Graduate Project Overview

The Graduate Project (HCA 6899) is an important component of the MS-HCA program, and it serves as the Capstone experience. As such, it is the work equivalent of a thesis but is more practice-oriented. The Graduate Project is a learning experience that gives you an opportunity to show your individuality, interests, and originality, while using the knowledge and skills you developed in the program. You have two options for the Graduate Project: a work-based project or an internship experience. Both options will be under the supervision of the Graduate Coordinator.

OPTION 1 – Internship experience

The internship experience has two components - 200 documented on-site work hours and an internship report. The internship experience gives you an opportunity for meaningful participation in the “real world” of health care administration. Any health care organization can serve as an internship placement; it is your responsibility to find an internship placement although the Graduate Coordinator will help you if needed.

The work that you perform at the organization must be on-site and be connected to one or more of the four basic functions of administration and management: planning, leading, organizing, or controlling. Low-level administrative or clerical work cannot be used for the internship experience. If you are currently employed, your internship experience may be at your place of employment, as long as the work is not a part of your regular paid duties and responsibilities.

Please note that if the organization wants you to work to create or design a specific product that doesn’t require you to work on-site, you are doing a work-based project, not an internship experience.

An internship experience requires an involved intern supervisor, who is able to give you a broad exposure to the work of the organization and is willing to supervise and evaluate your work. The internship requires the completion of an internship contract, timesheet, and intern evaluation. A copy of each form is attached to this document. The completed contract must be submitted to the Graduate Coordinator before you begin your internship to assure that your experience meets the requirements.

The internship contract outlines the specific intern responsibilities and the intern supervisor’s attestation that s/he will document the intern’s work hours, will supervise the intern in his/her work, and will evaluate the intern’s work.

The timesheet documents the 200 hours of work. The timesheet should contain the dates and times of all of your 200 hours of work. Your internship supervisor should confirm each episode of work by his or her initial, and should sign the completed timesheet. The intern supervisor must include the timesheet in the submission of the intern evaluation.
The intern supervisor evaluation should be completed by the intern supervisor after the completion of the 200 hours. After completing the evaluation, the intern supervisor should scan and email the evaluation and the timesheet to the Graduate Coordinator. The intern is responsible for ensuring that the intern supervisor completes and emails the evaluation and the timesheet to the Graduate Coordinator.

The internship report should be a minimum of 15 pages and a maximum of 20 pages, excluding the title page, acknowledgements, and references. The report should be written in APA style, double-spaced, using the Arial 12 point font (or equivalent), with one-inch margins. Please refer to: http://owl.english.purdue.edu/handouts/research/r_apa.html for help with the APA style. The report should contain the following components:

- **Title Page:** This should include the University name, the Department name, the program name, the project title, your name, your Net ID, and the quarter in which you enrolled in HCA 6899 (Graduate Project).

- **Acknowledgements:** It is usual to thank those individuals who have provided assistance during your internship experience or during your graduate program, but you may leave this section out if you wish.

- **Overview of Organization:** In this brief section you should describe the organization in which you did your internship. After reading this section, the reader should have a fairly clear view of the type of organization where you performed your internship. Do not copy/paste any material from the organization’s website or promotional materials. If you plagiarize any part of this section, you will not earn a passing grade in HCA 6899.

- **Breakdown of 200 Hours:** This section should contain a broad breakdown of your 200 hours of work. How many hours per week did you generally work? What did you do during those hours? What were your duties and responsibilities? What additional skill sets or knowledge did you develop or acquire as a result of your work? How beneficial was the internship experience to your professional development?

- **Relationship of the Internship Experience to the MS-HCA Program:** In this section, you should discuss the MS-HCA program and the skill sets and knowledge base that you acquired from the program and integrate them with the capstone experience. You should address the following questions:
  - How did your capstone experience draw on the theories, issues, readings, skills, and information presented in the MS-HCA program?
  - Which courses did you find most helpful to your professional development and for preparing you for the capstone experience and employment in the health care field?
  - What new skills did you develop or strengthen in the program that prepared you for the capstone experience and have increased your likelihood for employment in the health care field?
  - What skills or course content wasn’t covered in the program that you think should have been covered?
  - What skills or course content was covered in the program that you think should not have been included?
• **Reference List**: This section requires in-text references and citations to document sources consulted in preparing the section: This consists of a list of all the books, articles, manuals, internet sites etc. cited in the section describing the relationship of the internship experience to the MS-HCA program. The references should be in alphabetical order, and you should use the APA style to cite and document sources. **The minimum number of references is five references.**

The breakdown of the 200 hours and the relationship of the internship experience to the MS-HCA program should be the largest sections of your report - at least 6 pages for each section. **The overview of the organization should be a maximum of 2 pages.**

**OPTION 2 – Work-Based Project**

In the work-based project, you are working with a health care organization to achieve a specific and limited goal. The goal is to create something for the health care organization that will enable the organization to better serve its clients, generate revenues, market itself, assess community demand, improve quality, or meet regulatory requirements. **Before beginning your work-based project, you must submit a work-based project contract**. This form is at the end of this document. The work-based project has two components: the “product” and the “project report.” The product is what you actually create for the health care organization that is involved in the project. Examples of previous products include:

- Designing a *diabetes workshop* at a medical clinic for low-income parents of children with diabetes, and for whom English is not the first language
- Drafting the *quality standards report* for a health care plan as part of its accreditation review by the National Committee for Quality Assurance (NCQA)
- Creating an *outreach plan* for a cancer resource center that targets underserved populations in Oakland
- Performing a *statistical analysis* of service usage data for a VA hospital in terms of gender, medical condition, severity of condition, and service outcome
- Developing a *marketing plan* for a newly-formed dental office

The project report is a **15 to 20-page paper** that explores the research underpinnings of the product. In the case of the diabetes workshop, for example, the student based the design and content of the workshop on an extensive literature review of community health outreach, health education, cultural competency, adult learning, and the causes, prevention and control of diabetes. **The project report reflects the “why” of the product design.**

The layout and formatting of the report is an important part of the report. The report should be a minimum of 15 pages and a maximum of 20 pages, excluding the title page, acknowledgements, table of contents, abstract, reference list, and the Appendix. **Your reference list should have a minimum of 10 sources.** The report should be written in APA style, double-spaced, using the Arial 12 point font (or equivalent), with one-inch margins. The report should contain the following components:

- **Title Page**: This should include the University name, the Department name, the program name, the project title, your name, your Net ID, and the quarter in which you enrolled in HCA 6899 (Graduate Project).
• **Abstract:** The abstract is a brief summary (roughly 250 words) of the report's contents. It should provide someone unfamiliar with your project a good idea of what it's about.

• **Acknowledgements:** It is customary to thank those individuals who have provided assistance during your work-based project or during your graduate program, but you may leave this section out if you wish.

• **Table of Contents:** This should list the main sections of your project report. Choose self-explanatory section titles and use double spacing for clarity. You should include page numbers indicating where each section begins.

• **Introduction:** This is important because it sets the scene for your work. The introduction should include a statement of what the project is about, so that a lay reader can understand the nature and scope of the project. It should summarize information about the health care organization working with you on the project, assess the need for the product, describe what you set out to achieve, and give an overview of the key issues you faced.

• **Findings from Research:** This should be the largest section of the report, and it usually consists of three or four major sections detailing the research undertaken. The order and structure of these sections are highly project-dependent. In the diabetes workshop project, for example, the major sections were: community health outreach, health education, cultural competency, adult learning, and the causes, prevention and control of diabetes.

• **Integrating Research Findings in the Product Design:** The findings from your research should be reflected in the design of your product. The purpose of the research was to help you develop a good product - the research findings should drive the product design. In this section, you should describe how you integrated the research findings in the final product design.

• **Conclusions:** Your conclusions should discuss what you have learned as a result of your work. In addition, in this section you should include any skill sets or knowledge that you acquired from the MS-HCA program that were helpful to you in designing the product. You should address the following questions:
  o How did your capstone experience draw on the theories, issues, readings, skills, and information presented in the MS-HCA program?
  o Which courses did you find most helpful to your professional development and for preparing you for the capstone experience and employment in the health care field?
  o What new skills did you develop or strengthen in the program that prepared you for the capstone experience and have increased your likelihood for employment in the health care field?
  o What skills or course content wasn't covered in the program that you think should have been covered?
  o What skills or course content was covered in the program that you think should not have been included?

**Reference List:** This section requires in-text references and citations to document sources consulted in preparing the section. This consists of a list of all the books, articles, manuals,
internet sites etc. used in the project and cited in the report - in alphabetical order. You should use the APA style to cite and document sources. Please refer to: http://owl.english.purdue.edu/handouts/research/r_apa.html for help with the APA style.

- **Appendix:** The appendices contain information peripheral to the main body of the report: tables, graphs, handbooks, manuals, test cases or any other material which would break up the theme of the text if it appeared in the main body of the report.

In addition to the project report, a representative from the organization where you completed the work-based product must provide an evaluation of your work. The form to be completed is at the end of this document. After completing the evaluation, the individual should scan and mail the evaluation to the Graduate Coordinator. You are responsible for ensuring that the individual completes and mails the evaluation to the department.

**University Writing Skills Requirement (UWSR)**

All students should meet the UWSR requirement in the first or second quarters of the MS-HCA program. Some students wait until the end of the program to do so, which may have serious negative consequences. Postponing meeting the UWSR may delay the completion of your degree. **You must meet the UWSR before the degree can be conferred.**

**Informed Consent, Waiver of Liability, and Release**

Whenever a CSUEB student participates in an off-campus learning experience to meet requirements for a course, the student must review and sign the *Informed Consent, Waiver of Liability, and Release* form. The form is included at the end of this document and should be submitted to the Graduate Coordinator before the off-site work begins.

**When to Register for the Graduate Project**

You should enroll in HCA 6899 in the quarter indicated in the MS-HCA Degree Completion Roadmap that corresponds with your quarter of admission. In order to receive a permission number to enroll in HCA 6899, you must receive approval from the Graduate Coordinator. If you have not met the UWSR, the Graduate Coordinator may decline to give you permission to enroll in HCA 6899.

**Graduate Project Completion**

The Graduate Project does not have to be completed within one quarter. You have four quarters, including the quarter in which you first enrolled, to complete the project. If you only have the Graduate Project to complete, you may work on the Graduate Project without additional tuition or fees, with one exception. If you need access to university facilities (such as remote access to computerized Library databases, use of the computer lab, or a parking permit) and you have completed all other units required for your degree, you should register for GS X6990, Graduate Study Completion. This course is offered through Extension. It is a one-unit course with a small fee. Registering for GS X6990 will provide you with a valid student ID card. You can register for this course by picking up a GS X 6990 Graduate Study Completion Form in the Office of Extended Education and Instructional Services. If you do not need access to University facilities while you are
completing the Graduate Project or if you are enrolled in other courses, you do not need to register for GS X6990.

If you do not complete the Graduate Project within the quarter in which you registered, and you are making satisfactory progress, you will receive a grade of RP, which indicates Report in Progress. Once you have finished the Graduate Project, your grade will be changed to the grade you earned.

You must complete the Graduate Project within the 4-quarter deadline. If you miss the deadline, your RP grade will convert to an F. You will have to re-enroll in HCA 6899 and pay additional fees. This will be expensive and will delay your degree completion by several quarters.

In order to earn a grade during a specific quarter, the final Graduate Project must be submitted by deadline established by the Graduate Coordinator. Any Graduate Projects submitted after the deadline will not be graded until the subsequent quarter.

Submission of the Graduate Project

The project report or internship report must be submitted to the Graduate Coordinator in electronic form, for example, as an attachment in an email. It is not necessary, nor is it desirable, for you to also submit a hard copy of the materials. For those doing the work-project option, an electronic copy of the product should also be submitted.

How is a Graduate Project Graded?

The Department requires a grade B or better to satisfactorily complete the Graduate Project and the requirements for receiving the MS-HCA degree. Your work will be assessed by the Graduate Coordinator through either your project product, project report, and product evaluation or through your internship report, timesheet, and intern evaluation. All reports must be well-written, met the layout requirements, and demonstrate substantive work.
California State University, East Bay
Department of Public Affairs and Administration
HCA 6899 Internship Contract

To be completed by Intern, Intern Supervisor, and Graduate Coordinator (PLEASE PRINT)

Student Name: __________________________________________   Net ID: _________________

Phone #: ____________________________ E-Mail: ________________________________

Internship Placement

Name of Organization: _____________________________________________________________

Name of Intern Supervisor: __________________________________________________________

Position of Intern Supervisor: ________________________________________________________

Intern Supervisor Phone #: __________________________  E-Mail: ________________________

Organization Address: ______________________________________________________________

Organization City, State, & Zip Code: __________________________________________________

Start Date: ___________  End Date: ____________  Hours Per Week: ___________

Voluntary Position?: Yes   No

Please describe the intern’s specific responsibilities and duties. (To be completed by Intern Supervisor)

_____________________________________________________________________________

_____________________________________________________________________________

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_____________________________________________________________________________

Please outline any specific risks involved in this placement to either CSUEB student or population served. Are there any special risks? Will the student be subjected to any risks (outside of those generally expected) due to exposure to disease, strenuous physical activity, or other personal harm? If so, please list. (To be completed by Intern Supervisor)

_____________________________________________________________________________

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_____________________________________________________________________________
Will the student ever work unsupervised with your clients? If so, under what circumstances?

By signing this form, the Intern attests that s/he will work a minimum of 200 hours, will document his/her work hours, and will write an internship report.

By signing this form, the Intern Supervisor attests that s/he will document the intern’s work hours, will supervise the intern in his/her work, and will complete the intern evaluation. The intern supervisor also attests that s/he has received the intern’s timesheet and evaluation form.

By signing this form, the Graduate Coordinator attests that s/he will provide additional supervisor of the student and will be available to the Intern Supervisor to answer any questions regarding the internship duties and responsibilities, the time sheet, or the intern evaluation form.

INTERN: ________________________________________________ DATE: _____________

SUPERVISOR: ____________________________________________ DATE: _____________

GRADUATE COORDINATOR: ________________________________ DATE: _____________
To be completed by Student, Project Supervisor, and Graduate Coordinator (PLEASE PRINT)

Student Name: __________________________________________   Net ID: ______________________

Phone #: ____________________________ E-Mail: _____________________________________

Organization

Name of Organization: ________________________________________________________________

Name of Project Supervisor: _________________________________________________________

Position of Project Supervisor: _______________________________________________________

Project Supervisor Phone #: _________________________ E-Mail: ________________________

Organization Address: __________________________________________________________________

Organization City, State, & Zip Code: __________________________________________________________________

Start Date: _______________    End Date: ______________

Voluntary Work?:  Yes     No

Please describe the product that the student is developing for your organization and the student’s specific responsibilities and duties. (To be completed by Project Supervisor)

____________________________________________________________________________________

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Please outline any specific risks involved in this project to either CSUEB student or the organization’s population served. Are there any special risks? Will the student be subjected to any risks (outside of those generally expected) due to exposure to disease, strenuous physical activity, or other personal harm? If so, please list. (To be completed by project supervisor)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Will the student ever work unsupervised with your clients? If so, under what circumstances?

By signing this form, the Student attests that s/he will work on the product identified by the Project Supervisor, will provide the Graduate Coordinator with a copy of the product developed, and write a work-based project report.

By signing this form, the Project Supervisor attests that s/he will oversee the Student in his/her work, and will complete the work-based project evaluation.

By signing this form, the Graduate Coordinator attests that s/he will provide additional supervision of the Student and will be available to the Project Supervisor to answer any questions regarding the Student’s duties and responsibilities, the requirements for the work, or the work-based project evaluation form.

STUDENT: _______________________________________________ DATE: ______________

SUPERVISOR: ________________________________ DATE: ______________

GRADUATE COORDINATOR: ______________________________ DATE: ______________
California State University, East Bay  
Department of Public Affairs and Administration  
HCA 6899 Internship Timesheet

Intern Supervisor Name: _________________________________________________________

Intern Name: __________________________________________________________________

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<tr>
<th>DATE</th>
<th>TIME</th>
<th># HOURS</th>
<th>SUPERVISOR INITIALS</th>
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Supervisor Name: ________________________________________________________________

Organization Name: ____________________________________________________________

Student Name: _________________________________________________________________

Dates of Work (beginning date and ending date): ____________________

__________________________________________________________________________

By circling the number of the appropriate response, please indicate the degree to which the intern demonstrated the following during his/her internship with your organization:

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<th>Low</th>
<th>Med</th>
<th>High</th>
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<tr>
<td>Ability to perform and complete assigned tasks...........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Initiative and motivation in his/her work...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Professional judgment and maturity.....................</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>Ability to take and respond constructively to criticism</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Ability to work productively with other personnel.......</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Level of technical skills...............................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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If applicable, how would you rate the quality of work produced by the intern for your organization (for example research, grants, reports, etc)?.................. | 1   | 2   | 3    | 4   | 5   | 0   |

How would you rate this intern’s overall performance?... | 1   | 2   | 3    | 4   | 5   | 0   |

Please provide any comments that you would like to make regarding the intern’s work:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Supervisor Name: ________________________________________________

Organization Name:  ___________________________________________________

Student Name:  _________________________________________________________

Dates of Work (beginning date and ending date): ____________________

By circling the number of the appropriate response, please indicate the degree to which the student demonstrated the following during his/her work with your organization:

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<th>Med</th>
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<tbody>
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<td>Ability to perform and complete tasks</td>
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<tr>
<td>Initiative and motivation</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Professional judgment</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>Ability to take and respond</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>Ability to work productively</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>Level of technical skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Quality of work produced</td>
<td>1</td>
<td>2</td>
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<td>How would you rate this student's</td>
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<tr>
<td>overall performance?</td>
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</table>

Please provide any comments that you would like to make regarding the student’s work:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ____________________________ Date: ________________
CSU EAST BAY MS-HCA PROGRAM OFF-CAMPUS LEARNING EXPERIENCE
INFORMED CONSENT, WAIVER OF LIABILITY, AND RELEASE

I, the undersigned participant, am requesting participation in an off-campus learning experience to meet the course requirements of HCA 6899 (Graduate Project), which is the capstone experience in the MS-HCA program. The off-campus learning experience is participation in a 200-hour off-campus internship at or a work-based project at a health care organization.

I understand that while participating, I am participating as a student and not as an employee, volunteer or agent of the University. I understand that I have none of rights, privileges and benefits, including workers’ compensation coverage, that are associated with such designations.

I agree to act in a responsible manner while representing California State University and abide by all rules and regulations that govern the site in which I have been placed. I agree to adhere to the student conduct requirements that are available at: http://www20.csueastbay.edu/students/campus-life/student-life/sdja/student-conduct.html.

The potential risks of participating in the internship in include, but are not limited to: travel to and from home and off-campus learning experience, food poisoning, theft, exposure to contagious diseases, care accident, pedestrian accident, tripping, and falling. Knowing, understanding and fully appreciating the potential of risks, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my participation in this activity up to and including death. Some of the risks and dangers are listed above. I understand this list is not all inclusive and may not cover all events offered.

I understand that medical coverage and services provided by the Student Health Services of CSU East Bay are limited. I understand that medical services not available from the CSU East Bay Student Health Services would need to be provided by a separate medical plan such as a family health plan. I understand that I should use my personal medical insurance as a primary medical coverage payment if an accident or injury occurs.

Off-Campus Site Information

Name of Organization: _________________________________________________________

Name of Intern Supervisor: ____________________________________________________

Organization Address: _________________________________________________________

I have read this consent, waiver and release and understand the terms used in it and their legal significance. This informed consent, waiver and release are freely and voluntarily given with the understanding that the right to legal recourse against the State is knowingly given up in return for allowing my participation in the activity.

My signature on this document is intended to bind and not only myself but also my successors, heirs, representatives, administrators, and assignees. I affirm that I am 18 years or older.

Student: ________________________________________ Net ID: _________ Date: ____________