires the student to achieve or exceed a GPA of 3.0 in their first semester in order to continue in the program. In addition, to ensure adequate written communication skills, incoming MHA students with total GRE scores less than 1,000 and a verbal GRE score of 450 or lower combined with a writing test score below 4.0 (or an analogous GMAT score) should satisfy another condition: they should complete English 463, Business Writing, an advanced technical

writing course offered in the Moore School of Business, or an equivalent course, with prior approval by the MHA Program Director. Students must complete Business Writing in their first semester and earn a grade of B or better. (If possible, students may complete this course during the summer before MHA enrollment after consulting with the MHA Director.) Although a requirement for continuation in the program, the Business Writing course does not count toward the MHA degree. (Note: the grade from English 463 will not count toward the MHA GPA.)

Students with a conditional admission are asked to undertake no more than 10-hours a week of graduate assistantship work in the first semester in order to maximize their success in meeting the conditions. A subsequent increase in the graduate assistantship time commitment is permitted, subject to satisfactory academic performance, notably, no grade of “C” (or “C+”) or lower in any course completed in the first semester. The academic advisor/ MHA program director may require students with less than optimum academic performance level (e.g. one or more course with a grade of “C+” or worse during the semester, or majority of the semester’s or prior courses at the “B” level) to keep their graduate assistantship commitment at the minimum level or more (e.g. 10-15 hours a week as appropriate).

The M.H.A. is a 58-semester-hour program. The curriculum is:

Management	25 hours
Accounting and Finance	9 hours
Biostatistics and Quantitative Methods	6 hours
Epidemiology	3 hours
Health Planning	3 hours
Approved Electives	6 hours
Management Residency.....	6 hours

All students should have completed an undergraduate accounting course or acquired competency in basic undergraduate accounting through private study of a textbook prior to enrollment.

Upon entering the Department of Health Services Policy and Management, either as a degree candidate or in non-degree status, each student is assigned an academic advisor from the faculty of the Department. This advisor will work with the student throughout the program of study. Students are advised about appropriate courses, graduate assistantship opportunities, performance feedback from their graduate assistantship preceptor (as available), sequencing of courses, independent studies, management residency and any additional work appropriate for preparing the student to meet his/her career objectives.

Students who are working full-time are highly encouraged to enroll as a part-time student (6-7 credit hours maximum per regular semester and 3 credit hours per summer session) to maximize learning and acquisition of competencies. While full-time employment does not automatically bar the student from carrying a full course load, evidence of less than optimum academic performance (e.g. one or more courses with a grade of “C+” or worse during the semester, or majority of the semester or prior courses at the “B” level) will trigger a reduction in the permitted course load to less than full-load, in consultation with the academic advisor/ MHA program director.

All students are required to attend scheduled group advisement meetings for the class to ensure proper sequencing of courses and to obtain clarification on elective courses offered outside the department. In addition, the student is expected to arrange to meet with the assigned faculty advisor prior to registration each semester, to get the advisement forms signed and discuss academic progress, other clarifications, GAship performance, etc. Students cannot register in VIP for courses without faculty-signed advisement forms turned in to the Student Services office. Prior to advisement, students should inform their academic advisor of their GPA and alert the advisor if their GPA falls below a 3.0 or if they

failed a course so that this is taken into account during advisement. The chair or MHA director may, at the request of either faculty member or advisee, assign a new advisor to the student. The faculty advisor for the residency project (in the last semester) is typically but not necessarily the same as the academic advisor.

During the second fall semester, students must complete and submit a Master's Degree Program of Study form. On this form, the student lists all courses that have been and will be taken for completing the MHA program. The student signs the form and submits it to the advisor, who verifies that the listed courses do fulfill the requirements for the degree. The advisor signs the form, and submits it for signing by the Department's graduate director and by the Dean of the Graduate School. Once all signatures are in place, this constitutes an agreement between the student and the University, guaranteeing that the student will receive the degree if the listed courses are completed satisfactorily. For this reason, the form *must* be completed well in advance of graduation, otherwise graduation may be delayed. The form is available at our web site, <http://www.sph.sc.edu/hspm/currentstudents.htm>.

Professional Development Seminar – Participation required for first year MHA students

In addition to the course requirements listed above, all MHA students are required to participate in the Professional Development Seminar Series (non-credit bearing), in the first semester of the program.

The Professional Development Seminar was launched in the fall of 2005 in response to feedback from preceptors, alumni, and health care leaders, and to enable USPM students to become aware of and take advantage of the resources provided by the USC Career Center. This Seminar is non-credit bearing, and is offered to students without charge. Student feedback has been extremely positive.

The Professional Development Seminar is available free of charge to all HSPM students. An overview of the Fall 2009 seminar is provided below. The specific topics may differ from year to year.

General Overview of Professional Development Seminar

This seminar series is designed to help you enhance your professional behavior and gain insight into how you are perceived by other professionals. These skills will help you to succeed in making the best of our MHA program, succeed at your graduate assistantship, in your residency, and in your future managerial career.

- Session 1 *“On becoming an effective healthcare manager”*: A prominent health care leader will provide an overview of professional self-development and habits to be practiced during your program and behavioral abilities to be pursued in order to succeed in your career.
- Session 2 *Workshop: How Sharp are your Tools?*: Learn how to hone your resume writing, interviewing and professional skills.
- Session 3 *Individual Resume Review and One-on-One Feedback*: Get individualized feedback on improving your resume in a personal session with a Career Center professional.
- Session 4 *Individual, Computer assisted, “Perfect Interview”*:
 - Participate in a practice interview with an interactive software package, Perfect Interview, which videotapes you and provides feedback. This allows you to “see” yourself as others perceive you.
- Session 5 *Business Dining and Related Etiquette*: Learn dining and business etiquette: View a video of an “Etiquette Dinner;” to understand dos and don'ts during business dining.

- Session 6 Workshop: Effective Business Communication: Two part workshop on written communication, and oral presentation skills
- Session 7 Workshop: Job Search Savvy: Developing an effective job search plan and utilizing university and other resources to maximize success

Sessions 2 -7 are skills building, assisted by USC Career Center professionals/computer assisted as appropriate.

In sum, this seminar is designed to help you enhance your professional skills and interactions to maximize your professional success. Skills targeted in this seminar are designed to help you to succeed in our MHA program, in your graduate assistantship, in your residency, and in your career as a health care manager after you graduate.

Recommended Course Sequence for Full-Time MHA Students

The course sequence is designed to enable students to progressively build on the knowledge and skills essential for subsequent courses. Thus, courses are to be taken in the indicated sequence. Students entering the program other than during Fall semester, or opting out of required courses in the recommended sequence, may require more than two years to complete the program. The sequence for part-time students also takes into account the knowledge needs for successive sets of courses.

Year 1

FALL SEMESTER

HSPM 712 Health Economics	3 hours
BIOS 700 Introduction to Biostatistics	3 hours
HSPM 733 Health Care Accounting	3 hours
HSPM 714 Perspectives in Community Health Organizations	3 hours

SPRING SEMESTER

HSPM 716 Quantitative Methods for Health Administration	3 hours
HSPM 718 Health Planning	3 hours
HSPM 731 Health Care Finance I	3 hours
HSPM 765 Leadership in Health Care Organizations	1 hour
HSPM 791 Organizational Behavior	3 hours
Possible Elective Must be graduate level course	3 hours

SUMMER SESSION I

HSPM 724 Health Law	3 hours
HSPM 766 Health Services Administration I	3 hours

SUMMER SESSION II

HSPM 768 Health Services Administration II	3 hours
Possible Elective Must be graduate level course	3 hours

Year 2

FALL SEMESTER

HSPM 713 Information Systems in Health Administration	3 hours
HSPM 770 Health Care Decision Making	3 hours
HSPM 732 Health Care Finance II	3 hours
EPID 700 Epidemiology	3 hours
Possible elective Must be graduate level course	

SPRING SEMESTER

HSPM 797 Management Residency	6 hours
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MHA Program Total	58 hours
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Students with strong health care management experience in selected areas may opt to take an elective in lieu of selected courses. This option allows students with a specified amount of documented

health care management professional experience to take an elective in lieu of up to two of the following courses: (1) Strategic Planning, HSPM 718; (2) Health Law, HSPM 724; (3) Information Systems, HSPM 713; (4) Health Finance, HSPM 731; and (5) HealthCare Accounting, HSPM 733. The MHA director will review each request on a case by case basis, and make the final determination that the student met the specified time required in a health care management position in a specific field, e.g., working as a strategic planner, health law, health information systems, and/or accounting or finance. Students electing to waive specific topics duplicative of their work experience would select a 3-credit hour graduate course in place of the waived required course. To be considered, students are required to submit a letter from their manager documenting specified professional experience in the area.

C. MHA PROFESSIONAL FORMAT (currently on hiatus)

The MHA Professional Format is designed for working health professionals who wish to earn an MHA with minimum impact on their work schedules. Currently this program is on hold and no applications for this program are being accepted until further notice. The professional format allows students to complete coursework through state-of-the-art distance technology and web-based interactive learning, while minimizing on-campus time. The live classroom lectures delivered for the regular MHA students are provided to the MHA Professional Format via asynchronous web-based instruction is provided using Blackboard. Students attend sessions on campus for one day per course at the end of each semester. The Program begins with a one day orientation on the Columbia campus for new students to register, complete a distance communication workshop, tour the campus and library, meet faculty and other students, and have the introductory sessions for the courses of the first semester.

To be eligible for the MHA Professional Format, the student should have several years of work experience in a health care or allied organization, and also fulfill the academic requirements for admission.

Participants in this program also complete 58 hours of course work (including 6 hours of a residency project), with the same curriculum content as regular MHA students. The MHA Professional Format students may complete the program on a full-time or part-time basis, on a schedule that best meets their personal needs. As indicated earlier, this program is on hold until further notice and no applications are being accepted for this program.

Recommended Course Sequence for Part-Time MHA Students

(The course sequence is designed to enable students to progressively build on the knowledge and skills essential for subsequent courses. As such, maximum fidelity to this sequence is to be maintained. Students opting out of required courses in the recommended sequence may be delayed in graduating.)

Year 1

FALL SEMESTER

BIOS 700	Introduction to Biostatistics	3 hours
HSPM J714	Perspectives in Community Health Organizations	3 hours

SPRING SEMESTER

HSPM 791	Organization Behavior	3 hours
HSPM 716	Quantitative Methods for Health Administration	3 hours
HSPM 765	Leadership in Health Care Organizations	1 hour

SUMMER SESSION 1

HSPM 766	Health Services Administration I	3 hours
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SUMMER SESSION II

HSPM 768	Health Services Administration II	3 hours
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Year 2

FALL SEMESTER

HSPM 712	Health Economics	3 hours
HSPM 733	Health Care Accounting	3 hours

SPRING SEMESTER

HSPM 731	Health Care Finance I	3 hours
HSPM 718	Health Planning	3 hours

SUMMER SESSION 1

HSPM 724	Health Law	3 hours
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SUMMER SESSION II

Elective	Must be graduate level course	3 hours
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Year 3

FALL SEMESTER

HSPM 713	Information Systems in Health Administration	3 hours
HSPM 732	Health Care Finance II	3 hours

SPRING SEMESTER

HSPM 797	Residency	3 hours
Elective	An elective taken in this semester or fall of Year 4	3 hours

SUMMER SESSION I

HSPM 797	Residency	3 hours
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SUMMER SESSION II

EPID J700	Introduction to Epidemiology	3 hours
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Year 4

FALL SEMESTER

HSPM 770	Health Care Decision-making	3 hours
Elective	An elective taken in this semester or spring of Year 3	3 hours

MHA Program Total

58 hours

D. DUAL DEGREES (MSN/MPH, MSW/MPH, JD/MHA)

The Health Services Policy and Management Department and the School of Nursing, College of Social Work, and School of Law, respectively, offer coordinated programs that lead to a dual degree. The requirements for the MPH or MHA portion of each dual degree program are the same as shown above. The MSN, MSW, and JD portions of the dual degree programs are determined by the respective schools and colleges. Some courses do fulfill requirements for both portions of the dual degree. A dual degree program thus requires fewer semester hours in total than if the two programs were taken separately. The details of each program are available through the respective links on the Department's webpage at <http://www.sph.sc.edu/hspm/grad.htm>.

E. GERONTOLOGY CERTIFICATE PROGRAM

The Certificate of Graduate Study in Gerontology Program addresses the educational needs of students who will be engaged in planning, administration, and provision of services for older adults. The Certificate Program offers specialized preparation for a career in the expanding fields of gerontology and geriatrics. Given the increasing number of older citizens in our society, human service professionals require current knowledge about the biological, health, psychosocial, economic, administrative, service delivery and social policy aspects of aging.

The Gerontology Certificate Program is administered by the Graduate School of the University of South Carolina and is planned by the University's Interdisciplinary Academic Committee on Gerontology. With a commitment to excellence, the Certificate of Graduate Study in Gerontology Program has been developed in relation to standards and guidelines established by the Association for Gerontology in Higher Education.

The Gerontology Certificate Program provides graduate students with rich opportunities to learn from gerontology educators within several academic units of The University of South Carolina. The interdisciplinary certificate is granted upon completion of a structured program of 21 credit hours of graduate level courses. Each student's program must include at least 12 credit hours of required courses and 9 credit hours of electives. All students are assigned an academic advisor who provides assistance in constructing an individualized program of study.

The Core Curriculum (12 credit-hours of required courses):

PSYC 700 (equivalent to SOWK 771) Psychosocial Approaches to Gerontology (3 credits)

Introduction to gerontology from the fields of demography, biology, psychology, sociology, social welfare aspects, economics, and law. Co-requisite to the Certificate courses.

MEDI 700 Health Aspects of Aging (3 credits)

The aging process and its implications for health. Co-requisite to the Certificate courses.

SOWK 772 Programs and Services for the Elderly (3 credits)

An examination of the policy/planning issues relating to the elderly, including current trends in services, bases for social service development, and the evaluation of services for the elderly.

Practicum/Field Instruction or Supervised Research (3 credits)

Fulfilled by HSPM 797 Management Residency (for MHA's) or HSPM 798 (for MPH's).

The Director of the Gerontology Program must approve the entire plan of study, and the student's advisor must approve the nine credit-hours of electives. At least three credit-hours of electives must be outside the Norman J. Arnold School of Public Health.

Students apply to the Gerontology Certificate Program after being admitted to the Health Services Policy and Management MPH or MHA program. For further information, please see:

<http://www.cosw.sc.edu/research/gerontology/>

V. THE MASTER'S RESIDENCY (for both MHA and MPH students)

The residency is the culmination of the master program, requiring a student to apply and test the theories, skills and knowledge acquired in the academic setting. Practical application of skills and knowledge is an essential part of professional degree programs, offering learning opportunities not available in classrooms. The residency is a planned and supervised learning experience, gained through first-hand participation and operational responsibility for a supervised project in a health services organization or in a public health setting. In addition to gaining some breadth of experience within the host organization, students must identify a deliverable outcome and work to produce the outcome, such as a solution of a specific management problem or policy issue, preparing a business plan, evaluation of a program, etc.

The best residencies prepare students for employment in health administration or, in the case of those employed in some managerial capacity in the health field, for advancement. The residency should have all of the following characteristics:

1. students are challenged to carry out a management project with a defined management or policy objective in a practice setting, explore appropriate solutions, gather data as appropriate, and provide management/policy recommendations;
2. students develop management skills and improve self-confidence;
3. preceptors provide students guidance throughout the project phases, project identification, objectives/deliverables, methods to achieve the objectives, and provide supervision by assessing progress and offering professional insight at frequent intervals;
4. host institutions benefit from relevant and professionally-carried out residency projects;
5. faculty get validation of student mastery of theory, management and organizational interpersonal skills.

Requirements for the Management Residency (HSPM 797) and the Public Health Residency (HSPM 798) are similar in most respects. Students are required to demonstrate an ability to apply theory to practice in a health care setting, and to document it by preparing a major project report with a strong literature review component that addresses a management need or policy problem of the host organization. HSPM 797 and HSPM 798 both require six credit hours to accomplish this goal.

Management Residency (HSPM 797, MHA residency project)

Master of Health Administration students taking HSPM 797 spend a minimum of 32 hours/week (4 full working days) in the facility or agency for Fall or Spring Semester (4 months), or 40 hours/week (all days of the week) during the three summer months. Total effort should be, at a minimum, 48 working days. Students employed full-time can with faculty approval, complete the residency on a 16 hour/per week basis, over two semesters (fall and spring). Students may complete a 12-month residency or fellowship in lieu of one-semester residency with faculty permission.

MHA Residency: Additional Details in Response to Frequently Asked Questions

Purpose of a MHA residency project

The residency project is similar to a master's thesis, with the MHA project focusing on a practice-based topic in health care administration. Students are expected to plan and execute an independent health administration project under the guidance of the site preceptor and produce a residency project report. Students should demonstrate and utilize their expertise in the topic, and demonstrate the

competencies of analytical and critical thinking, finance and planning, oral and written communication, and teamwork. Your residency report is a valuable marketing tool to launch your career.

How are residencies obtained?

We encourage and expect 2nd year MHA students to explore residency options through opportunities provided through the program, including: (1) your graduate assistantship preceptor; (2) other professionals met at your graduate assistantship site; (3) course guest speakers, adjunct faculty; (4) recent alumni, particularly MHA students who graduated the previous year; (5) your classmates; and (6) HSPM faculty. This process will help to obtain a residency that is a closer fit with your professional interests. Networking is a critical skill for health care administrators, and the Department's philosophy is to facilitate development of your initiative and networking skills.

Are there exceptions to the usual process of obtaining a residency? Yes.

- HSPM faculty are a "professional safety net." If a student cannot obtain a residency, or arrangements fall through for some reason, HSPM faculty will arrange a residency placement so that the academic requirement can be met. However, it is likely that this residency will be uncompensated.
- If a student has not performed satisfactorily in a graduate assistantship, has quit an assistantship position without consulting their faculty advisor, or has repeatedly turned down assistantship opportunities identified by faculty in previous semesters, HSPM faculty may not be available to assist the student with obtaining a residency position.

What is required in a residency?

MHA students need to work a minimum of 32 hours per week in a health care organization (or the equivalent if taken over 2 semesters) and complete a major project. The project is presented in a formal substantial written report and a formal presentation of the main findings of the residency. The report length varies depending on the specifics of the project, generally 40-80 pages or more. Guidelines are provided in the HSPM Graduate Student Handbook (hereafter, Handbook).

How do we ensure timely acquisition of a project opportunity and project progress?

The MHA director schedules a minimum of 3 meetings for all students, one towards the end of the second fall semester, and two meetings during the spring semester when the residency project is typically completed. All spring residency students are required to attend these meetings. The first meeting is an informational and placement-related session. About 4 weeks into the spring, the next meeting is held to ensure that all students are on track to complete their project on time. At this meeting, students briefly present a concept paper that summarizes their proposed project along with a summary literature review. The second meeting is conducted about 6 weeks later, to acquire a status report from each student on their residency progress.

What are MHA students usually compensated for their residency?

Compensation varies considerably and is up to the sponsoring organization. We request preceptors to compensate at least at a 20-hour per week graduate assistantship level, \$4,000. Some students negotiate with preceptors for higher pay, up to \$8,000 per semester, particularly if they have performed well as a graduate assistant at the same organization and demonstrated the value they bring to the table. It is possible, however that on occasion (though rarely), a student may have to complete a residency project without compensation. (This is particularly likely in difficult economic times or if a student has not worked in a GAship for whatever reason).

What are students' responsibilities regarding residency "paperwork"?

Usually students use the same contract used for the graduate assistantship. Alternatively, students may be hired directly by the health care organization; however, this does not result in a tuition reduction for out-of-state students.

How do students select a HSPM faculty advisor?

The HSPM faculty advisor may be assigned by the MHA director or students may request a specific HSPM faculty member. The faculty advisor should be identified before they begin the residency process. For students completing a residency in the spring semester, faculty advisors are assigned by the end of November. Your faculty advisor could be the same as your academic advisor. A second reader will be assigned by the MHA director/faculty advisor.

Public Health Residency (HSPM 798)

Master of Public Health students taking HSPM 798, the Public Health Residency, spend a minimum of 20 hours a week in the facility or agency. If completed in a single summer (Summer I and Summer II), students should expect to devote full-time to their residency. Students employed full-time can with faculty approval complete the residency on a 15 hours/week basis over two semesters. Students that would prefer to complete a 12 month residency or fellowship are allowed to do so with faculty permission.

Finding a Management Residency or Public Health Residency Location

The residency is the culminating experience for students in health administration. *Planning for it should begin as early as possible for all students.* To begin with, entering students have a general idea of why they are interested in becoming a health administrator. As students progress through the program, work in GAships, and interact with classmates in other GAships,, ideas become refined or change due to increased understanding of what the management of health services organizations is all about. The first step in planning the residency is to explore all possible options. Faculty advisors can often help with this. This should begin and proceed as early as possible. As soon as students become aware of the career entry or progression opportunities, they should begin to seek out possible residency sites. Students should explore a range of options, visit sites, and talk with graduates and managers in health systems organizations to identify where they would like to work. Again, faculty advisors can frequently assist students, though student initiative is essential here as it is throughout the residency experience.

Numerous state and federal departments and agencies, as well as private hospitals and private health care organizations, have locations in the Columbia area or within South Carolina; these have provided excellent residency opportunities. Students are encouraged to begin familiarizing themselves with potential residency sites from their first arrival on campus, unless they procure a GAship early on. Many a time, the GAship site also becomes the residency site as the student progresses through the program. If a student plans to remain in South Carolina for the residency, opportunities can be identified through the mechanisms identified above. Students planning a residency outside the state of South Carolina must be working to develop opportunities through communication and meetings.

Residency Advisors and Preceptors: Their Responsibilities

The residency advisor is typically the academic advisor or any other faculty member of the Department of Health Services Policy and Management. However, faculty who are not holding full-time appointments in the Department must be approved by the Chair. The residency advisor is responsible for supervision of the residency chosen by the student. In addition, the faculty advisor will identify a second reader for the residency. The second reader may be a PhD candidate in the Department.

1. The Faculty Advisor's responsibilities include:
 - a. helping advisees clarify and understand the objectives of the residency;
 - b. helping the advisee to develop particular learning goals for the residency based on the advisee's knowledge, background, and interests;
 - c. helping the advisee locate a residency site and a preceptor;
 - d. approving the project(s) to be undertaken in the residency;
 - e. responding to advisee inquiries/requests for advice during the residency;
 - f. working with preceptors to ensure an effective experience;
 - g. evaluating the student's papers and oral presentation to develop an overall evaluation of the residency;
 - h. recommending reference sources etc., as appropriate to the setting and the problem under study.

2. The preceptor's responsibilities include:
 - a. understanding residency requirements and an ability to meet them;
 - b. identifying suitable projects, including initial identification of specific management problem areas or policy issues;
 - c. providing the student an overall orientation to the site, to make the student feel welcome;
 - d. discussing and involving the student in meetings with governance and management, relevant to the residency project;
 - e. Facilitating the required meetings, data access, etc as required to accomplish the project objectives
 - f. having weekly to fortnightly meetings with the student during the residency. These meetings should allow for discussion of management responsibilities and current and ongoing assignment and issues at the site;
 - g. contact or respond to the faculty advisor to design or adjust the experience as needed;
 - h. evaluating the student, reviewing the evaluation with the student, and sending a copy of the evaluation to the faculty advisor.

3. **Both** Faculty Advisor and Preceptor must approve the scope and content of the residency project. Both should sign the Residency Proposal Agreement Sheet no later than four weeks after starting the residency. A copy of the project proposal approval sheet should be affixed to the final copy of the proposal. A copy of the final report will be kept in the department.

4. Copies of the final approved residency report will be given to the faculty advisor, the faculty second reader, and the preceptor. Also, two copies must be given to the Graduate Director for the Department's archives. The archive copies must be delivered before the candidate can be cleared for graduation.

5. The residency for those in the Gerontology Certificate further includes a requirement that it have a focus on the elderly or aging process and the approval of the Gerontology Certificate Director.

6. It is the responsibility of the student to obtain faculty and preceptor signatures on both the proposal

and the final report. It is also the student's responsibility to assure that a copy of both the preceptor's student evaluation and the student's evaluation are submitted to the faculty advisor. A grade will not be assigned for the Residency **and thus the student cannot graduate** until the final report and residency evaluation forms have been turned in. The required forms are at the end of this handbook.

FAQs for Residency Site Preceptors (Students should share this note along with the preceptor's responsibility list above to potential residency preceptors.)

Summary of GAship

The GAship is essentially a process of professional learning (earn-while-you-learn deal for students). The student learns about how things work in the field, while contributing work effort as required by the sponsoring organization. Typically, GAship is basically doing whatever tasks the preceptor assigns, but these tasks do not have to culminate in the specific accomplishment of a project for the organization.

How a residency is different from a GAship?

Apart from the compensation aspect, the residency is a semester-long period when the student's work has to be focused on a specific objective with a specific deliverable, like planning or implementing a new system or procedure, evaluating a system, developing a business plan, exploring the potential opportunities for initiating a new program or service, etc. There must be some specific outcome or end point that is established in advance. Sometimes the residency can be an uncompensated volunteer project.

What is the purpose of a residency experience?

The academic objective of a residency project is for the student to gain hands-on experience of applying management techniques and concepts in the real world, under the guidance of an experienced health administrator. The student gets 6 academic credits for the management residency.

How does a residency process work?

Based on a general description of the residency site departmental needs, the student and the preceptor will jointly figure out a project with an end point that can be reasonably accomplished within a semester. This project would of course need to satisfy a need for the sponsoring agency. The student will then develop a roadmap with methodology to accomplish the objectives, in consultation or with the guidance of the preceptor. The preceptor will review and guide the student's method plan to achieve the objective, and facilitate the information and other support that will be needed, such as contacting other department officials from whom information is needed to accomplish the project. The student will apply their theoretical knowledge in developing the methodology.

Residency Cost

Often, residency project sponsors pay more than is typical of a GAship (which is \$4000 a semester) because residency students have to put in 32 hours a week on this process. However many sponsors pay \$4000 for a 20 hour contract and the student puts in the remaining hours on their own time. The decision is up to the sponsor. The effort requirement is that the student puts in 32-hours a week during residency.

The MHA program director can be contacted for additional details (email: sxirasagar@sc.edu; phone: (803) 576-6093).

Residency Proposal and Report

The best interests of a student are served when a Residency helps to prepare that student for post-graduate employment. In particular, the student should gain the ability to participate effectively and to solve management problems in health care organizations. The problem selected for extensive study and research should be identified in collaboration with the preceptor. Optimally, the project should be identified prior to starting the residency. However, when this is not possible, the problem should be identified immediately after starting the residency. The written proposal should be submitted to the preceptor and faculty advisor for review and approval within four weeks after starting the residency. The proposal will also be informally presented at the first residency meeting of the semester to be conducted within 4-6 six weeks of the start of the semester, in which all students enrolled for residency credits will be expected to participate.

1. Residency Proposal Should Consist Of:

a. **Problem Statement:** The proposal should start with a clear statement of the problem to be addressed and a brief rationale for the study or project. The problem statement and rationale should be followed by a clear description of what learning objectives (student-oriented) and performance objectives (host institution-oriented) are to be achieved, and a specification of desired outcomes.

An example might be: "This project will result in recommendations for the number of additional work stations/OR suites/additional personnel needed, based on all clinical and fiscal data together with explicit professional judgments and preferences of key providers and management".

b. **Literature Review:** The purpose of a review of relevant literature is to take advantage of relevant data or other sources of information whether through case studies, the practical implications of empirical research, and/or experts in the field. Note that a good review will improve the quality of the problem statement, the execution and results, and often saves time. Students should be aware that some HSPM faculty prefer an initial literature review for the purposes of the proposal (about 2-3 pages and 4-6 references for the initial proposal). Other faculty prefer a complete literature review for the proposal. A complete literature review should consist of no less than 10 pages with a minimum of 15 references, at least 10 of these must be from peer-reviewed journals. Web-based references unless hosted by government agencies or professional organizations should be sparingly (if at all) used. An important source of literature for management and business-related topics is the Moore School of Business library, apart from the Thomas Cooper Library. Students must confirm expectations with their faculty advisor before they begin their proposal.

c. **Method(s):** The methodology section of the proposal should outline the approach to be used and the complete roadmap to achieve the residency objectives. This may include data gathering (primary or secondary data), interviews, case study development, collecting financial data, observation of work or patient flows, etc, usually, a combination of methods.

d. The residency proposal must be approved by the faculty advisor and the preceptor. A residency approval form is provided at the end of the handbook.

Additional Details:

- Note you are not writing an academic "paper". Thus, your "literature review" will usually cover topics such as: competitor analysis, environmental analysis, marketing analysis, review of regulations, review of quality improvement initiatives in health care (e.g., six sigma), review of accreditation standards. These are just a few examples.
- Use clear, concise, descriptive, subheadings to logically organize the material.

- Reference style: You need to use a standard style, e.g., APA, and be consistent throughout.
- For your final report, students are expected to use at least 15 different reference sources. For the purposes of your proposal, 4 to 6 sources may be sufficient.
- You need to clearly describe how you will accomplish your project. Almost all projects involve a variety of methods, e.g., review of existing applied literature, regulation, previous consulting reports, surveys, interviews with employees, managers. If you plan to conduct interviews, in person or over the telephone, you should describe the types of questions you will ask, and state the approximate number of people you plan to interview. You need to clearly relate how your methods will help you accomplish your project.

2. Final Report: A residency culminates in a professionally formatted report that follows the format specified below. The residency requires an oral presentation to faculty, students and others interested in the topic. Preceptors are strongly encouraged to attend the oral presentation. Oral presentations will not be scheduled without signature of the faculty advisor on the **Final Approval of Written Report** (form provided at the end of this handbook). One week prior to the oral presentation the student should post announcements of their presentation in the Department and School. The announcement should state the student's name, MHA candidacy, title of presentation, date, time, and location. **Final approval of the written report rests with the Faculty advisor, the second Departmental reader, and the preceptor.**

The report should have a cover page and be bound at the edges. The cover should have the following information centered on the front:

- Title of Project
- Residency Site
- Date
- Student's Name
- Preceptor
- Faculty Preceptor
- Faculty Second Reader

PLEASE NOTE that because both the faculty advisor and the second reader must approve the written report before the oral portion of this requirement, **it is strongly recommended that students submit their final report for review two weeks prior to the oral presentation. Please note that all candidates must submit a bound copy of the final, accepted paper to the Department, and one bound copy each to the faculty advisor, the second reader, and the preceptor.**

Notes, citations, and bibliography must be prepared in a standard style, such as American Psychological Association or the Chicago Style Manual. The Final Report must meet style and format standards acceptable to the faculty advisor and preceptor. The paper must be double spaced with one (1) inch margins on all 4 sides. The main text font should be 12 point.

The Health Management Residency Approval Form should be signed by site and faculty preceptor and second reader and should be the first page in the report. (form provided at the end of the handbook) The Executive Summary should be the second page. The Executive Summary should be a 1 to 2 page, single-spaced summary of the problem, methods, results, and recommendations.

REPORT FORMAT

Health Administration Residency Approval Form
Executive Summary
Title of Report

Table of Contents
 List of Illustrations or Figures
 List of Tables
 I. Introduction
 a. Statement of the Problem
 b. Major Objectives
 c. Review of the Literature
 II. Methods
 III. Results
 IV. Discussion
 a. Summary
 b. Conclusions
 c. Recommendations
 d. Residency strengths and areas of improvement.
 Appendices
 Bibliography

Additional Important Points about Preparing the Residency Report

- It is essential that students give proper credit to your sources of information. This applies whether the information is from a source on the Internet, professional journal, peer reviewed journal, and so forth. (Note: review all Internet sources to make sure they are credible. While source such as the JCAHO website is credible, "Harry's blog" or the web site for a commercial product will lack credibility.) Students must include a citation for any ideas that are not directly their own. If in doubt, include a citation. Material taken verbatim (word for word) from a reference must appear in quotes, followed by a citation. For the purposes of papers you submit in any course in the MHA program, anytime you use more than three consecutive words verbatim from a reference, the material needs to be in quotes. You should put as much material in your own words as possible, and generally minimize the use of direct quotations. However, even if the material is in your own words, you must cite your sources. Residency reports that are comprised primarily of quotes are not acceptable. Plagiarism, whether it is intentional or not, is a serious offense: it is grounds for failure for an assignment, failure in the course, suspension or expulsion. For the purposes of the MHA residency project, students who do not give appropriate credit to their references, will receive a grade of U for the residency, and will be required to repeat the residency experience. If a student is required to repeat her or his residency due to failure to give proper credit to their sources of information, the student will be required to redo the residency in a different health care organization, with a different preceptor, and complete a different project.
- Keep in mind, you are writing a technical consulting report, not a class paper. Your client is your preceptor.
- Your report must look professional. Examples of MHA residency reports are available in the HSPM offices.
- Some general guidelines: use a professional looking header or footer. Avoid anything "gimmicky" or "cute." Make good use of white space. Your report must look inviting; i.e., like someone would want to read it.
- Use headers (main logical dividers such as introduction, problem statement) and subheaders (these are additional headings within a section), to logically organize your material. Distinguish between your headers and subheaders, e.g., bold headers, bold and italicize subheaders. Organize ideas in

your text into concise paragraphs, generally not to exceed three quarters of a page. Use bullets to organize material as appropriate.

- Whenever you use any type of illustrative material, you must clearly state the major "take away" items, i.e., what points the table, or figure should convey to your reader, e.g., Table 1 shows (list 3 to 4 of the most important things that the table shows).
- Your executive summary is written last. Your executive summary should clearly convey what you did and the main points of what you found.
- You must put page numbers on your proposal and final report, i.e., "paginate" your proposal and report.
- All material you submit must be carefully proofread, i.e., spell checked, and reviewed for grammar and correct uses of words that do not get flagged by the spell check (form instead of from).

Residency Conditions and Requirements for MHA and MPH Candidates

1. All students due to commence the residency are required to attend a residency planning meeting to be organized towards the end of the preceding semester. At this meeting, students will confirm their residency plans if they have finalized their site/project, and those who have not, will notify the respective Program Directors, so that potential opportunities can be identified with their help.

2. All Management Residency students (MPH and MHA) are required to attend a series of two residency seminars of about 1 hour duration each, during the residency semester. The first seminar will be organized by the respective program directors within 4-6 weeks of the start of the semester. At this meeting, all students will make an informal presentation of their project proposal and discuss the residency experience with faculty and other residency students.

3. At the second meeting, held about 8-10 weeks from the start of the semester, each student will present their project progress to date, problems and learning experiences.

4. At the completion of the residency, the student will submit a residency evaluation form which includes a description of the experience gained, the administrative skills developed, appraisal of the applicability of classroom learning to practice, and the strengths and weaknesses of the residency (form provided at the end of the handbook).

5. Also at the conclusion of the residency, the student will obtain from the preceptor a complete written evaluation of the student's performance during the residency, emphasizing student progress in dealing with the specific management problem(s) undertaken (form provided at the end of the handbook). The student will ensure to turn this in to the Graduate Director along with the student's residency evaluation, and the School of Public Health Exit Questionnaire, **without which the student cannot be cleared for graduation.**

6. Students are assigned a grade of satisfactory (s) or unsatisfactory (u) for the residency credits.

Exemptions from the Residency

The only exemption permitted for MHA residency is for the highly experienced health care manager who is currently employed at senior levels in a health services organization. Such individuals may take 6 hours of prescribed doctoral course work in either a research or policy track. The student must obtain approval to be exempted from the residency, from their faculty advisor and the Director of the MHA program. At the completion of the course work, the student is required to complete and conduct

a Final Report as outlined for the MHA Residency. A grade will be assigned by the course instructor.

On exceptional occasions, an exemption from the requirement may be permitted for MPH candidates. These are made on a case-by-case basis, depending on career goals and needed course work in lieu of the residency. Students desiring exemption should prepare a letter addressed to the chairman of the department specifying the reasons for the request of exemption. The chair will bring the student's request to a meeting of the department faculty who make a recommendation where they so elect. The Dean of the Arnold School of Public Health has final authority in all cases respecting MPH exemptions.

MHA Residency Alternative For Experienced Managers

Occasionally, MHA students enter the Program from health care institutions or agencies in which they currently hold top level or senior level management positions. The needs of these individuals for an academic experience and a final integrative educational activity are different from those students preparing for entry-level positions.

Experienced administrators may wish to pursue an integrative academic experience appropriate to their long-term career goals. Such an experience may be achieved through advanced course work and research opportunities that may be more useful to their intellectual and professional development. To meet the needs of these students, the HSPM faculty offers, with permission granted on a case-by-case basis, the opportunity for qualified students to complete **one** of the following two doctoral level tracks in lieu of the administrative residency. Each of these tracks involves writing a paper of scope similar to a Management Residency report. However, neither requires on-site Residency work.

Track 1: HEALTH SERVICES RESEARCH

BIOS-757 (Intermediate Biostatistics)

and

HSPM 719 - Methods in Health Services Research.

HSPM 719 requires completion of a research-based proposal. This will be accepted as the residency major paper.

or

Track 2: POLICY ISSUES IN HEALTH ADMINISTRATION

HSPM 845

and

HSPM 846, Advanced Topics in Health Administration.

For Track 2, the student will complete a major paper and oral presentation in a format identical to that required as part of the MHA residency. (See the Residency section for the format of the proposal and final report.) Students will be assigned a grade by the course instructor.

To request one of these options

Requests to pursue a residency alternative should be made after completing the first year of course work. The student should comply with the following guidelines:

- a. Prepare a carefully considered rationale clearly documenting the basis for the request. Students should include a description of the managerial position currently held and a current professional resume; and
- b. Review this rationale with their faculty advisor who will submit on the student's behalf, the rationale statement, accompanying information, and the advisor recommendation, to the full-time faculty of the Department for consideration and approval.

NOTE: A student must be currently employed on a full-time basis to qualify for this option.

VI. Doctoral Programs

A. DOCTOR OF PHILOSOPHY IN HEALTH SERVICES POLICY AND MANAGEMENT

Program Description

The Ph.D. program in Health Services Policy and Management is structured to prepare students to conduct health services research and/or teach at a university level. The program of study is designed around the interests of the individual, taking previous academic training and professional experience into account. Emphasis in the program is in research methods, statistics, and advanced concepts in health policy and management.

Admission Criteria and Application Requirements

1. Students should have a Master's degree in Health Administration, Business Administration, Public Health, or Public Administration. Exceptions to this list will be considered by petition to the faculty and approval requires a majority vote of the faculty. Previous graduate-level course work must include health finance, statistics, organizational behavior, health economics, and epidemiology or the student will have to make up deficiencies. Applicants with three or more deficiency areas will be given a conditional admission, contingent upon making up the deficiencies. Courses taken to make up deficiencies do not count towards the degree program. A strong student may be admitted with only a Bachelor's degree, but will be required to complete all core requirements for the MPH degree before beginning the doctoral program.
2. An applicant must have earned a 3.0 grade point average (based on a 4.0 scale) in previous graduate course work.
3. Graduate Record Examination (GRE) scores must be submitted. (GMAT scores may be substituted).
4. Foreign applicants whose native language is not English must submit the results of the Test of English as a Foreign Language (TOEFL) scores. If prior academic experience in the U.S. illustrates that the student is proficient in English, this requirement may be waived, with the concurrence of the Graduate School.
5. Three letters of recommendation must be submitted from persons who can reflect upon the applicant's prior academic and professional performance.
6. The applicant must provide a career goal statement and a current curriculum vita with the application.
7. An interview with the departmental faculty is highly recommended.

Degree Requirements

Students in the Ph.D. program must complete 61 semester credit hours. The curriculum is shown at the top of the following page. The student must complete the core 15 hours within the first three semesters of study. These courses are essential for passing the qualifying examination.

All courses require the approval of the Director of the Doctoral Program, who also functions as each student's academic advisor until the student passes the qualifying examination and selects his/her comprehensive examination committee members and a dissertation advisor.

The required Ph.D. curriculum is:

<i>Core 15 hours that must be completed within the first three semesters:</i>	
Advanced Topics In Health Policy & Management I & II (HSPM 845 & 846)	6 hours
Public Health History and Politics (HSPM 711)	3 hours
Statistics and Research Methods (BIOS 757 & HSPM 719)	6 hours
Statistics & Research Methods Cognate (begun with BIOS 757 & HSPM 719)	12 hours
Concentration (designed by student)	18 hours
Doctoral seminar (HSPM 800)	4 hours
<u>Dissertation</u>	<u>12 hours</u>
Total	61 hours

The Director of Doctoral Programs has general oversight over the academic aspects of all students and candidates. The Director of Doctoral Programs will advise all doctoral students until the completion of their qualifying examinations. Following successful completion of this examination a Dissertation Advisor is appointed after consulting with the student and the prospective Advisor.

It is strongly recommended that students begin their studies in the fall semester. The student must meet the requirement of a one-year residency: A minimum of nine hours in each of the first two semesters or a minimum of six hours in each of the first three semesters.

A maximum of twelve credits may be transferred, if the credits were used for a previous degree program.

Time Limits

Doctoral students must complete their studies within eight years or risk having to repeat course work. Transferred credits must also be within the eight-year period. Courses more than eight years old must be revalidated, which may require additional student work. Doctoral students are subject to changes in degree requirements adopted up to a date eight years prior to graduation.

School of Public Health Students who do not enroll in at least one course for 12 consecutive months must apply for readmission to the Graduate School. If a student is accepted after applying for readmission, the academic rules and standards in effect at the time of readmission will supersede those in effect at the time of initial admission.

Qualifying Examination

A written qualifying examination is taken a semester following the completion of at least 18 hours in the doctoral program.

The qualifying examination is offered twice per year, during the third week of January and the third week of August. Specific dates within these periods will be selected each year and the students will be notified 60 days prior to the actual dates.

The examination is taken in the Department of Health Services Policy and Management and is closed book, unless indicated otherwise for a specific question. Four questions are prepared by members of the HSPM faculty in the following areas: health finance/health system organization, macro-policy issues, research methods, and social/historical/political aspects to the health care delivery system. A student is allowed four hours to answer each question. The examination must be completed on a departmental computer in Word. Each question is graded by two faculty members. If the two faculty

members disagree about the grade, a third faculty member will evaluate the exam answer. Students will be notified of their grades in writing within six weeks of taking the examination. Examination results will be reported as Pass or Fail.

1. A failure in one area will result in requiring an additional course, an independent study in that area, or repeating the question in the next examination cycle.
2. Failure in two areas will require that the entire exam be repeated. Failure in three areas will result in immediate termination.
3. On the second examination, students must earn at least a Pass in all areas to remain in the doctoral program.

Comprehensive Examination

The student must prepare a “draft” of his or her dissertation proposal, identify a faculty member to serve as the dissertation advisor and dissertation committee chair, and select three additional committee members. The committee must consist of at least two faculty members from Health Services Policy and Management and at least one member from another academic department of the University. Selection of the outside faculty member must be consistent with the Graduate School policy on academic qualifications for committee membership. The Director of the Doctoral programs will consult with the student about the dissertation topic and assist in the selection of a dissertation advisor, who will chair the dissertation committee.

It is the student’s responsibility to consult with the dissertation advisor in selecting the remaining three committee members and requesting them to serve on the dissertation committee. Once the members have informally agreed to serve, the Department will notify the Graduate School of their recommendations. The Graduate School will then formally appoint the committee.

Thirty days prior to the scheduled comprehensive exam, the dissertation proposal “draft,” consisting of the first three chapters, must be given to each member of the committee. After reviewing the proposal and determining that the proposal is ready to present, the comprehensive exam may proceed. The student should be prepared to give a 30 minute presentation of the proposal to the committee. After the initial presentation, the faculty will examine the student orally on the proposal, as well as any other areas related to the student’s studies at the University. The exam generally takes two hours.

The student will be notified of the examination outcome after the oral portion of the exam. The student may receive a “pass” on the exam, which allows the student to pursue the dissertation research; a “qualified pass” which results in the student being given some additional remedial work to complete that is supervised by the committee chair before being allowed to pursue the dissertation research; or a student may “fail” the exam. If the student fails the exam, he or she must start the comprehensive exam process over. The dissertation advisor, Director of the Doctoral Programs, and other committee members will determine if a new committee is to be formed and whether a new dissertation topic must be selected or if the current topic needs major revision. A student may only take the comprehensive examination twice. Failure in this exam twice will result in termination from the program.

Dissertation Defense

Doctoral candidates are required to prepare and successfully defend a dissertation based on original research. When the research is completed, the student and committee members meet and the

dissertation is defended. The dissertation and its defense must be approved by all committee members. The chairperson of the committee will notify the student and the Graduate School in writing of the outcome of the dissertation defense. The dissertation defense must be completed at least 30 days prior to graduation.

Journal Article Draft

Doctoral candidates are required to prepare a first draft of a journal article submission based on the research in their dissertations. The draft article must be approved by the Chair of the Dissertation Committee at least 30 days prior to graduation. The Chair of the Dissertation Committee will report to the Health Services Policy and Management Department Graduate Director when this requirement is met. This requirement has been instituted to insure that the doctoral graduate begins to contribute to the research literature as soon as possible.

Doctoral Residency Requirement

The granting of a doctoral degree by the University of South Carolina presupposes a minimum of three full years of graduate study. At least one year of full-time study (or the equivalent) must be spent in residence at the University of South Carolina in Columbia. The doctoral residence requirement may be satisfied only after admission to a doctoral degree program. The year of residence on the Columbia campus can be fulfilled by successful completion of two consecutive semesters of 9 or more graduate credits per semester, or three consecutive semesters of six or more graduate credits per semester. Enrollment in a summer term (both sessions) may be counted as equivalent to a semester, but enrollment in summer is not required to maintain continuity. Dissertation preparation (899), independent study, or directed readings may not be used to satisfy the doctoral residence requirement.

The intent of the residency requirement is to ensure that doctoral students benefit from and contribute to the complete spectrum of educational and professional opportunities provided on the campus of a comprehensive university. When establishing residency, the student should interact with faculty and peers by regularly attending courses, conferences, and seminars, and utilize the library and laboratory facilities provided for graduate education.

Waiver/Appeal For Exceptions

Students who wish to deviate from the specified schedule of the Ph.D. or Dr.P.H. programs, as outlined for each, must request a waiver or appeal for an exception. Requests for such deviations should be addressed to the Director of the Doctoral Program in writing, specifying the nature of the exception and the reasons for special consideration.

The Director of the Doctoral Program will present the request to the doctoral faculty at the next regularly scheduled faculty meeting. The faculty will decide by vote whether to grant the request, or not. The student will be notified in writing as to the decision.

The Director of the Doctoral Program will forward a recommendation to the Graduate School of change in the program, as necessary.

Transfer Credits

The transfer of graduate-level hours depends on faculty approval and Graduate School requirements. Typically, students can transfer no more than nine semester hours into the Dr.P.H. or Ph.D. program.

B. DOCTOR OF PUBLIC HEALTH IN HEALTH SERVICES POLICY AND MANAGEMENT

Admission Criteria and Application Requirements

1. Applicants are required to have a Master's degree in Health Administration, Business Administration, Public Health, Public Administration, or a medical degree (doctor of medicine). Persons holding a different master's degree and wish to be considered for the program must petition the faculty. Approval is dependent upon a majority vote of the faculty. All successful applicants must have worked in a health-related, mid-level management or policy position for a minimum of four years. Previous graduate-level course work must include health finance, statistics, organizational behavior, health economics, and epidemiology or the applicant will have to make up deficiencies. Applicants with three or more deficiency areas will be given conditional admission, contingent upon making up the deficiencies. Courses taken to make up deficiencies do not count towards the degree program.
2. For items two through seven, please refer to the Admission Criteria and Application Requirements section outlined under the Ph.D. section, above.

Degree Requirements

Students in the Dr.P.H. program must complete 61 semester credit hours in four categories: DrPH core, HSPM doctoral core, concentration coursework, and a research dissertation. The DrPH core represent competencies deemed essential for all doctoral students and are consistent across departments in the Arnold School of Public Health. In addition to coursework, completion of the DrPH core involves a Public Health Practicum, which is described later in this section. The hours must be completed in the following areas:

Doctor of Public Health Core (18 hours):

Advocacy and Policy for Public Health (HPEB 820)	3 hours
Public Health Leadership (HSPM 820)	3 hours
Advanced Evaluation (HSPM 818 or HPEB 810)	3 hours
Research Methods (BIOS 765, HPEB 802, or HSPM 719)	3 hours
Public Health Practicum (HSPM 898)	6 hours

HSPM doctoral core (16 hours):

Advanced Topics in Health Policy & Management I & II (HSPM 845 & 846)	6 hours
Public Health History and Politics (HSPM 711)	3 hours
Statistics and Research Methods (in addition to HSPM 719, e.g., BIOS 757)	3 hours
Doctoral Seminar (HSPM 800)	4 hours

Additional courses & requirements (27 hours)

Concentration (designed by student)	15 hours
Dissertation	12 hours

The student must complete the 12 hours of HSPM doctoral core course (excluding seminar) prior to taking the qualifying examination. All courses require the approval of the Director of the Doctoral Program, who also functions as each student's academic advisor until the student passes the qualifying examination and selects his/her Program of Study Committee members, Public Health Practicum Advisor, and a dissertation advisor.

The Director of Doctoral Programs has general oversight over the academic aspects of all students and candidates. The Director of Doctoral Programs will advise all doctoral students until the completion of their qualifying examinations. Following successful completion of these examinations Public Health Practicum and Dissertation Advisors are appointed after consulting with the student and the prospective Advisors.

Public Health Practicum

Students pursuing a DrPH degree must complete a Public Health Practicum totaling 6 credit hours representing 300 contact hours within a single academic semester, or two summer sessions. The practicum may be initiated after completing the DrPH core coursework, successfully passing all components of the comprehensive examination, and receiving approval from the Public Health Practicum Advisor. An eligible practicum preceptor is someone who holds a terminal degree (e.g., DrPH, PhD, MD, or JD), and/or holds an executive-level position within an appropriate health organization (e.g., CEO, COO, President, or Program Director). Examples of appropriate health organizations include:

- Federal or state public health agencies (e.g., CDC or DHEC)
- Healthcare settings (e.g., hospitals, nursing homes, health clinics)
- Non-profits with health-oriented missions (e.g., SC Office of Rural Health or Primary Care Association)
- Insurance organizations (e.g., Medicaid, Blue Cross Blue Shield)
- Professional associations (e.g., SC Hospital Association)
- Data management organizations (e.g., State Vital Records)
- Health-oriented research organizations

Students are required to conduct applied public health methods and strategies as a part of their practicum experience. Examples of practicum activities include, but are not limited to the development, implementation, or evaluation of the following:

- public health interventions
- public health or healthcare policies
- organizational development initiatives
- organizational leadership development
- healthcare regulatory activities

The DrPH candidate will produce as evidence of their practicum (1) a written report, (2) an abstract or poster of the activity at a public health or scholarly conference, and (3) a presentation of their experience. The written report should be framed similarly to a research manuscript. The sections should include a background/introduction that describes the problem or issue; a rationale and framework for the experience; methods; results; and implications for public health practice. Appendices should include copies of any products that were developed as a part of the practicum. In cases where preceptors require a written report (e.g., white paper for the General Assembly), such deliverables will be accepted, upon approval of the Practicum Advisor, in lieu of a practicum report. DrPH candidates will prepare abstracts for presentations or posters at state or national conferences such as American Public Health Association or Academy Health. The practicum experience will culminate with a presentation to the Practicum

Advisor, preceptor, and precepting organization.

Suggested Order of DrPH Course Work

^{HSPM} denotes HSPM Core Requirements
^{DRPH} denotes DrPH Core Requirements

YEAR 1

Fall Semester

HSPM 711 ^{HSPM}	Public Health History and Politics	3 hours
HSPM 820 ^{DRPH}	Public Health Leadership	3 hours
HSPM 845 ^{HSPM}	Advanced Topics in Health Policy & Management I	3 hours
HSPM 800 ^{HSPM}	Doctoral Seminar	<u>1 hour</u>
		10 hours

Spring Semester

BIOS 757 ^{HSPM}	Intermediate Biometrics	3 hours
HSPM 846 ^{HSPM}	Advanced Topics in Health Policy & Management II	3 hours
Concentration Elective		3 hours
HSPM 800 ^{HSPM}	Doctoral Seminar	<u>1 hour</u>
		10 hours

YEAR 2

Fall Semester

HSPM 818 ^{DRPH}	Economic Evaluation & Policy Analysis	3 hours
Concentration Elective		3 hours
Concentration Elective		3 hours
HSPM 800 ^{HSPM}	Doctoral Seminar	<u>1 hour</u>
		10 hours

*****ELIGIBLE TO TAKE QUALIFIERS DUE TO COMPLETION OF HSPM CORE*****

Spring Semester

HSPM 719 ^{DRPH}	Applied Research Methods	3 hours
HPEB 820 ^{DRPH}	Advocacy and Policy for Public Health	3 hours
Concentration Elective		3 hours
HSPM 800 ^{HSPM}	Doctoral Seminar	<u>1 hour</u>
		10 hours

YEAR 3

Fall Semester

HSPM 899	Dissertation	3 hours
Concentration Elective		<u>3 hours</u>
		6 hours

Spring Semester

HSPM 899	Dissertation	3 hours
HSPM 898 ^{DRPH}	Public Health Practicum	<u>6 hours</u>
		9 hours

YEAR 4

Fall Semester

HSPM 899	Dissertation	6 hours
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Students may expedite their calendars by taking practicum, dissertation or elective hours during the summer sessions.

Examinations

The qualifying examination, comprehensive examination, and dissertation defense are conducted in the same manner as outlined in the Ph.D. program, above.

Other Doctoral Requirements

All other policies regarding the transfer of credit hours, the residency requirement during the first year, the time limit for completion of the degree, the requirement to enroll in at least one course each twelve months, and the required preparation of a draft journal article as part of the dissertation, are the same as those outlined in the section above on the Ph.D. program.

C. THE DOCTORAL DISSERTATION

Definition of a HSPM Doctoral Dissertation

As the culminating experience in a doctoral program, a successful dissertation is the report of an *original* and *significant contribution* to health services research and/or public health practice as initially judged by the candidate's doctoral dissertation committee. Clarification of these terms as they apply to HSPM PhD and DrPH students:

1. "Original" means that, although the candidate will have made use of the contributions of others' research, the body of work undertaken and intellectual contribution made are clearly the candidate's own. Thus, candidates may not employ other individuals to create sections of the dissertation, even though the candidate supervises the work.
2. "Significant contribution" means that the end result of the research advances knowledge of a demonstrably important aspect of health services research or public health practice as judged by peer scholars. The contribution may stem from new research, new analysis of secondary data, or evaluation of a public health program. One criterion of worthiness is that the research and its results are deemed by the committee to have sufficient merit warranting serious consideration for publication in one or more peer-reviewed journals.
3. It is expected that doctoral candidates will demonstrate competent application of research methods and statistical tools relevant to the research undertaken. As noted, the services of others may not be hired for this purpose.
4. Dissertation proposals will be approved if the committee members judge the proposed research to be original, clearly capable of being a significant contribution to research or public health, and feasible.
5. All dissertation proposals, questionnaires, and related documents, must comply with ethics review guidelines current at the time of review. With the advice of the dissertation advisor, each student is responsible for submitting all required documentation in the manner requested. The dissertation proposal will present clear evidence of formal approval BEFORE any research is undertaken.

Concept Paper and Committee Recruitment

To expedite effective proposal development and review, candidates are asked to use the following

subject guide when developing the concept paper for their proposals:

1. **Importance of Research Proposed:** Explain how the proposed research meets the requirements for originality in producing what is expected to be a significant contribution to health services research.
2. **Objective(s):** Describe the general nature of expected or possible outcomes in measurable terms.
3. **Setting/Participants:** Describe site(s) of research with all relevant detail. Then identify the subjects and other participants who are the object of the research, likely to be affected by its outcome, or connected with it.
4. **Research Design, Statistical Applications, & Main Outcome Measures:** Explain the relevance of the research design and statistical applications and packages to the conduct of the research. Then identify the proposed outcome measure with an appropriate rationale.
5. **Ethical Procedures Approval, Institutional Review Board (IRB):** While it is not appropriate to have obtained IRB clearance before final approval of the research proposal, students should indicate knowledge of ethical issues that may affect their planned research (subject protection, data protection, etc) at the concept stage.

Dissertation Formats

HSPM dissertations may take one of two formats, the traditional dissertation monograph or a series of related publication-ready manuscripts. The choice of format lies with the student and his or her dissertation advisor. All students must prepare the first three chapters in the outline below; this content forms the basis for the oral comprehensive examination. Following the completion of the proposed research, the student will either complete the remainder of the monograph or prepare the agreed-upon manuscripts.

Dissertation monograph:

The dissertation monograph submitted by HSPM students has a five-chapter format:

- Chapter One: Introduction. A brief statement of the topic to be examined and its importance.
- Chapter Two: Literature Review. A thorough review of all literature pertinent to the topic in question. The literature should be focused on developing the specific hypotheses to be tested through the student's research, and the chapter should end by stating those hypotheses in testable form. For students pursuing the Dr.P.H. degree, hypotheses may pertain to a public health program being evaluated.
- Chapter Three: Methods. A complete outline of all methods to be used in carrying out the proposed research. At a minimum, variables must be defined and analytic techniques specified for each hypothesis. Students pursuing the Dr.P.H. degree must specify methods appropriate for program evaluation.
- Chapter Four: Results. A presentation of the results of the research. Ideally, this presentation is organized by hypothesis.
- Chapter Five: Conclusions and Recommendations. A summary of the implications of the research, and recommendations for continuation of the research by future investigators. Students pursuing the Dr.P.H. must state the implications of their findings for public health practice.

Publication option:

Ph.D. students are encouraged, with the concurrence of their advisor, to choose the publication option. As noted, students choosing this option will be required to complete the first three chapters of the dissertation, required as part of the research presentation for the Comprehensive Examination. When submitting the final draft, the usual concluding chapters (“Research Findings and “Conclusions and Recommendations”) will be replaced by two or more manuscripts. Manuscript topics will have been agreed upon as part of the dissertation proposal. All materials must be reviewed and approved by the student’s Dissertation Committee and the Dissertation Chair, as with a formally structured dissertation.

D. DOCTORAL COGNATE IN HEALTH SERVICES POLICY AND MANAGEMENT

Doctoral candidates outside the Department of Health Services Policy and Management wishing a cognate area in Health Services Research must satisfactorily complete twelve (12) semester hours in relevant course work at the 700 or 800 level (or equivalent) as described below and earn a "pass" or better in both the written and oral components of the comprehensive examination pertaining to Health Services Policy and Research. All course work must be satisfactorily completed before the student is eligible to take the written comprehensive examination. The HSPM faculty member responsible for supervising the cognate will also be responsible for the component of the comprehensive examination and serve as a member of the Comprehensive Oral Examining Committee.

1. Up to six (6) semester hours or equivalent may be credited to the twelve-hour requirement. Previous graduate courses for which credit is requested must meet the Graduate School's time criterion: "All work applied toward the Ph.D., exclusive of the master's degree portion, should be completed within eight years prior to graduation." Students seeking credit must submit a syllabus for each course at the time a request for a Health Administration cognate area is sought. Decisions about the acceptability of prior work to be credited to the cognate area are made by the doctoral faculty of the Department.
2. Six or more hours of 700 and 800 level courses must be taken in Health Services Policy and Management. HSPM 845 and HSPM 846 are required of all cognate students.

VII. Academic Standards

The University requires that graduate students maintain academic standards as outlined in the Graduate School Bulletin. Graduate students must average at least B (3.0 on a 4 point system) over all courses attempted. As noted in Section III, Student Responsibilities and Code of Ethics, the Department maintains a high standard for its students. Graduate students who accumulate nine hours of grades less than “B” in graduate course work are suspended from degree candidacy.

Occasionally, students are conditionally admitted in cases where potential for success exists, based on faculty judgment, despite low undergraduate grades or aptitude scores. Conditionally admitted students will be required to take specified core courses in public health, and perhaps others in health and business administration, depending on their degree objectives, generally up to a maximum of 12 hours. The student must attain a "B" or better in each of these courses. Admittance to degree status requires a written petition by the student to the faculty and will be approved or disapproved when grades for the specified course work are available. Pre-registration by conditionally admitted students is permitted only for those hours required under the terms of admission.

The University's definition of a full-time graduate student is one who is enrolled in nine or more hours during a fall or spring semester and six hours during a summer session. However doctoral students enrolled full time in fall and spring semesters need not be enrolled in the summer sessions. For master's students courses offered in summer are typically not offered during the fall or spring, requiring summer enrollment in order to graduate. A part-time student normally takes a minimum of three credit hours during the academic year. The Department of Health Services Policy and Management applies the same standard. Normally full-time progression through the MHA requires 12-15 hours per semester for three semesters plus two six hour summer sessions and a 6-credit hour residency semester. Normally, full-time progression through the MPH program requires 12 hours per semester for three semesters plus two six-semester-hour summer sessions.

Master's programs should be completed within six years. Otherwise, courses more than six years old must be revalidated, which may require additional student work, and the student becomes subject to changes in degree requirements adopted up to a date six years prior to graduation.

Students who do not enroll in at least one course for 12 consecutive months must apply for readmission to the Graduate School. If a student is accepted after applying for readmission, the academic rules and standards in effect at the time of readmission will supersede those in effect at the time of initial admission.

VIII. Computer Facilities And Web Site

Students in Health Services Policy and Management have exclusive use of the Blue/Cross Blue/Shield of South Carolina and Companion Technologies Computer Education Center, which we call our "Lab." The lab is in our building, near our Department offices. It has multiple PC workstations for student use. The Lab is set up as a classroom, with an instructor's workstation in the front of the room. An LED projector is available for instructional use and student presentations. The lab is available to our students at all times. Students can get keys for night and weekend access to the room.

The Lab offers current versions of leading software for word processing, spreadsheets, presentation graphics, and data analysis. The Center's three laser printers and one color ink-jet printer provide fast and convenient printing. Workstations in the Center have Internet access, as well as access to MedLine, the University's library catalog, and other bibliographic services. The University provides each registered student with free e-mail account.

The Health Services Policy and Management Department's web site, <http://www.sph.sc.edu/hspm/>, has program information, including details on curriculum requirements and the administrative or public health residency. Course material on the web site includes current syllabi for several courses, as well as on-line instructional material. Fellowship information is available, too. There is a web page for alumni news. From that page, alumni can access a database of current alumni work addresses.

The School of Public Health has a separate Health Sciences Computing Laboratory (HSCL), located on the second floor of our building. The HSCL has twenty-two networked workstations. Open to all School of Public Health students, the HSCL is particularly strong in biostatistics, providing public-access vital records and other data sets. HSCL staff and graduate assistants can help students with data manipulation and analysis.

IX. Graduate Assistantships And Financial Assistance

A. Graduate Assistantships

All full-time MHA and MPH students (except MHA Professional Format students) are encouraged to work as graduate assistants in health service organizations in the community to acquire work experience and enrich the learning process through on-the-job application of concepts and techniques learned in the classroom. Besides being valuable opportunities for job-related learning and networking in the health care field, these assistantships help students, especially those with little or no work experience to acquire work and department habits suitable for a career in health care organizations. Graduate assistant experience and performance are evaluated at the end of each semester through structured evaluation forms by the student and the preceptor. These evaluations are useful to faculty members when recommending students for a subsequent graduate assistantship or a full time job closer to graduation. The forms are presented as appendices at the end of this Handbook.

These assistantships are for 10-20 hours a week, and the organization contracts to hire the student following a phone or personal interview. The Department (respective program directors) assists students by enabling students to interview for positions in local healthcare organizations. The opportunities for interviewing are subject to economic conditions, the role and skill needs of the sponsoring organization, and the match between the student's background and the sponsor's requests.. These assistantships provide a stipend in return for 10-20 hours of work per week for the university of local healthcare organization where placed. In addition, for out of state students, getting a GA-ship that provides \$1000 or more stipend per semester qualifies them to get a tuition break to in-state levels. Stipends typically range between \$1500-2000 per semester for 10-hours a week GA-ship, and \$3000-4000 for 20- hours a week GA-ship, which may go up to \$7500 per semester at the organization's discretion. .

To qualify for assistantship, a student must be fully admitted to a degree program, be enrolled as a full-time student and maintain a 3.0 GPA.

Since these are paid positions, the student is expected to perform to the satisfaction of the hiring organization including attending for work as per the terms of the contract. Failing satisfactory performance, the Department/student run the risk that the organization may decline to rehire the student in subsequent semesters, or even hesitate to hire graduate students recommended by the Department in future. Therefore, for graduate assistantship positions facilitated by the Department faculty members, placement of a student in subsequent semesters will be subject to performance feedback from the GA-ship site preceptors in preceding semesters. In the event of difficulties being experienced in discharging the expected role and responsibilities, students are encouraged to discuss with the concerned Program Director, so as to enable resolution at an early date. Again, since assistantships are paid positions, students need to ensure to work the specified number of hours at the site, regardless of the academic term breaks (Fall break, Spring Break or semester closing). Any arrangement to take breaks from work need to be worked out with the work supervisor/site preceptor based on mutual agreement. Also, since the assistantship is also intended to be a professional experience, as far as possible students should work on-site and minimize prolonged durations of working off-site. This also enables the student to get on-going guidance and feedback about performance and preceptor expectations about the Work/project.

Summer Graduate Assistantship

As per University guidelines, students need to maintain a GPA of 3.0 to be eligible to pursue graduate assistantships. The HSPM Department, in view of the summer course loads in the MHA and MPH programs (12 credit hours over Summer I and II) recommends students to evaluate their time commitments with regard to satisfactory performance as a graduate assistant concurrent with the

academic obligations. The 12 credits are to be completed in half the time period of a regular semester (Summer I and II are together of two months duration). Therefore the following guidelines were formulated.

Students with a GPA of 3.5 or above, who have maintained the full course load of 12 credit hours during the fall and spring semesters, together with a 10 or 20-hours per week GA-ship, are advised to elect to do a 20-hour per week GA-ship if they believe their schedule will accommodate this workload.

Students with a GPA of over 3.2 and below 3.5, who have maintained the full course load of 12 credit hours together with a 10 or 20-hours-a-week GA-ship during the fall and/or spring semester, are recommended to undertake a 10-hours a week GA-ship if they believe their schedule will accommodate this workload.

Students with a GPA under 3.2 are recommended to focus their energy and efforts on the summer course work to enhance the learning process. Students with a GPA under 3.2 who would like to undertake a GA-ship are recommended to carry a reduced course load over the summer. However, electing a reduced course load to accommodate a GA position will delay graduation by a semester.

Graduate Assistantship: Additional Details in Response to Frequently Asked Questions

What is the purpose of a graduate assistantship?

The purpose of a graduate assistantship is to provide MHA students with "real world" experience in a health care organization, and an opportunity to network among professionals. Responsibilities typically include both routine office work (e.g., answering phones, copying, data entry), and completion of special projects. Students who find they are spending a large percentage of their time on routine office work should contact their advisor/MHA director as soon as possible.

How are graduate assistantships obtained?

The MHA Director and Associate Director identify opportunities for all MHA students to interview for at least 1 graduate assistantship position. We will email suitable resumes in line with preceptors' work needs. Preceptors will contact students to schedule an interview. Selection is at the discretion of the preceptor, depending on their needs. These are just like "job" interviews, displaying energy, initiative and enthusiasm to perform in order to provide value to the organization will encourage the preceptor to hire a student. Often in the first semester, it can take up to 2 months for a student to get hired. Occasionally a student with little experience or suitable background relative to a sponsor's needs, may have to volunteer for a semester or two to demonstrate abilities before getting hired for pay. This experience is valuable for career building.

After the first semester, to maintain ongoing paid GAships, students are also encouraged to network as much as possible. Your network includes: 2nd year MHA students, adjunct faculty, preceptors, alumni, and HSPM guest speakers. Take every opportunity to network, and identify opportunities for yourself. We expect MHA students to demonstrate increasing initiative in obtaining a GA-ship over the course of the program. Developing these skills will help you to succeed in your career.

What are my responsibilities regarding graduate assistantship "paperwork"?

After a GA-ship has been identified, each MHA student is required to bring 2 completed originals of the GA-ship contract to the HSPM office. Students must hand carry the completed contracts to the HSPM office. Students must complete any additional USC payroll paperwork. All GA-ship contracts must be filed in the first 3 weeks of the semester to be applicable for tuition reduction to instate rates (this

deadline of course applies only to out of state students).

How long does it take to process the GA-ship contract?

Typically, it takes 2 to 3 weeks to fully process the contract. USC has over 6,000 graduate students. Most obtain a graduate assistantship. So, the university must process a large number of contracts in a relatively short period of time. Also, the contract goes through several offices, HSPM, the Dean's office in the Arnold School of Public Health, and the Contracts office in the office of Sponsored Research. We do everything we can to expedite this process. However, we ask you to be patient.

When can I expect my first paycheck?

It typically takes a month from the time you submit your signed GA-ship contracts until you will receive your first paycheck. You will receive all of the money allocated in your contract.

What should I do to prepare for my GA-ship interview?

You should treat the interview as you would one for a regular job. Importantly, you are representing our MHA program and USC. Do your homework on the organization; be prepared with thoughtful questions. Show energy and enthusiasm to provide value to the organization by displaying an eagerness to learn and perform. Dress for success, i.e., a business suit; make sure your shoes are in good shape. Bring 4-5 fresh copies of your resume. No eating or drinking or chewing gum. For women, conservative make up and jewelry; less is better; no perfume. Always follow up with a thank you note, sent either by email or regular mail within 24 hours of the interview.

B. Procedure for Completion of Graduate Assistant Contract

Graduate assistantships require a formal contract between the University and the agency employing the student. A contract form can be obtained from the faculty representative or the Department administrative assistant. The student is responsible for having the contract signed by a faculty representative and the preceptor at the agency. After signatures, the student brings the contract to the secretary of the Department of Health Services Policy and Management. At this time a Proposal form will be completed and signed by the faculty representative and the Department Chair. It is then entered into USCeRA, and reviewed by the Office of Research and Practice of the School of Public Health. The form is reviewed by the Sponsored Awards Management (SAM). SAM checks the legality of the contract and then it is submitted to the Associate Vice-Provost for signature. Once all signatures are obtained the contract is assigned a number. After SAM assigns a number, the paperwork is sent to the Department, at which time the GA paperwork for the student to be paid is complete. The Department Chair signs it; it is then given to the Dean's Office for the Dean's final signature; then the paperwork goes to the Graduate School. The Graduate School enters the student's name in the computer and then sends the information to payroll. After payroll verifies all information and enters it in the computer, the student can be paid. If the completed paper work is not processed by payroll before the cutoff date for the pay period, the student will not get paid until the following pay period.

After turning in the contract signed by the organization and by the faculty representative to the Department, the student should allow about a week (two weeks for international students) for the above steps to be completed. For clarification about the status of the contract or if the completed contract is not received at the health care organization preceptor's end, the student should contact the Department.

To allow for these procedures, the student should have the signed contract with all of the correct information at least 3 weeks before the start of the contract. The contract needs to be submitted prior to the start of the semester. If unavoidable (e.g. new students), the contract can be submitted up to no later

than 1 month after school starts, otherwise there will be no tuition reduction. Students will not receive a paycheck until after the completion of the University paperwork that the paragraph above describes.

C. Grants, Loans, and Other Financial Assistance

The University of South Carolina, Office of Student Financial Aid provides access to a variety of grants and loans for students in the Graduate School. For application forms and all questions for all types of financial aid, contact the office of financial aid and scholarship (<http://www.sc.edu/financialaid/>).

The Department awards two scholarships each year. The **Susie James Yates Award** is given to the outstanding second year student who is a resident of North Carolina, South Carolina, or Georgia. The **Michael D. Jarrett Scholarship** is given to an MPH student who exhibits leadership potential and commitment to improve public health. Every two to three years, the **McGaw Scholar Award** is available through AUPHA (Association of University Programs in Health Administration).

D. United States Public Health Traineeships

Both new and continuing full-time students with outstanding academic credentials may be eligible for U.S. Public Health Service Traineeships. These traineeships provide both tuition and stipends for qualified students.

The Public Health Service has stated two objectives in providing financial support for students engaged in graduate and professional training:

1. to provide enough support so that students will not have to engage in outside employment or prolong their studies because of inadequate financial support
2. to motivate students to pursue areas of specialized graduate or professional training when the national interest requires more manpower with this training. In order to be eligible for an award an applicant must:
 - a. be a United States citizens **or** must have a visa permitting permanent residence in the United States.
 - b. be enrolled (or applying) as a **degree candidate** in the University of South Carolina, School of Public health **and** taking (or planning to take) at least six credit hours per semester. (Nine credit hours per semester is required to receive a stipend.
 - c. not be Federal employees, unless they will be on leave of absence without pay at the time of enrollment.

Traineeship awards will be based on detailed review of the applicant's file and application forms by the traineeship Committee. The decision to award will be primarily based upon these factors: undergraduate academic performance, graduate academic performance (if applicable), Graduate Record Examination scores (or other standardized test scores), financial need, and potential contributions to the field of public health.

No discrimination among applicants will be made on the basis of race, age, sex, national origin or religion.

Traineeship awards may be made for a maximum of twelve months (on a fiscal year basis), and renewed for another twelve months, contingent upon satisfactory performance.

There are two parts to the application for a Public Health Service Traineeship: the Basic

Application Form and the Financial Aid Form. Applications are reviewed by the Traineeship Committee four times per year. Deadlines for submitting applications are as follows:

First Semester for Which Support is being sought	Deadline for Application
Fall.....	July 1st
Spring.....	December 1st
Summer I.....	May 1st
Summer II.....	June 1st

These are the latest dates applications will be accepted. Earlier application is encouraged. **Any application submitted after a deadline will not be reviewed until the next date.**

X. Faculty

HEALTH SERVICES POLICY AND MANAGEMENT FACULTY

David Murday, PhD, Clinical Associate Professor and Interim Chair, Department of Health Services Policy and Management.

Roger L. Amidon, Ph.D., University of Iowa, 1968, Distinguished Emeritus Professor

Samuel L. Baker, Associate Professor and Director of the Computer Lab, Ph.D., Harvard University, 1977. Research interests: economics applied to health care.

Phoenix Do, Assistant Professor, Ph.D., RAND Graduate School, 2006. Research Interests: health disparities, neighborhood effects on health and health services utilization.

Sandra H. Glover, Associate Professor and Associate Dean for Social Justice and Health Disparities, Arnold School of Public Health Ph.D. University of South Carolina, 1991. Research interests: health disparities, education and training to increase minorities in the health professions.

Whiejong M. Han, Clinical Associate Professor, Ph.D., University of South Carolina, 2003. Research interests: health services policy, statistical analyses.

Amy Brock Martin, Research Assistant Professor, Deputy Director of the South Carolina Rural Health Research Center, Dr.PH., University of South Carolina, 2004. Research Interests: Oral health, children's health.

James F. McTigue, Adjunct Associate Professor and MPH Program Director, Ph.D., University of Oklahoma, 1971. Research interests: AIDS, clinical trials, health services delivery, patient safety.

Janice C. Probst, Professor, Graduate Director, Director of Doctoral Programs, Director of the South Carolina Rural Health Research Center, Ph.D., University of South Carolina, 1990. Research interests: rural health care delivery, health disparities, access to care.

Sudha Xirasagar, Associate Professor and Director of the MHA Program, Ph.D., University of South Carolina, 2002. Research interests: physician leadership, cancer disparities, health system performance, uninsured, international health.

HEALTH SERVICES POLICY AND MANAGEMENT ADJUNCT TEACHING FACULTY

Royce Adams, Ph.D., Director of Administration, Board of Trustees, Richland Memorial Hospital.

Kevin Bennett, PhD, Assistant Professor, Department of Family and Preventive Medicine, University of South Carolina School of Medicine.

Kimberly J. Bryson, MHA, Senior Analyst Decision Support, Providence Hospitals

Michael D. Byrd, PhD., Director, Bureau of Community Health and Chronic Disease Prevention, South

Carolina Department of Health and Environmental Control

Thomas Cockrell, MBA, Chief Operating Officer of the South Carolina Hospital Association.

Jonathan Ewaldz, MBA, Manager, Operations Science, Palmetto Health

Kathi Lacy, Ph.D., Director, Division of Mental Retardation, Department of Disabilities and Special Needs, Columbia, SC.

Susan A. Lake, JD, MPH, Staff Attorney, South Carolina Department of Health and Environmental Control

James E. Lathren, MHA, MBA, President of the Leadership Institute, Palmetto Health Alliance.

Katherine Leith, PhD, MPH, MSW, Research Associate, Center for Health Services and Policy Research, University of South Carolina

Douglas Mahony, Ph.D., Assistant Professor of Human Resources in the Moore School of Business.

Jimmy Sanders, Ph.D., Associate Professor, Department of Sociology, University of South Carolina.

Lillian U. Smith, Ph.D, Prevention Research Center, Arnold School of Public Health

Langston Spotts, MHA, CEO, Columbia Cardiology Associates, Columbia, SC.

Bart Strickland, MBA, CPHIT, Director, Commercial EDI Services, Blue Cross Blue Shield of South Carolina

Howard West, J.D., Chief Legal Counsel, Palmetto Health Alliance, Columbia, SC.

XI. Healthcare Executive Student Association (HESA)

HESA is a member of the American College of Healthcare Executives (ACHE) Higher Education Network. ACHE is an international professional society of healthcare executives. As a member of the Network, HESA joins other select university and college accredited programs offering degrees in the areas of health care services and management.

Student-Membership in both ACHE and HESA is an invaluable step in a student's career progress. Membership and participation enhances the young careerists in professional development, leadership, and marketability. The Department strongly recommends MHA and MPH students consider membership in ACHE and HESA. Importantly, the opportunities in healthcare administration presented in both Associations transcend those of the Department and the University.

Benefits of Student Membership in ACHE & HESA:

- ***Healthcare Executive Magazine:*** Student members of ACHE receive a bi-monthly magazine that provides critical industry topics, special features and best practices from all over the world.
- ***The Journal of Hospital and Health Services Administration:*** The official journal of ACHE. This journal is printed six times per year and includes articles in healthcare management, executive leadership, education, and research.

These two publications will keep students up to date on current issues affecting the health care industry.

- Members will also be eligible to participate in all conferences, seminars and professional meetings offered by ACHE. After graduation, in beginning a career, ACHE is there to help the new graduate along the way, offering advancement through the various levels of achievement which improves one's status as a health care manager.

Benefits of Student Membership in HESA:

- HESA offers the opportunity to enhance the student's academic experience through close association and networking with fellow students, especially senior students who can provide mentorship and support.
- HESA sponsors guest lecturers from the working world to speak on topics of interest to aspiring health care managers. HESA also holds frequent social events, which allows members to relax and enjoy social activities away from the pressures of the classroom, and provides an opportunity to get to know each other and build camaraderie.

The **objectives** upon which the Association is organized are as follows:

- To promote an environment conducive to educational and ethical development of personal and social skills in a manner that will enhance the attainment of effective leadership in health care organizations.
- To provide a vehicle for constructive student involvement, recognition, and representation in the profession of health care administration.
- To develop an association with local and regional health care executive groups that will enhance academic and career opportunities.
- To establish congruence between graduate and professional continuing educational activities to foster a skillful approach to health care administration.

- E. To inform members, potential members, and others in the community of the purposes of the American College of Healthcare Executives, its goals, benefits, and reasons for advancing status within the College.
- F. To provide faculty, local healthcare executives/administrators, and students in health care administration a forum for professional dialogue.

Become a Senior Officer:

For those who wish to be involved, senior-officer elections are held each Fall-Semester.

Membership Fees & Dues:

ACHE Annual Student-Membership Fee:	\$75.00
HESA Annual Student-Membership Fee:	\$50.00

For more information see any one of the elected student officers.

XII. Career Oriented Services

USC Career Planning and Placement Center

The USC Career Center offers career development services to both graduate and undergraduate students. The office is located on the sixth floor of the Business Administration Building. This office exists to assist students to transition successfully from college or graduate school to their chosen field or career. Their phone number is 777-7280.

The USC Career Center located in the Moore School of Business building provides a wide range of services accessible to all USC students. Career and job information/placement services are available to all USC students and to alumni for life, once they register into the system. Student services offered by the Career Center include:

- a. Workshops and seminars designed to increase students' awareness of career opportunities and potential employment sites in the health professions.
- b. Workshops designed to teach students appropriate job search skills. Workshop titles include Resume Writing, Interviewing Techniques, Writing a Career Objective, Job Search Strategies.
- c. Individual career counseling for graduate students.
- d. A listing of current employment opportunities for health professionals.
- e. Interview counseling with video tape assistance.
- f. Free access to foreign language learning labs such as Rosetta Stone

The complete range of services is posted at <http://www.sc.edu/career/>. There is no charge for the Career Center services. Also, many firms having health administration positions recruit at USC. If you wish to interview with recruiters, contact the Career Center at 777-7280.

Center for Business Communication

Another university-wide resource is the Center for Business Communication also located in the Business Administration building which provides one-on one tutoring and practice sessions on written and oral business and scientific communication and presentations.

Alumni access to USC webmail services

In addition, alumni have access to use their USC email address for two years after graduation which helps them pursue jobs and receive solicitations and job information from USC Career Services.

Professional Development Seminar Series

Effective August of 2005, all MHA students are required to participate in the Professional Development Seminar Series, in the first semester of the program. (Students who complete the MHA program in the Professional Format mode are not required to complete this seminar). An overview of this seminar is provided in the description of the MHA program. This Seminar has promoted stronger linkages between the Department and professionals at the USC Career Center. This Seminar is non-credit bearing, and offered to students without charge. MPH and Doctoral students are welcome to participate in this Seminar.

HSPM Department's career related services for HSPM students

In addition to the USC Career Center services, the respective program directors (MHA, MPH and doctoral) disseminate information to students on management fellowship, CDC fellowship, faculty positions and other career opportunities as received or accessed from other sources. For alumni who keep the Department updated with their contact information, the Department circulates by email notices of jobs received from recruiters and HR departments nationally.

XIII. Health Services Policy & Management Alumni Association (HSPM-AA)

The Health Services Policy and Management Alumni Association (HSPM-AA) of the Programs in Health Services Policy and Management (HSPM) of the University of South Carolina is the organization for the graduates of programs in the Department of Health Services Policy and Management. The primary mission of HSPM-AA is to provide a forum for purposes of professional networking and communication, continuing education, and interaction with and support for HSPM. It is the organization which represents alumni in contacts with HSPM, the university, and health care organizations. It serves as the collective voice of HSPM alumni.

The goals of the HSPM-AA are as follows:

1. To encourage participation of University of South Carolina Department of Health Services Policy and Management alumni and students in the activities and services of the HSPM-AA.
2. To promote, support and be involved in the continuing development of the University of South Carolina Department of Health Services Policy and Management programs.
3. To provide opportunities for professional networking, mentoring, information exchange, social interaction, and continuing education among alumni students and faculty.
4. To assist alumni and students in identifying employment, management residencies, graduate assistantships, and other opportunities.
5. To promote and support quality and professionalism among graduates of the Department of Health Services Policy and Management.
6. To communicate and coordinate the activities, interests and concerns of the HSPM-AA with other organizations.

The Alumni Association sponsors seminars twice a year, providing continuing education for alumni and an opportunity for current students and alumni to meet. The Department will distribute information about the seminars.

The HSPM Alumni Association's mailing address is: P.O. Box 6981, Columbia SC 29260.

Appendices: Forms

RESIDENCY APPROVAL FORM

DEPARTMENT OF HEALTH SERVICES POLICY AND MANAGEMENT

I. Proposal Approval

Student's Name _____

Project Title _____

A. Faculty Advisor Approval

Signature of Faculty Advisor Date of Approval

B. Preceptor Approval

Signature of Preceptor Date of Approval

Organization

Preceptor Statement: The attached proposal represents my understanding of what the student has agreed to do with this organization and I am hereby agreeing to provide necessary supervision and support in order to carry out this work. I will monitor this student to ensure that he/she does not violate policies and legal restraints of this organization.

II. Final Approval of Written Report

A. Faculty Advisor Approval

Signature of Faculty Advisor Date of Approval

B. Preceptor Approval

Signature of Preceptor Date of Approval

C. Second Reader Approval

Signature of Second Reader Date of Approval

(Approved May 1997; reviewed May 2004, revised May 2005; revised July 2010)

MANAGEMENT RESIDENCY PRECEPTOR EVALUATION FORM

Student Name _____ Date of Residency:

Organization _____ Location:

Project Title:

1. The student was well prepared academically for the Residency. (Please circle one response).

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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1.1 Please comment on specific issues/areas of practice in which the student could have been better prepared.

2. Residency Performance Area.

Please rank each area on a scale of 1-5 with 5 being Excellent and 1 being Poor.

	Excellent 5	Good 4	Adequate 3	Needs to improve 2	Poor 1
Promptness and Reliability	5	4	3	2	1
Inter-personal relations	5	4	3	2	1
Analytic skills	5	4	3	2	1
Knowledge: Current issues in Healthcare	5	4	3	2	1
Knowledge: Planning	5	4	3	2	1
Knowledge: Finance	5	4	3	2	1
Knowledge: Management	5	4	3	2	1
Professional: Writing skills	5	4	3	2	1
Professional: Presentation skills	5	4	3	2	1
Professional: Appearance	5	4	3	2	1
Professional: Behavior	5	4	3	2	1

3. Please list any suggestions you would have for improving the Management Residency.

4. The student met the goals and objectives that we had agreed on for the Residency.
(Please circle one response)

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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5. Did the student's faculty preceptor contact you during the first month of the Management residency?
___ Yes ___ No

6. The faculty advisor should be more involved with the Management residency.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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If you think there should be increased faculty involvement, please indicate how you would like to see this done.

Student Signature

Date _____

Preceptor Signature

Title _____

Date _____

Reviewed by preceptor with Student:

MHA/MPH Program Director Signature

(Approved May 1997; reviewed May 2004)

MANAGEMENT RESIDENCY STUDENT EVALUATION FORM

Student Name: _____ Date of Residency: _____

Organization: _____ Location: _____

Project Title:

1. The practice site preceptor fulfilled his/her responsibilities as we had agreed upon and as outlined in the Departmental handbook. (Please circle one response)

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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Comments: _____

2. The residency and project allowed for integration of course theory and content in a practice setting. (Please circle one response)

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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3. The residency allowed for:

3.1 Exposure to senior management activities in the organization

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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3.2 Experience throughout the organization.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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3.3 Completion of a management project.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

3.4 Participation in small projects.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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3.5 Opportunity to work in a team.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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4. What were the strengths in the MHA curriculum relative to your residency experience

5. What areas in the MHA curriculum should be strengthened relative to your residency?

6. How did the residency meet your needs or how could it have been improved?

7. Faculty availability and assistance met my needs during the residency. (Please circle one response)

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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8. What could be done differently to enhance the learning and integration aspects of the residency?

9. General Comments

	_____	_____
	Student Signature	Faculty Advisor Signature
	Date _____	Date _____

(Approved May 1997; reviewed May 2004)

**Department of Health Services Policy and Management
Arnold School of Public Health, University of South Carolina
Preceptor/Supervisor's Evaluation of Graduate Assistant's Performance**

Organization: _____
 Preceptor: _____ Title: _____ Email: _____
 Student name: _____ Date of evaluation: _____
 Number of semesters this student has worked for you so far: _____

I. GA performance dimension: (Please check appropriate box.)

	Excellent	Good	Average	Could improve	Poor	Not applicable
	5	4	3	2	1	NA
Prompt, maintains reliable schedule	5	4	3	2	1	n/a
Professional appearance	5	4	3	2	1	n/a
Professional Behavior	5	4	3	2	1	n/a
Inter-personal relations	5	4	3	2	1	n/a
Responds promptly to work requests	5	4	3	2	1	n/a
Reliably completes tasks	5	4	3	2	1	n/a
Initiative	5	4	3	2	1	n/a
Eagerness to learn	5	4	3	2	1	n/a
Accommodates new work needs	5	4	3	2	1	n/a
Meets deadlines	5	4	3	2	1	n/a
Oral communication	5	4	3	2	1	n/a
Written communication	5	4	3	2	1	n/a

II. General comments on the *student's strengths and weaknesses*?

III. Please recommend *two top priority areas for improvement* (your items may be different from the above).

IV. Based on the GA's performance, *would you rehire this student* if you needed help in future semesters? Yes / No/ Can't say, too early

V. Based on the GA's performance and attitudes *would you recommend this student to a potential employer* upon his/her graduation? Yes/ No/Cant say, too early

Other comments on the GAship experience or process:

Thank you! Please return the survey (email or fax) to Mitchell Taylor or fax to HSPM at 803.777.1836. (Pl. call 777-1627 before faxing, so that we can retrieve it immediately.)

Department of Health Services Policy and Management
Arnold School of Public Health, University of South Carolina
Student Evaluation of the Graduate Assistantship Experience
(Return the completed form to Mitchell Taylor)

Semester and year: _____ Student name: _____
 Degree objective: MHA / MPH Number of semesters in this GAship: ____/ __ months
 GA organization: _____ Unit/department: _____

Hours per week: _____ Years of full time work experience *prior to* the program: _____

1. Please rank order how important your GA-ship is for you on:

RANK

- Work experience
- Income
- Tuition reduction
- Professional experience in a health service or allied setting

2. To what extent was your GA-ship this semester a learning experience?

Not at all A little Moderate A lot I am a different person due to this GAship
 1 2 3 4 5

3. a) To what extent did you gain (or not gain) the following skills/competencies?

	Not at all 1	A little 2	Moderate 3	A Lot 4	I am a different person 5
Organizational skills	1	2	3	4	5
Management skills	1	2	3	4	5
Accounting	1	2	3	4	5
Oral communication	1	2	3	4	5
Written communication	1	2	3	4	5
Making presentations	1	2	3	4	5
Scientific knowledge	1	2	3	4	5
Program implementation	1	2	3	4	5
Cultural Competency	1	2	3	4	5
Data management	1	2	3	4	5
Research skills	1	2	3	4	5
Written communication	1	2	3	4	5

3. b) Any other comments on your GAship experience:

4. Self-assessment of performance: In your estimation, to what extent did YOU meet your SUPERVISOR'S EXPECTATIONS on the following (*Please check appropriate box.*)

	Excellent	Good	Average	Could improve	Poor	Not applicable
	5	4	3	2	1	NA
Prompt, maintains reliable schedule	5	4	3	2	1	n/a
Professional appearance	5	4	3	2	1	n/a
Professional Behavior	5	4	3	2	1	n/a
Inter-personal relations	5	4	3	2	1	n/a
Responds promptly to work requests	5	4	3	2	1	n/a
Reliably completes tasks	5	4	3	2	1	n/a
Initiative	5	4	3	2	1	n/a
Eagerness to learn	5	4	3	2	1	n/a
Accommodates new work needs	5	4	3	2	1	n/a
Meets deadlines	5	4	3	2	1	n/a
Oral communication	5	4	3	2	1	n/a
Written communication	5	4	3	2	1	n/a

Comments: *If your performance had changed later in the semester, indicate the items here.*

Performance item	Improved/Worsened

5. Time utilization: Indicate how your GAship time was spent (Percentages MUST add to 100).

Routine chores (filing, faxing, photocopying, errands)	___ %
Simple tasks pertinent to your department's core business or mission (e.g finance, quality improvement, etc)	___ %
Responsibilities pertinent to the core mission, with some autonomy of execution	___ %
Major responsibility for planning or executing a project	___ %
Attend departmental or work group meetings	___ %
Attend interdepartmental/ senior management meetings	___ %
Work with other departments/units for task or program planning/execution	___ %
Shadowing managers/executives/clinical functionaries	___ %
Idle time or busy work with no apparent work objective	___ %

Comments: *If your tasks changed later in the semester, indicate the items here.*

Task/ Activity	Improved/Worsened

(Fall 2009)