

Department of Public Affairs and Administration (PUAD)
Annual Report to CAPR
MS-HCA Program

1. Brief Self-Study

This brief self-study provides information on the MS-HCA program's progress toward the objectives outlined in the previous five-year program review, barriers to meeting those objectives, and re-evaluation of some objectives. The previous five-year review, which was the program's first review, covered 2000-2005. The date of the next five-year review is 2011-2012 due to the shifting by one year of all programs reviews following review postponement in 2009-2010. In the five-year review, the program objectives were to revise the curriculum, expand the program, apply for CAHME accreditation, create Student Learning Outcomes (SLOs) and collect assessment data, develop collaborations with other departments and community organizations, evaluate internship placements, and track employment placement.

In regards to the curriculum revision, the MS-HCA curriculum has been completely redesigned and will be implemented in Fall 11. Changes to the curriculum include the deletion of the Healthy Communities option, creation of six new courses, incorporation of the context from the foundation courses to the units required for the degree, approval of hybrid and fully online course delivery, development of departmental guidelines for hybrid courses, and revision of the requirements for the capstone experience (HCA 6899 – Graduate Project). In addition, degree completion roadmaps have been completed, providing students with efficient pathways to degree completion for students enrolled in one or two courses per quarter and for students admitted in the Fall and Spring quarters.

In regards to program expansion, there are currently 100 students in the MS-HCA program, which is less than the projected number. Although demand for the program is high, the program has not been able to expand due to several factors: administrative cap on admissions, lack of program faculty, and diminished administrative support. In regards to CAHME accreditation, the program is re-evaluating this objective. Needed programmatic resources needed to meet the minimum CAHME standards include increasing the MS-HCA faculty by four tenure-track faculty, adding a 100%, 12-month administrative position, giving the Graduate Coordinator release time, and decreasing class sizes. In the last five-year review, the program requested three tenure-track faculty positions, additional release time for the Graduate Coordinator, and an administrative position. Not only have those resources not been received, but the resources the program had at the time of the five-year review have been substantially decreased.

In regards to the development of SLOs and assessment data collection, the program has developed a set of core competencies that program graduates should have once they complete the degree and the program has developed a curriculum map that times these competencies to each of the courses. Each course has a set of SLOs that are tied to the core competencies. We are using a pre/post test approach to assessing student learning in most of the health care administration option courses, and have begun to develop that approach for the other option areas. For most of the courses, we are assessing student learning in a pre-test/post-test design. At the beginning of each course, a 15-question test is administered (pre-test) and the same test is administered (post-test) at the end of the course. The tests are then compared to assess the change in student learning. Loss of faculty and administrative support has hindered this effort.

In regards to developing collaborations, PUAD has developed a partnership with the Alameda County Human Resource Services Department (ACHRS) and the Alameda County Education and Training Center (ACETC) to design a workforce development and succession plan for Alameda County public employees. A significant part of the workforce development plan is to create career ladders for the

public employees that are tied to educational achievement. PUAD has been designated by ACHRSD and ACETC as the “educational provider of choice” and we are currently offering the MPA program to multiple cohorts of Alameda County public employees. We hope to offer the fully online MS-HCA program beginning Fall 11, but approval for the program is still pending with the Chancellor’s Office.

In regards to internship evaluation, we now require all internships to have a contract outlining the duties and responsibilities of the intern, the internship supervisor, and the Graduate Coordinator. The internship supervisor must provide verification of work hours and at the end of the internship, the supervisor provides an evaluation of the intern’s performance and his/her level of preparation to accomplish the work. In regards to tracking employment placement, we are now maintaining a database of alumni, which we hope to include employment data.

2. Summary of Assessment Results

As mentioned, previously, the program has developed a set of core competencies that program graduates should have once they complete the degree and the program has developed a curriculum map that times these competencies to each of the courses. Each course has a set of SLOs that are tied to the core competencies (See Appendices 1 and 2). For most of the courses, we are assessing student learning in a pre-test/post-test design. At the beginning of each course, a 15-question test is administered (pre-test) and the same test is administered (post-test) at the end of the course. The tests are then compared to assess the change in student learning. Loss of faculty and administrative support has hindered this effort.

Course - Quarter	Pre-Test	Post-Test	Difference
HCA 6240 – Winter 07	13.3	83.6	70.3
HCA 6240 – Winter 08	0.0	86.9	86.9
HCA 6260 – Spring 07	46.7	90.4	43.7
HCA 6260 – Spring 08	53.3	92.8	39.5
HCA 6260 – Spring 09	80.2	89.3	9.1
HCA 6280 – Fall 07	75.8	92.6	16.8
HCA 6280 – Fall 08	73.7	90.8	17.1
HCA 6280 – Fall 09	80.2	95.4	15.2

3. Planning and Institutional Research

NOTE: The information provided in the table below is incorrect, but is provided as required. We do not have 524 undergraduate students in the MS-HCA program. We are a graduate program and the current headcount is approximately 100 students. The rest of the data presented is thus suspect.

Headcount Enrollment	Fall Quarter				
	2005	2006	2007	2008	2009
<i>Health Care Administration</i>					
1. Undergraduate	199	270	330	427	524
2. Postbaccalaureate	5	9	4	7	7
3. Graduate	0	0	0	0	0
4. Total Number of Majors	204	279	334	434	531
	College Years				

Degrees Awarded	04-05	05-06	06-07	07-08	08-09
<i>Hearth Care Administration</i>					
1. Undergraduate	0	0	0	0	0
2. Graduate	16	22	25	28	32
3. Total Number of Majors	16	22	25	28	32
Public Affairs & Administration	Fall Quarter				
	2005	2006	2007	2008	2009
<i>A. Students Headcount</i>					
1. Undergraduate	199	270	330	427	524
2. Postbaccalaureate	5	9	4	7	7
3. Graduate	176	185	206	236	198
	380	464	540	670	729
	College Years				
<i>B. Degrees Awarded</i>	04-05	05-06	06-07	07-08	08-09
1. Undergraduate	0	0	0	0	0
2. Graduate	99	107	106	111	124
3. Total	99	107	106	111	124
	Fall Quarter				
	2005	2006	2007	2008	2009
<i>C. Faculty</i>					
Tenured/Track Headcount					
1. Full-Time	7	6	7	7	7
2. Part-Time	0	1	1	1	1
3a. Total Tenure Track	7	7	8	8	8
3b. % Tenure Track	50.0%	41.2%	47.1%	44.4%	44.4%
Lecturer Headcount					
4. Full-Time	0	0	0	0	0
5. Part-Time	7	10	9	10	10
6a. Total Non-Tenure Track	7	10	9	10	10
6b. % Non-Tenure Track	50.0%	58.8%	52.9%	55.6%	55.6%
7. Grand Total All Faculty	14	17	17	18	18
Instructional FTE Faculty (FTEF)					
8. Tenured/Track FTEF	6.3	5.7	7.0	6.8	6.7
9. Lecturer FTEF	2.5	3.2	9.0	1.9	0.8
10. Total Instructional FTEF	8.8	8.9	16.0	8.7	7.5
Lecturer Teaching					
11a. FTES Taught by Tenure/Track	80.8	77.1	98.9	90.9	125.9
11b. % of FTES Taught by Tenure/Track	58.9%	52.0%	59.2%	56.3%	87.2%
12a. FTES Taught by Lecturer	56.3	71.2	68.3	70.7	18.4
12b. % of FTES Taught by Lecturer	41.1%	48.0%	40.8%	43.7%	12.8%
13. Total FTES taught	137.1	148.3	167.2	161.6	144.3
14. Total SCU taught	2056.0	2224.0	2508.0	2424.0	2164.0
<i>D. Student Faculty Ratios</i>					
1. Tenured/Track	12.8	13.6	14.1	13.3	18.9
2. Lecturer	22.6	22.3	7.6	37.8	23.0
3. SFR By Level (All Faculty)	15.6	16.7	10.5	18.6	19.3
4. Lower Division	0.0	0.0	0.0	0.0	0.0
5. Upper Division	26.3	26.8	15.9	28.5	31.8
6. Graduate	13.1	13.6	9.0	15.1	15.9

E. Section Size					
1. Number of Sections Offered	27.0	28.0	30.0	32.0	25.0
2. Average Section Size	23.0	22.3	23.5	20.5	24.9
3. Average Section Size for LD	0.0	0.0	0.0	0.0	0.0
4. Average Section Size for UD	32.4	30.1	32.7	34.1	38.2
5. Average Section Size for GD	20.2	19.1	20.8	16.2	20.8
6. LD Section taught by Tenured/Track	0	0	0	0	0
7. UD Section taught by Tenured/Track	2	3	5	3	5
8. GD Section taught by Tenured/Track	16	13	14	18	17
9. LD Section taught by Lecturer	0	0	0	0	0
10. UD Section taught by Lecturer	3	4	1	4	0
11. GD Section taught by Lecturer	6	8	10	7	3

Source and definitions available at:

<http://www.csueastbay.edu/ira/apr/summary/definitions.pdf>

MS-HCA Program and Student Learning Outcomes Assessment

PUAD relies on a number of sources of information to assess student performance and the accomplishment of the MS-HCA program's mission and desired program outcomes. Based on input from those sources and a survey of over 150 health care employers, PUAD conducted a major revision of the MS-HCA curriculum, and the new curriculum has been approved for implementation for Fall 2011. As part of that major curriculum revision, we developed a new assessment plan. The primary sources of input to the curriculum revision and assessment plan include:

- Input from the MS-HCA Advisory Board, which consists of representatives from health care employers located in the Greater San Francisco Bay Area, program alumni, and current students
- Relevant research findings regarding effectiveness in health care administration/management education, such as the five competency domains and Competency Directory developed by the Healthcare Leadership Alliance (HLA)
- Curriculum recommendations from the Commission on Accreditation Healthcare Management Education (CAHME)
- Results of pre/post tests in each course, excluding HCA 6899
- Exit survey, which is completed during HCA 6899
- Student performance in HCA 6899 (Project), the capstone experience
- Discussion and planning at the department meetings and annual retreat

MS-HCA Advisory Board

The members of the 2010-2011 MS-HCA Advisory Board include the following:

- Aaron Chang, MS-HCA student
- Peg Jackson, Partner, Peg Jackson and Associates
- Drew Kain, MS-HCA alumnus
- Elsie Lum, Director, Alameda County Training and Education Center
- Peggy McQuire, Executive Director, Women's Cancer Resource Center
- Jignesh Parikh, MS-HCA student
- Amy Pradhan, Program Coordinator, Minority Training Program in Cancer Control and Research, University of California, San Francisco (UCSF)
- Tejal Shah, MS-HCA student
- Savannah Shaw, MS-HCA alumna
- Donna Siu, MS-HCA alumna
- Icurus Trang, MS-HCA alumnus
- Mary Welsh, Interim Director, Alameda County Human Resource Services Department
- Jeffrey Wong, MS-HCA alumnus

The Advisory Board will meet as a group late in the Winter 11 quarter to discuss the recent MS-HCA curriculum revision and the launch of the online MS-HCA program scheduled for Fall 2011.

Healthcare Leadership Alliance (HLA)

In today's turbulent health care environment, administrators and managers are expected to demonstrate measurable outcomes and effectiveness and to practice evidence-based management. Within health care administration and management education, there has thus been a movement towards competency-based education. The Healthcare Leadership Alliance (HLA) is a consortium of major professional associations in the health care field that began to develop a directory of the knowledge, skills, and abilities all health care administrators and managers should possess for workplace effectiveness. The associations included:

- American College of Healthcare Executives (ACHE);
- American College of Physician Executives (ACPE);
- American Organization of Nurse Executives (AONE);
- Healthcare Financial Management Association (HFMA);
- Healthcare Information and Management Systems Society (HIMSS); and
- Medical Group Management Association (MGMA) and its educational affiliate, the American College of Medical Practice Executives (ACMPE).

The HLA has identified five competency domains that graduates from health care administration and management program should achieve and be able to demonstrate. PUAD recently adopted those five domains for the MS-HCA program outcomes. Those competency domains are:

1. **Communication and Relationship Management:** The ability to communicate clearly and concisely with internal and external customers, to establish and maintain relationships, and to facilitate constructive interactions with individuals and groups
2. **Leadership:** The ability to inspire individual and organizational excellence, to create and attain a shared vision, and to successfully manage change to attain the organization's strategic ends and successful performance
3. **Professionalism:** The ability to align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient and community, a service orientation, and a commitment to lifelong learning and improvement
4. **Knowledge of the Healthcare Environment:** The demonstrated understanding of the healthcare system and the environment in which healthcare managers and providers function
5. **Business Skills and Knowledge:** The ability to apply business principles, including systems thinking, to the healthcare environment; basic business principles include (a) financial management, (b) human resource management, (c) organizational dynamics and governance, (d) strategic planning and marketing, (e) information management, (f) risk management, and (g) quality improvement

These five competency domains are imbedded in the MS-HCA curriculum and in the student learning outcomes for all of the MS-HCA courses. The curriculum map for the MS-HCA program shows the alignment of instruction with the desired five competency domains. The student learning outcomes for each individual course are also connected with each of the five competency domains. All of the courses address the fourth competency domain, knowledge of the health care environment, and all courses address multiple domains. For example, the student learning outcomes for HCA 6280 (Legal and Ethical Aspects of Health Care) also address the first (communication and relationship management) and third (professionalism) competency domains. The student learning outcomes for HCA 6280 are:

By the end of the course, the successful student should be able to:

- Provide a critical analysis of the legal and medical issues associated with the delivery of quality patient care
- Compare and contrast the different philosophies and principles of ethics
- Prevent, identify, or resolve ethical problems in the health care organization
- Identify the different sources of law (common, statutory, and administrative)
- Specify and discuss the three basic categories of tort law
- Explain the procedural aspects of criminal law
- Discuss the different types of contracts and their elements
- Outline the procedures leading up to and following a trial
- Summarize the areas of corporate liability
- Appraise the responsibilities and the legal risks of physicians, nurses, other health professionals, and health care organizations
- Explain the legal and ethical issues underpinning current health care controversies

We have developed course-specific student learning outcomes for six of the twelve courses in the MS-HCA program – HCA 6210, 6230, 6240, 6260, 6280, and 6899. The other six courses are new courses that were added as part of the major MS-HCA curriculum redesign. We plan to have the student learning outcomes for these six courses completed prior to the beginning of the Fall 11 quarter.

See attached curriculum map.

Beginning in the Fall 2008, PUAD introduced a three-step tracking and evaluation of student progress which is evaluated by the faculty, staff, Graduate Coordinator, and the Chair. This includes: 1) evaluation at the entry; 2) evaluation upon the completion of the foundation courses; and 3) the final assessment in the capstone class.

Assessment at entry: At the time of admission, each student is assessed in terms of undergraduate GPA, statement of purpose, letters of recommendation, and resume. In addition to assessing some basic entrance data, the Admissions Committee tries to assess the writing ability of an applicant by reading the statement of purpose.

First, the program conducts an exit survey as part of HCA 6899 (Project), which is the capstone experience in the MS-HCA program (See Appendix 4). Students are asked to evaluate the program's effectiveness in terms of their learning outcomes. Students are also asked to provide open-ended comments on what they liked best about the program and whether they have any suggestions to improve the program.

In addition to the exit survey just described, the program also seeks the opinion of members of the MS-HCA Advisory Board in assessing its program. The Advisory Board consists of representatives of the major health care employers, members of the American Council of Healthcare Executives (ACHE), current students, and MS-HCA alumni. The Board meets once a year usually sometime in the Spring quarter. Through this interaction between faculty, employers, and former MPA graduates, the Department gains information about the skills that are needed in organization and the performance of those who have graduated from the program. Their suggestions are often reflected in the process of curriculum revision. Employers who have hired MPA students for internships must fill out a brief evaluation form which provides an assessment of each student intern. This information gathering is important in assessing the performance of the Department in meeting its mission and objectives.

A third method of assessment is the performance of students in classes. Through an understanding of how well students are engaging course material and how well they write essays, the faculty gains valuable information on the extent to which program goals are being achieved. The MPA program is also assessed, in part, by the performance of its students on the MPA Comprehensive Exam that is taken in the final quarter of the program. While the failure rate on the exam is very low, there is variation in the level of quality of response among students who pass, and that variation can help to inform us as the effectiveness of the program. Students who fail the comprehensive exam are permitted to retake the exam the following quarter. If a student fails the exam twice, he/she is removed from the program. Another important source of information for assessment of the program is the formal course evaluation that must be completed by each student at the end of each class. These evaluations provide important data on the quality of instruction in the program.

A variety of additional, but less formal indicators of quality are also used to assess program outcomes:

- For those students who opt to write the departmental or university thesis, their learning is assessed in terms of conceptual ability, research methods, content, and writing
- Periodic interviews with the alumni are conducted

- Review of courses and teaching styles are often discussed at faculty meetings

Some of the assessment methods are informal and on-going, based largely on student evaluations of courses and general feedback to the faculty from students throughout the program. Because some courses are more theoretically and philosophically oriented than courses that focus on technical and quantitative analysis, their outcomes are not readily assessed quantitatively. Our best measure is the satisfaction of students and alumni which is clearly exhibited in the results of the survey of recent graduates (See Appendix 4).

1. To analyze organizations and conduct organizational problem solving from multiple theoretical perspectives;
2. To effectively engage in governmental, non-profit, and community organizations through oral and written communication, and as innovative change agents;
3. To promote democratic values, effective and transparent government, and ethical responsibility;
4. To effectively engage in collaborative problem solving, with critical thinking, as well as qualitative and quantitative analytical and research skills;
5. To participate in and contribute to the process of policy-formulation and implementation; and
6. To effectively engage in organizational governance and promote citizen participation.

The above objectives include core knowledge and skills that we expect students to learn. They are reflected in various courses in the MPA curriculum which will be pointed out in the section on curriculum.

5. _____ Which of the following statements is true?
- a. Malaria, tuberculosis, and the human immunodeficiency virus (HIV) are all examples of chemical hazards
 - b. Water pollution includes and physical or chemical change in water that can harm living organisms or make it unfit for other uses.
 - c. Acid rain is rain that contains pollutants such as nitrogen oxides, hydrocarbons, ozone, and peroxyacyl nitrates.
 - d. All of the above
 - e. None of the above

The course-specific SLOs for additional courses in the health care option can be seen in Appendix 7.

MS-HCA Curriculum Map

Competency Domains/ HCA Courses	Communication and Relationship Management	Leadership	Professionalism	Knowledge of the Healthcare Environment	Business Skills and Knowledge
HCA 6200 Health Care System	X		X	X	B & C
HCA 6210 Leadership	X	X	X	X	C & B
HCA 6225 Org Theory	X	X	X	X	B, C, & D
HCA 6230 IT			X	X	C & E
HCA 6240 Finance			X	X	A, C, D & F
HCA 6250 Strategic	X	X		X	C & D
HCA 6260 Policy	X	X		X	D
HCA 6270 Management	X	X	X	X	A, C, D, E & F
HCA 6275 Managed Care	X	X		X	A, C, D, & F
HCA 6280 Legal/Ethics	X		X	X	B, E, F & G
HCA 6290 Quality	X	X		X	C, D, F & G
HCA 6899 Project	X	X	X	X	A, B, C, D, E, F & G