Outcomes Assessment: Reporting the Results 2006-2007

Executive MBA in Health Administration

Name of Program: Executive MBA in Health Administration
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Date: April 30, 2007

1. Program’s educational goals or objectives

The Executive MBA in Health Administration program prepares experienced students for senior level leadership positions in the health care industry. Students learn the latest thinking on current as well as anticipated changes in the health care environment and utilize both theoretical and applied knowledge to address the resulting challenges and opportunities. Graduates have the breadth and depth of skills necessary to be effective, responsible health care leaders.

2. Student Learning Objectives

Our graduates have the ability to identify challenges/opportunities, recommend courses of action, and communicate relevant outcomes to health care stakeholders. Their education provides a synthesis of management concepts and techniques, decision-making, and interpersonal tools specifically relevant to leading health care organizations.

Students in the Executive MBA in Health Administration program demonstrate knowledge and skill in:

1. Analyzing health care data and financial issues and statements
2. Describing and analyzing health care relevant macro environmental influences
3. Solving human resource problems for health care systems
4. Developing strategies for positioning health care organizations
5. Describing, measuring, and improving health care outcomes
**Student Learning Objective #1:**
Analyzing health care data and financial issues and statements

**Assessment Method #1:**

1) **Sampling:**

Data were collected from all students in XHAD6110 (Management Accounting in Healthcare Organizations) during the summer/fall of 2006.

2) **Data Collection Method:**

Assigned homework was collected from all students by the course faculty member in response to the course’s assignments described below.

There were 7 assignments covering basic financial accounting, analysis of financial statements utilizing financial ratios, cost/volume/profit analysis, price setting, time-value of money including net present value (NPV) in evaluating capital investment decisions, internal controls, working capital and the revenue cycle.

3) **Scoring Method:**

The course faculty member scored most of the assignments against solutions calculated by him and the textbook author. Each student’s internal control interview paper was assessed to see if it demonstrated an understanding of internal controls and that the student had interviewed someone responsible for internal controls in their organization.

4) **Results:**

Grades ranged from B to A with the lowest score of 89.4% ranging up to 100%. It was expected that 85% would be the lowest acceptable graduate level score.

5) **Interpretation of Results:**

The faculty member for the course concluded that performance was satisfactory.
6) **Feedback:**

   Students were provided percent scores with written feedback regarding performance on each assignment. The students were all given the opportunity to resubmit reworked assignment for partial additional credit.

7) **Use of Information:**

   Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
Student Learning Objective #1:

Analyzing health care data and financial issues and statements

Assessment Method #2:

1. Sampling- Data were collected from all students in Statistics and Epistemology (XHAD6140) during the summer and fall of 2006.

2. Data Collection Method- Seven required assignments, one per week, were submitted by study groups. These were problem sets that required excel. In addition, two comprehensive exams, done individually by the students, were submitted. Both the assignments and the exams required statistical methods and models to analyze data in health care settings. Examples of problems include:
   - Probabilities of false positive and false negative results from medical screening tests
   - Using sample results to estimate healthcare costs
   - Interpretation of poll and survey results
   - Comparing two response time sample results and inferring whether there is a significant difference in the means
   - Use of regression to determine factors that affect unemployment
   - Use of regression to quantify how revenues change with changes in amounts spent on various advertising and awareness campaigns
   - Tests for a relationship between employee job classification and choice of employee provided health plans.

3. Scoring- The seven assignments were graded by the professor, with scores of 0,1,2,3,or 4. These problem sets were designed to encourage collaboration, discussions, and questions during conferencing, and to facilitate a detailed application of material presented in classes. Detailed solution keys were given to reinforce important concepts. The two individual exams were graded by the professor with scores up to 100%. The contents of these exams reflected material covered in the assignments and required a deeper level of understanding than the assignments. They were used to evaluate each student’s grasp of the concepts and models- how and where they are used, what their assumptions are, interpretation of statistical software results- and each student’s ability to effectively apply the models to a given data set.
4. **Results**- The scores on the seven assignments, which together made up 30% of the course grade, were very high, averaging 98 %. This was expected because during the week of each assignment discussion and questions on the problem set were encouraged. A low score, had there been one, would have indicated nonparticipation in the week’s on-line exchanges.

There was more variability in the exam scores, which together were 70% of the course grade. They ranged from 44 to 98 % with an average of 80. The distribution was approximately 50 % scoring 90 and above, 25 % scoring in the 80’s, 13% scoring in the 70’s, and 12% below 70.

The average grade in the course was 83% with a range of 70% to 96%. The distribution was: 50% in the 90’s, 25% between 86 and 89, 15% between 80 and 85, and 10% in the 70’s, just above an acceptable level of knowledge.

5. **Interpretation**- Overall, the instructor was quite satisfied with the results and impressed with the students. Clearly the quantitative material was very challenging for some in the class. However, with a lot of extra help from the instructor and work by these students, they were successful. The assignments seemed to serve these students well by showing their weaknesses and giving them practice to improve.

6. **Feedback**- During conferencing the instructor posted comments and responded to email questions more than once daily. Each student received detailed written response from the instructor on all assignments and on each exam. Two students were allowed to resubmit part of the work after reviewing the instructor’s responses. A few students needed extra help through scheduled phone calls with the instructor.

7) **Use of Information**:

   Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
Student Learning Objective #1:

Analyzing health care data and financial issues and statements

Assessment Method #3:

1. Sampling:

Data were collected from all students in Quantitative Methods (XHAD 6443) during the summer and fall of 2006.

2. Data Collection Method:

Seven assignments, one per week, were submitted by study groups. These were problem sets requiring use of excel and basic statistics. Two comprehensive exams, done individually by the students, were also submitted. Both the assignments and the exams utilized management science models to analyze data in health care settings. Examples problems included:

- Use of linear programming to determine the optimal allocation of resources (budget, bed days, RN staff, radiology capacity, etc.) to various DRGs in hospitals.
- Use of linear programming for workforce scheduling to staff nurses on a hospital floor requiring 24-hour coverage with uneven shift requirements and required skill mix.
- Staffing a phone center to achieve a variety of service level goals.
- Waiting line models to consider staffing levels in an ER to achieve a level of readiness.
- Waiting line models for placement of ambulances to assure an acceptable service level in terms of wait times and utilization.
- Waiting line models to compare different queue configurations for pharmacies.
- Use of priority queues in a walk-in health clinic.
- Project management scheduling and project expediting techniques for construction of a new hospital.

3. Scoring:

The seven assignments were graded by the professor, with scores of 0,1,2,3,or 4. These problem sets were designed to encourage collaboration, discussions, and questions during conferencing, and to facilitate a detailed study of material presented in classes. Detailed solution keys were given to reinforce key concepts. The two individual exams were graded by the professor with scores up to 100%. The contents of the exams reflected material covered in the assignments and went to a deeper level than the group assignments. They were used to evaluate each student’s grasp of the models- how and where they are used, what their assumptions are, the benefits and shortfalls of their use, interpretation of results- and each
student’s ability to effectively apply the models to a given data set.

4. Results- The scores on the seven assignments, which together made up 30% of the course grade, were very high, averaging 95 %. This was expected because during the week of each assignment discussion and questions on the problem set were encouraged. A low score, had there been one, would have indicated nonparticipation in the week’s on-line exchanges. There was more variability in the exam scores, which together were 70% of the course grade. They ranged from 67 to 100 % with an average of 84. The distribution was approximately 25 % scoring 90 and above, 50 % scoring in the 80’s, and 25% below 80. This variability reflects in part the range of excel, statistics, and quantitative skills in the class.

The average grade in the course was 88% with a range of 76% to 99%. The distribution was: 19% were outstanding, 50% of the students did quite well, 19% were good, and 12% were just above an acceptable level of knowledge.

4. Interpretation:

Overall, the instructor was quite satisfied with the results and impressed with the students. Clearly the quantitative material was very challenging for a few in the class. However, with a lot of extra help from the instructor and work by these students, they were successful. The assignments seemed to serve these students well by showing their weaknesses and giving them practice to improve. It was noteworthy that two of the students were quite outstanding and had prior training in some of the topics covered. One concern is that a few of the students were not familiar with excel, which is used throughout the course. But, the work required in the course strengthened the students in this area.

5. Feedback:

During conferencing the instructor posted comments and responded to email questions more than once daily. Each student received detailed written response from the instructor on all assignments and on each exam. In rare cases, students were allowed to resubmit work after reviewing the instructor’s response. For some of the students that needed extra help, there were scheduled phone calls with the instructor.

7. Use of Information:

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
Student Learning Objective #1:

Analyzing health care data and financial issues and statements

Assessment Method #4:

1) Sampling

Data were collected from all students (working in teams and individually) in XHAD 6320 (Financial Management in Health Organizations) during the fall of 2006.

2) Data Collection Method

Assigned papers were collected from students by the course faculty member in response to the course assignments described below.

Student teams were assigned two substantial cases to analyze (among other assignments). Cases covered capital expenditure and capital financing decisions required of hypothetical health care organizations. Complete case analyses required teams to follow a decision analytic model including specific steps: (1) Decision situation characterization; (2) Cash flow estimation, based on most likely projections of situation parameters, such as volume, price, and fixed and variable costs; (3) Determination of appropriate discount rate, based on knowledge of financing costs and financial structure; (4) Calculation of net present value of cash flows for likely case; (5) Assessment of risk, using scenario and sensitivity analyses; (6) Presentation and support of recommendation.

Teams discussed particulars of the case analyses with their team members, with members of the class, and faculty member over a period of two weeks per case. At the end of the two-week periods, teams submitted written case analyses in the form of a memo with supporting tables for review by a finance committee of a board.

3) Scoring Method

The course faculty member scored each team's case analyses in terms of: (1) numerical correctness, including the structure of the qualitative analytical approach; (2) correctness and thoroughness of inferences drawn from the numbers, including the decision recommendation; and (3) quality of the memo. In addition to group scores, individual students were evaluated based on the extent to which they made valuable contributions to the public (online) discussion of the case.
4) Results

Group scores ranged from 7.6 (A-) to 8.4 (A) on Case 1 and from 6 (B+) to 8.6 (A) on Case 2. Given the participatory nature of the case discussions, high scores were expected. Improvement in scores was also expected. Individual participation scores ranged from 0 (failure) to 9 (A+). About one-quarter of the students' participation scores were below acceptable level. This result was an improvement over previous experiences with the course.

5) Interpretation of Results

The faculty member concluded that performance was above satisfactory. The group process generates a high-quality product, and students indicate there is significant learning that takes place within groups and during whole class discussions of cases. However, lack of active participation by a small number of students remains a concern.

The faculty member also assigns less extensive quantitative exercises that are to be completed on an individual basis by all class members. These exercises are designed to assess whether all students are learning the essentials of financial analysis. Results are generally encouraging, in that all students complete these exercises, nearly all at an acceptable level of performance. Nonetheless, the faculty member continues to search for approaches that will ensure more active participation in case analyses by all students.

6) Feedback:

Groups were provided with written feedback on the quality of their numerical analyses, inferences, and memos. This feedback was in the form of numerical scores and detailed comments on strong points and opportunities for improvement. Students were provided with less detailed written feedback on their performance on the individual exercises.

7) Use of Information:

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
**Student Learning Objective #2:**

Describing and analyzing health care relevant macro environmental influences

**Assessment Method #1:**

1. **Sampling:**

Data were collected from all students in XHAD6130 (Introduction to Microeconomics) in the Fall of 2006.

2. **Data Collection Method**

A proctored exam was given to all students. It included many multiple choice, completion and other objective questions. In addition, there were some essay questions given. These included the following.

- “How does asymmetric information lead to adverse selection in health insurance?”
- “What is “moral hazard” and what problems does it cause?”
- “What is ‘monopsony and oligopsony power’?”
- “What is “supplier induced demand” in Health Care?”
- “What are the main provisions (sections) of the Sherman and Clayton Antitrust Acts?”

3. **Scoring Method**

The course faculty member graded all these answers. He looked for evidence of microeconomic principles being applied to practical and important current issues in health care and in other current policy matters.

4. **Results**

Grades ranged from B-/C+ (100-115) to A (160-185). The median grade was 141. The mean grade was 138. It was expected that 80% of the class would score 115 or above and 86% did. An acceptable score was 115. This was the final exam. Some of the students who did not perform well on this written, timed exam did well on other portions of the course.

5. **Interpretation of Results**

The faculty member for the course determined that the class performance was satisfactory. This is the first exposure to microeconomic analysis for many students. Their demonstrated facility with terminology and analytic tools, while not fully accomplished, provides them with a foundation for other courses.
6. Feedback

Students were given feedback on their performance on this exam and other instruments in this class, such as in class quizzes and responses in conferencing.

7) Use of Information:

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
**Student Learning Objective #2:**

Describing and analyzing health care relevant macro environmental influences

**Assessment Method #2:**

1) **Sampling:**

Data were collected from all students in XHAD-6250 (Health Care Marketing) during the fall of 2006.

2) **Data Collection Method**

Each student was required to prepare a Mini Marketing Plan for a service or product of their organization which demonstrated a clear knowledge of market research, environmental scans, service (product), place, price, and promotion. The plans were 8 to 10 pages in length and followed a prescribed format so that comparability between could be assessed.

3) **Scoring Method:**

   The course faculty member scored the assignment by assessing the degree to which the papers collected from each student demonstrated a clear knowledge of the environment in which the plan was being developed, understanding of market research, marketing planning, promotion, and plan evaluation. Care was taken to be sure that the students understood this was to be a marketing plan rather than a service development plan.

4) **Results:**

   Grades ranged from A (17) to B (1) to (F1). There was high expectation and that expectation was met. One student essentially dropped out of the course and did not complete any of the assignments in spite of repeated discussions.

5) **Interpretation of Results:**

   The faculty member for the course concluded that performance was excellent. Discussions with the students at the end of the class indicated that the Mini Marketing Plans were going to executed by the organizations represented by the students.

6) **Feedback:**

   Students were provided with feedback regarding the adequacy of their performance. Marketing Plan outlines were also discussed with the students before the Mini Marketing Plan was developed.
7) Use of Information:

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
Student Learning Objective #2:

Describing and analyzing health care relevant macro environmental influences

Assessment Method #3:

1. Sampling:

Data were collected from all students enrolled in Ethics and Health Law (XHAD 6470) during the spring of 2006. Students worked in teams of study group members.

2. Data Collection Method

Students responded to the following assignment: Write a play depicting the plight of the plaintiffs in the Olmstead case (US Supreme Court case involving the state of Georgia vs two disabled and institutionalized women desiring community based care).

Written plays (maximum length 10 pages) collected from two person team. Creativity was encouraged. Students took a variety of approaches to the assignment. For example, one group wrote their play from the standpoint of the parent of one of the disabled plaintiffs while another group wrote their play from the standpoint of the Supreme Court Justices struggling with a complex decision, difficult issues.

3. Scoring Method:

Groups were graded by the instructor on clarity of their plays, appropriateness of their depiction creativity, their research into the problem:

4. Results:

Team grades ranged from:
A+ 1 team
A  1 team
A- 1 team
B  1 team

5. Interpretation of results:

I am pleased with the results which demonstrated that students possessed a generally satisfactory understanding of relevant environmental influences.

6. Feedback:

All students received detailed written feedback
7. Use of Information:

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
**Student Learning Objective #3:**

Solving human resource problems for health care systems

**A) Assessment Method #1:**

1) **Sampling:**

   Data were collected from all students in XHAD6361 (Healthcare Leadership) during the fall of 2006.

2) **Data Collection Method:**

   Assigned papers were collected from the students by the course faculty member in response to the courses assignment described below.

   **Project Description Summary**

   The project to be completed is a written assessment of the leadership strategies utilized (evaluation and recommendations) to implement a current planned healthcare organizational change project.

   As a student, your job is to evaluate what has been done based on the leadership frameworks or models that you explicitly identify and make recommendations for improvement. Frameworks or models (i.e. tested ways of understanding “what” causes “what” and “why”) developed from course readings and discussions should be used to organize your information collection, analysis, understanding, and recommendations.

3) **Scoring Method:**

   The course faculty member scored the assignment by assessing the degree to which the required papers collected demonstrated a clear understanding of the leadership change process, identified relevant transition models based on course material, and applied these frameworks effectively in making recommendations for action. Written feedback was provided to each student.

4) **Results:**

   Grades ranged from 78 to 92, with a mean score of 86.9. All but one of the groups (5 of 23 students) received a grade of 88 or higher. The faculty member believes that the scores demonstrated that the majority of students possessed an acceptable level of knowledge of the subject matter.
5) **Interpretation of Results:**

   It was clear to the course faculty member that the majority of students understood the relevant leadership concepts and could apply them by identifying challenges faced as well as by suggesting strategies to address those issues. However, it appears that one group of students failed either correctly understand or interpret the assignment requirements. As a result, more time will be devoted to working with each group independently during future course offerings.

6) **Feedback:**

   Students were provided with written feedback regarding the adequacy of their performance on the assignment. Faculty and program administration personnel will be provided with information regarding the assignment, its results, and initial faculty interpretation of these outcomes during a fall semester faculty meeting.

7) **Use of Information:**

   Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
Student Learning Objective #3:

Solving human resource problems for health care systems

A) Assessment Method #2:

1) Sampling:

Data were collected from all students in XHAD6360 (Strategic Human Resource Management) during the fall of 2006.

2) Data Collection Method:

Assigned papers, slides, and references were collected from the students by the course faculty member in response to the courses assignment described below.

Assignment Description Summary

Each study group will select one HR topic of special interest and prepare a briefing paper, set of PowerPoint slides, and reference list for the class on this topic. On the first day of class, we will compile a list of HR topics in which class members have an interest. From this list, study groups will each select one topic as the focus of its group project. On the second day of our on-campus session, each group will have 15 minutes in which to present their topic to the class and solicit input about what the other members of the class would like to know about this topic.

Requirements for the project are as follow.

- Briefing paper: You will prepare a three to four page (single-spaced) paper, outlining the basic information your group has gathered about this topic. The paper should provide your classmates with a description of the topic, examples of “best practices” associated with the topic, and guidance about implementation of these practices. You should feel free to use bullet points in this paper. (Maximum: 10 points)

- PowerPoint slides: You will prepare a set of 10-20 PowerPoint slides, conveying basic information about the topic you have selected. These slides should be assembled as if you were making an on-campus presentation about this topic to your classmates. (Maximum: 10 points)

- Reference list: You will prepare a list of at least five references that could be useful to your classmates if they want to learn more about your topic. (Maximum: 5 points)
3) **Scoring Method:**

The results of the group project (briefing paper, slides, and reference list) were given to the instructor and presented to the entire class on the conferencing system. The instructor marked the three components of the assignment based on the requirements described above. The maximum score for the instructor-graded portion of the assignment was 25 points. All members of each team received the same score.

In addition, class members completed peer evaluations of each group’s work. This peer evaluation score was based on how informative the presentation was and how responsive the presentation was to input received for the class during the on-campus session. The maximum score for the peer-evaluated portion of the assignment was 15 points. Peer review marks were averaged for each team; all members of each team received the same score.

4) **Results:**

In Fall 2006, four group projects were presented. Topics included:

- The Nursing Shortage: Recruitment and Retention Strategies for Health care;
- Alternative Scheduling: Work Schedule Flexibility;
- Getting Gus on the Bus: How to Hire the Right Person for the Right Job; and
- Creating an Effective Framework for Succession Planning.

The peer review score for each of the four groups was 14. Instructor scores for the four groups ranged from 21.5 to 23.5.

5) **Interpretation of Results**

The high grades for the assignment were not surprising, because the teams had received feedback for other class members and from the instructor on the choice of topics and design of the projects throughout the course. In addition, students seemed to take this assignment very seriously and to work hard to make the completed projects valuable sources of information for the entire class.

This is the third year that this assignment has been used in this course. Students seem to learn from the assignment and enjoy working in teams to design and complete a project that will be valuable to all members of the class. Results of this assignment have been excellent.
6) **Feedback**

The instructor provided written feedback to each team, in a private e-mail. Instructor comments and peer-review comments were given to each team. Peer-review comments were aggregated by the instructor, so teams were not able to identify the source of these comments.

7) **Use of Information:**

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
Student Learning Objective #4:

Developing strategies for positioning healthcare organizations

**Assessment Method #1:**

1) **Sampling:**

Data were collected from all students in XHAD 6141 (Healthcare Management Information Systems) during the Spring of 2006. Students could do this assignment individually or in teams of two.

2) **Data Collection Method:**

 Assigned papers were collected from students by the course faculty member in response to the course assignment described below.

“The second assignment will be to present an information systems or technology plan for improving the quality of a health care service. Students will select a service (e.g., ambulatory pediatric services in a small group practice or hospital radiology services) and define an information system (or enhancement to an existing system) that would improve customer satisfaction, clinical quality, or both. The addition of an information technology (e.g., fax, voice data input and output) can also be included.

You will determine client needs (e.g., by interviews, observation), look at systems on the market, and make a recommendation on which one should be considered for a purchase. You will observe at least two software products available for a particular application in operation at two different locations similar to the client organization.”

3) **Scoring Method:**

The course faculty member scored the assignment by assessing the degree to which students were able to define a service or clinical quality problem and clearly state the benefits they wished the organization to achieve. We spend time in class defining benefits and distinguishing those that are direct (can be measured and attributed to the technology) or indirect (hard to measure or could be related to other interventions). Some students failed to make these distinctions and receive a lower grade. Students then had to find products and describe their features. Finally, students had to make a clear and cogent argument that one of the products they discovered was superior because of the benefits it would deliver (based on differences in features or functions), lower cost, vendor reputation and capabilities, and compatibility with existing systems and procedures. Some students failed to make a persuasive case that the asserted benefits would be delivered.
4) **Results:**

Grades ranged from 65 to 95 with an average of 83. This is an assignment that many students relate directly to their work. They find a technology under consideration or a problem that a technology could address. It was expected that there would be a high level of interest and a willingness to extensively explore the options. I expected that the majority of students would receive a grade of 85 (B+) or higher, and 48% of the class achieved that. As stated earlier lower grades were the result of failing to discuss important factors (benefits to be achieved) or to make a persuasive case for the superiority of one of the products considered.

5) **Interpretation of Results:**

As noted earlier, 48% of students receive a grade of 85 (B+) or higher. Reviewing comments made by students who scored lower, several patterns emerge. The instructions provided by the instructor ask that students first define desired benefits, then describe product feature related to those benefits and then present a recommendation based on a product comparison. Students who scored lower skip one or more of those steps, e.g., they describe features without specifying desired benefits or arrive at a recommendation without comparing the products. Students are now required to present an initial proposal and the instructor provides feedback, including commenting on missed steps. But students do not have to present an outline of the paper prior to submission. This is a step that will be added for the Spring 2007 class and will hopefully produce better results.

6) **Feedback:**

The instructor provided written feedback regarding the adequacy of student performance on the assignment via email. Feedback is also provided on an initial proposal submitted earlier.

7) **Use of Information:**

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
**Student Learning Objective #4:**

Developing strategies for positioning healthcare organizations

**Assessment Method #2:**

1) **Sampling:**

   Data were collected from all student groups in XHAD6462 (Healthcare Strategic Management) during the spring of 2006.

2) **Data Collection Method:**

   Six years of running a Capstone simulated company, culminating in a Board Report that demonstrates both the performance of the team as well as their understanding of the simulated company and industry dynamics.

   The course faculty member collected Board Reports from each of the students groups.

3) **Scoring Method:**

   The course faculty member scored the assignment by assessing the degree to which the Reports collected from each group demonstrated a clear understanding of:

   Strategy development
   Strategy implementation
   Strategic positioning for the future

   Written feedback was provided to each student group.

4) **Results:**

   Faculty have determined that an acceptable outcome is an average of B (3.0) or better on the Capstone project. Grades were distributed from 3 (B) to 4 (A), with a mean score of 3.3 (B+).

5) **Interpretation of Results:**

   The faculty member felt that the students demonstrated a reasonable understanding of strategy development and execution. Given that this is a capstone course and the assignment is due at the end of the course, a relatively high grade would be expected if the intended learning has occurred.
6) **Feedback:**

Student groups were provided with written feedback regarding the adequacy of their performance on the assignment.

7) **Use of Information:**

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
**Student Learning Objective #4:**

Developing strategies for positioning healthcare organizations

**Assessment Method #3:**

1) **Sampling:**

Data were collected from all student groups in XHAD6463 (Management of Healthcare Organizations) during the spring of 2006.

2) **Data Collection Method:**

The faculty provides all students with a detailed case study: *Middleboro – A Case for Health Services Managers*. This 225-page case provides data on a fictitious geographic area and its health care services. Qualitative and quantitative data are provided. As a fictitious case, it has no one “right” answer but instead serves as a data source as students to apply and use the theories, concepts and models learned in other courses to make recommendations.

Two assignments both use the following questions:

The Board (of Directors or Trustees) needs recommendations concerning the operation, structure, strategic direction and position, and – if appropriate – the governance of this organization.

- Overall, what is your assessment of this organization?
- What should this organization do and why?

For this question, we desire specific plans, strategies and recommended actions – a formal and comprehensive business plan – that will position the organization to fulfill its existing or revised mission, enhance its profitability, and/or better position it in its competitive markets. We also need your recommendations concerning pace.

**Assignment I:** Students answer this question in an individual paper based upon an assigned organization from the case study.

**Assignment II:** Student, as part of their study group teams, answer this question from the perspective of their assigned organization (different than assignment I) from the case study. This answer is an oral presentation that is video taped.
3) **Scoring Method:**

The following general rubric is used to evaluate or all assignments:

The degree to which the assignment answer:

A. Is based upon recognized analytical conventions
B. Improves the ability of a health services organization to survive and contribute to the health status of clients and potential clients.
C. Is sensitive to national and local events and forces
D. Is practical-the ability to be implemented given the multiple stakeholders and available resources
E. Is logical in terms of being internally consistent and based upon an identifiable vision for the organization.

4) **Results**

Student grades ranged from B- to A for all assignments. The median grade was B+/A- for the written paper and A- for the oral team presentation. The grade of B is defined as the minimum acceptable level of competency.

5) **Interpretation of Results:**

The faculty felt that the students demonstrated a reasonable understanding of strategy development and execution. Given that this is a capstone course and the assignment is due at the end of the course, a relatively high grade would be expected if the intended learning has occurred.

6) **Feedback:**

Students are provided detailed feedback on their individual paper (i.e. Assignment I). If needed, we discuss this feedback on the telephone or by email. Feedback on the oral presentation was provided through questions and comments during the oral presentation and after the presentation.

7) **Use of Information:**

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
Student Learning Objective #5:

Describing, measuring, and improving health care outcomes

Assessment Method #1:

1. Sampling:

   Data were collected from all students/study groups enrolled in XHAD 6245 (Managing Health Care Outcomes) during the spring of 2006

2. Data Collection Method:

   Students were given a set of 4 different scenarios and asked to choose one, analyze the issues, identify who they would have participate with an improvement team in the setting and why, identify data sources and proposed measurements and defend them, and then discuss a proposed improvement model and effort with analysis of the plan for both success and for failure. One such scenario is presented here:

Possible systems for improvement:
An outpatient clinic with 30 primary care physicians. Your board of directors has noticed that there is an increasing focus on diabetic care in the marketplace, and they have asked you to, “take a look at our care for diabetic patients and see what kind of job we’re doing.” The clinic has no medical director. It is owned by the physician group. There is a CEO, a lead nurse, a director of lab/radiology, and a president of the medical group. Each physician practices independently with a nurse and a utility clerk who schedules, checks in patients, and answers the phone. There is an electronic medical record and scheduling system. There is a centralized lab and diagnostic facility.
3. Scoring Criteria:

Scoring criteria included an understanding of the issues involved in approaching an improvement process in a complex setting. The problem was broken into seven subsets:

a. Identification of appropriate measures that could be reasonably obtained, with justification of the selection (national norms, guidelines, etc.).

b. Identification of the data source and analysis of availability, issues and problems obtaining the data.

c. Rationale for the choice of measure and data set.

d. Reasons for choosing this particular improvement effort, i.e. physician demand, external requirement, etc.

e. Appropriate selection of a team to manage the measurement and improvement in the selected setting.

f. Choice of an improvement model and discussion of why that particular model applied.

g. Identification of appropriate response to both success and failure of the initial efforts.

Each criterion was graded with 15% of the total given to discussion of items a-f and 10% given to item g.

4. Results:

Scores for the four teams ranged from 90 to 95% with a mean of 93%. Acceptable performance was 80% or above. The scores accounted for 33% of the overall grade.

5. Interpretation of Results:

The papers and the scores indicated an understanding of the basic elements of a measurement and improvement process applied in a health care setting. All groups performed well.

6. Feedback:

Students were made aware of their individual and overall performance by written feedback. The information was provided by the faculty.

7. Use of Information:

Decisions about appropriate changes, if any, will be made during a planned fall faculty meeting at which outcome assessment results will be review.
**Student’s Self Assessment**

Course as a Learning Experience (FCQ Question 10)

Average of program course scores (4=Very Good/0=Very Poor)

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