

2022-2023

**DEPARTMENT OF
HEALTH SERVICES POLICY AND
MANAGEMENT**

**Graduate Student Handbook
Master of Health Administration
Program**

Revised August 2022



UNIVERSITY OF
SOUTH CAROLINA

Arnold School of Public Health

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

HEALTH SERVICES POLICY AND MANAGEMENT
MHA GRADUATE STUDENT HANDBOOK: 2022-2023

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I. The Arnold School of Public Health

The Arnold School of Public Health, of the University of South Carolina, was established in 1974 in response to a mandate from the South Carolina Legislature. The first students were admitted in late 1974. The growing number of students necessitated a reorganization of the School and the permanent formation of a full-time faculty, in July 1977. In 2000, we became the Arnold School of Public Health, in honor of a generous donation to the School by Norman J. Arnold. Presently, the School has a faculty of about 132 members and over 700 graduate students.

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

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

There are six departments within the Arnold School of Public Health: Communication Sciences and Disorders (COMD), Environmental Health Sciences (ENHS), Epidemiology and Biostatistics (EPID/BIOS), Exercise Science (EXSC), Health Promotion, Education, and Behavior (HPEB), and Health Services Policy and Management (HSPM).

II. The Department of Health Services Policy and Management

A. Mission, Vision, Values, Goals, and Objectives

Mission

The *mission of the Department of Health Services Policy and Management (HSPM)* is to be actively involved in improving quality, safety, efficiency and effectiveness of health services and health systems locally and globally.

Revised and approved, Fall 2021

The *MHA program's mission* is to prepare healthcare administrators and leaders to have the competencies required for effectively managing health systems and the proficiencies for strategically addressing the social and population health responsibilities of healthcare organizations. The MHA program will serve to prepare the healthcare leadership workforce in South Carolina, throughout the United States, and beyond.

Revised and approved, Fall 2021

Vision

The *Department of Health Services Policy and Management* will be a resource for excellence in graduate education and research in South Carolina and in distinct international markets. Through its masters and doctoral programs, it will produce well trained graduates ready to assume or progress to leadership positions in health services, public health, and research/academic organizations. The Department will serve as a networking/integrating resource

for alumni, providers and leaders in health services in South Carolina and beyond. The Department will offer programs that continually seek to improve through new ideas and new technology, and by responding to the changing needs of the dynamic healthcare environment. Through research, teaching, service and consulting, faculty will create a Department on the leading edge of health services management, policy, and research.

Revised and approved, November 2009

The *MHA program* will aspire for excellence and will be a resource for excellence in graduate healthcare management education. The program will prepare well trained graduates ready to assume or progress to leadership positions in healthcare arena. The MHA Program will serve as a networking/integrating resource for alumni, practitioners and leaders in health services in South Carolina and beyond.

Revised and approved, Fall 2021

MHA Program Values

- **Community:** The MHA Program actively engages and collaborates with community partners and stakeholders through experiential learning, alumni and practitioner involvement, placements in high quality graduate assistantships, fellowships and jobs.
- **Diversity and Inclusion:** The MHA program attracts a diverse group of individuals, supports diverse students, alumni, health system and organizations, and embraces respect for diversity and inclusion of all persons.
- **Impact:** Through inquiry, discovery and workforce development, the MHA program will improve health and well-being of the serving communities, population, and health systems.
- **Integrity:** The MHA Program adheres to the highest standards of honesty, fairness, stewardship, professional responsibility and scholarly ethics.
- **Learning:** MHA Students are center of the program. With its outstanding faculty and staff, strong practitioner complement, the MHA Program provides diverse and dynamic educational and experiential opportunities for all learners.
- **Leadership:** The MHA Program equips leaders with necessary skills to become change agents in health systems, their communities, and the field.
- **Student-Centric:** Student bonding and cohesion is a priority for the MHA Program which provides support to ensure an organic network growth among each cohort's peers.
- **Professional Development:** The MHA Program will drive strength of all partners, students, and alumni through continuous networking and connections and cultivate a learning environment where students thrive to be life-long learners rather than just a graduate.

Goals and Objectives

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

B. Educational Goals

1. Master of Health Administration (MHA) Program

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

Upon completion of the program, MHA graduates will be able to:

- a. Identify and apply appropriate techniques and applications of quantitative and qualitative methods to the management of healthcare and allied organizations and programs.

Curriculum: HSPM712, HSPM716, HSPM718, HSPM775, HSPM776

- b. Demonstrate a working knowledge of the concepts and application of health information systems to management and decision-making in healthcare and allied organizations and programs.

Curriculum: HSPM713, HSPM777, HSPM776

- c. Apply economic concepts and analysis to health services management and decision making.

Curriculum: HSPM712, HSPM732

- d. Apply appropriate financial analysis and financial management tools and techniques in healthcare and allied organizations and programs.

Curriculum: HSPM712, HSPM733, HSPM731, HSPM777, HSPM770, HSPM732

- e. Identify the relevant methods of and how to apply market analysis, research, and assessment to the management of healthcare and allied organizations and programs.

Curriculum: HSPM712, HSPM714, HSPM733, HSPM716, HSPM718, HSPM 777, HSPM732, HSPM776

- f. Identify the relevant considerations, processes, and application of strategic management for survival and growth of healthcare and allied organizations in a competitive environment.

Curriculum: HSPM733, HSPM718, HSPM769, HSPM766, HSPM777, HSPM770, HSPM732, HSPM776

- g. Identify and apply appropriate concepts and techniques of quality assessment and improvement in healthcare and allied organizations.

Curriculum: HSPM714, HSPM718, HSPM769, HSPM766, HSPM777, HSPM770, HSPM774, HSPM775

- h. Identify the concepts and applications of relevant legal principles and regulations to the management of healthcare and allied organizations.

Curriculum: HSPM718, HSPM724, HSPM766, HSPM732, HSPM776

- i. Demonstrate knowledge of the principles, practice, and application of ethics in business and clinical decision-making.

Curriculum: HSPM714, HSPM718, HSPM 765, HSPM 732, HSPM724, HSPM766, HSPM768/HSPM 777, HSPM770, HSPM774

- j. Apply a public/population health perspective to health services management.

Curriculum: HSPM714, HSPM775, PUBH700

- k. Demonstrate effective written, verbal, and interpersonal communication skills.

Curriculum: HSPM765, HSPM714, HSPM718, HSPM731, HSPM766, HSPM768/HSPM777, HSPM769, HSPM770, HSPM732, HSPM774, HSPM775

- l. Demonstrate understanding of the processes and how to exercise effective leadership – visioning, change management and team development in healthcare and allied organizations and programs.

Curriculum: HSPM765, HSPM718, HSPM769, HSPM766, HSPM768/HSPM777, HSPM770, HSPM774, HSPM776

- m. Demonstrate understanding of the concepts of and processes of human resources management, governance and the governing body including its relationship to the executive leadership in healthcare and allied organizations and programs.

Curriculum: HSPM765, HSPM 714, HSPM718, HSPM724, HSPM766, HSPM768/HSPM777, HSPM776

Similar competencies apply to the MHA Professional weekend format program. For the professional program, the competency levels are higher than the traditional program.

2. JD/MHA program:

The dual degree in health administration and law is designed for students who wish to pursue study in law as applied to health care settings. The dual degree leads to a Juris Doctor degree and Master of Health Administration through an integrated curriculum to be completed over a four-year period. Under the JD/MHA program, HSPM 724 Health Law is replaced by a related course taught in the Law School covering legal aspects of health care. Appropriate JD program courses count as MHA electives. Otherwise, the objectives and required courses of the MHA section are identical to the standalone MHA program. The completion of this dual degree will allow graduates to compete successfully for positions in the complex field of health administration and law. Applicants must apply to each program separately (see MHA program description and requirements) and satisfy the requirements for each program to be accepted into each program in order to matriculate into the JD/MHA program.

3. MHA Professional Weekend Program:

The weekend MHA professional format is designed for qualified health professionals such as physicians, senior and mid-level healthcare executives, service line managers/directors, and other health care professionals to obtain an advanced degree without interrupting full-time careers. Coursework is accomplished through once a

month in-person weekend classes. The program prepares leaders with the ability to balance regulatory issues and offer value-based care without compromising quality or putting their organizations at financial risk. The objectives and curriculum of the MHA Professional weekend format differs primarily at the level of competency attainment from the traditional MHA program. In addition, 13 credit hours are waived for applicants with three years of approved health care professional experience or ongoing clinical experience. In lieu of the residency requirement, MHA Professional weekend students are required to visit and conduct a comparative health system analysis of a health system as a group.

C Master of Health Administration Program Competencies

The Commission on Accreditation of Healthcare Management Education (CAHME) is the only organization recognized to grant accreditation to academic graduate programs in healthcare management education in the United States. Our CAHME Competency Domains include:

Communications and interpersonal effectiveness: “Communications” should include competencies associated with giving and receiving of information between an individual and other individuals or groups. “Interpersonal effectiveness” involves competencies associated with developing and maintaining effective working relationships with others. The following are examples of the kinds of competencies that may fall into this domain: Collaboration, Oral Communications, Relationship Building, and Written Communications.

Critical thinking, analysis, and problem solving: This domain should include competencies related to the appropriate use of information, data, and judgment to inform sound management decisions. The following are examples of the kinds of competencies that may fall into this domain: Analytical thinking, Financial Management, Information Seeking, Performance Measurement, and Process Management.

Management and leadership: This domain should include competencies related to a student’s ability to successfully pursue organizational goals that involve getting things done through and in collaboration with others. The following are examples of the kinds of competencies that may fall into this domain: Change leadership, Human Resource Management, Impact & Influence, Initiative, IT Management, Innovative Thinking, Organizational Awareness, Project Management, Strategic Orientation, and Talent Development.

Professionalism and ethics: This domain should include competencies that relate to upholding high professional and ethical standards. The following are examples of the kinds of competencies that may fall into this domain: Accountability, Acting with Integrity, Achievement Orientation, Ethical decision-making, Professionalism, and Self-Confidence.

Population health improvement, public health and community development: This domain should include competencies related to the integration of population health needs, including the social determinants of health into the management of health services delivery. The following are examples of the kinds of competencies that may fall into this domain: Population Health Management, Resource Allocation, Addressing Social Responsibility, Data-Driven Decision-Making, and Community Health Monitoring.

CAHME requires course syllabi to specify the level of competence students are expected to achieve for every competency each course in the curriculum emphasizes. This level is included in the appropriate column of the competency-objective matrix, as illustrated in the matrix below.

Level 0 – No or minimal knowledge of information needs and skill sets of the specific competency

Level 1 – Cognition (Know): Student knows about the information and skill set needs including affective skills. Student has a basic proficiency level of the assigned material.

Level 2 – Conceptual Proficiency (Demonstrate understanding of “how to” carry out the function): Student can conceptually articulate the steps for gaining competency and knows how to seek information needed.

Level 3 – Execution Proficiency: Student demonstrates ability in the competency by appropriately applying his/her understanding and integrating knowledge and skills to address a limited range of applications.

***Level 4** – Advanced Proficiency: Student consistently demonstrates his/her ability to integrate and apply information, knowledge, and skills to decision-making/problem solving.

**Level 4 is applicable to MHA Professionals only and NOT the MHA traditional program. This transition occurred during/after the 2020-2021 academic year.*

MHA Competencies	Level
1. Critical thinking, analysis, and problem solving	
1.1 Scientific approaches to decision-making and problem solving	
a) Understands and is able to apply quantitative analytical tools and techniques, (such as regression analysis, linear programming, and bivariate comparison methods) for economic, financial, and operational decision-making and problem solving	
b) Understands the appropriateness of and application of selected qualitative data sources and analytical methods, (e.g. case studies, stakeholder assessments) to understand processes, contexts, dynamics, and multiple stakeholder perspectives related to healthcare phenomena	
c) Understands and is able to apply quantitative data in population health and program planning (e.g., descriptive statistics, descriptive epidemiology) to determine patterns and trends	
1.2 Financial Management	
a) Define and describe the fiscal terminology and tools used in healthcare organizations, and evaluate the impact of cost behavior relative to changes in the level of business activity	
b) Explain and use accounting functions such as budgeting, financial reporting and cost analysis for managing financial resources including allocation of scarce resources in an evolving regulatory environment	
c) Able to develop a pro forma/budget and to use these plans to make projections for the future	
d) Able to execute financial management functions under managed care and under evolving payment methods (e.g. pay-for performance, accountable care organizations) including contract negotiation	
1.3 Organizational performance management	
a) Demonstrates skills and knowledge needed for stewardship of organizational resources for organizational performance improvement	
b) Understands the importance of using organizational strategy to guide decisions	
c) Demonstrates ability to optimize resource use through appropriate application of quantitative and qualitative methods, including simulation, queuing, demand forecasting, linear programming, and decision analysis	
1.4 Operations and business process management	
a) Able to identify and analyze business processes in healthcare organizations	
b) Demonstrates knowledge and application of essential operations management functions (such as supply chain management, inventory management, enterprise resource planning, demand forecasting, scheduling, and capacity management) in healthcare context	
c) Able to apply project management and quality management principles and techniques in operations management	

d) Understands the role and application of IT in operations and business process management	
e) Understands the principles and approaches to hospital emergency preparedness and disaster management	
1.5 Quality improvement, patient safety management	
a) Able to implement continuous quality improvement concepts and skills to improve work processes	
b) Able to direct effective processes for continuous assessment and improvement of patient care delivery and service quality (e.g. work process design, clinical pathways, practice guidelines) for improved patient outcomes and satisfaction	
c) Understands how to employ tools and techniques to aid in process analysis and improvement (e.g., Lean and Six-Sigma approach; Root Cause Analysis, Failure Mode, Effects Analysis, etc.)	
1.6 Risk management	
a) Understands the implications of and able to implement technology- and process-based safeguards for information and information systems security	
b) Understands sources of organizational liability risk, and can describe approaches to risk management for minimizing financial losses from damages/risks associated with patients, employees, visitors, property, and other assets	
1.7 Health law, policy, regulation, and compliance	
a) Understands the elements of, and can interpret the legal, regulatory, statutory, and accrediting body requirements for healthcare organizations from a compliance and liability minimization perspective	
b) Demonstrates understanding of how to manage processes related to providers business relationships, contracts and agreements	
c) Able to ensure compliance with confidentiality requirements and associated handling of medical, quality assurance, risk management, and peer review records	
1.8 External environment management	
a) Business Plan Design and Implementation: <ul style="list-style-type: none"> • Develops, directs, and evaluates the business plan • Able to critically evaluate programs within the strategic plan including risk and outcome evaluation • Able to identify approaches for effective health care resourcing in a resource-constrained environment • Able to execute decision analyses and formulate alternatives to achieve most effective uses of constrained resources 	
b) Demonstrates understanding of how to assess the impacts and expectations of external stakeholders, and of approaches to manage stakeholders and the political environment	
1.9 Economic analysis and applications to healthcare management-	
a) Demonstrates understanding of and applications of key economic concepts and techniques in healthcare planning and management - supply and demand theory, planning production and diminishing returns, labor costs, exchange, discounting and investment, organizational efficiency, and insurance	
2. Management and leadership	
2.1 Human resource management	
a) Demonstrates understanding of the elements of <u>HR development</u> and their implementation for maximizing organizational performance, employee performance and employee satisfaction	
b) Demonstrates understanding of the relevant elements of <u>HR administration</u> , processes and procedures from employee recruitment through hiring, maintenance and separation/severance	

c) Demonstrates understanding of the <u>regulatory and accrediting agency/ statutory requirements related to HR administration and ensuring compliance</u>	
d) Able to describe the unique processes and approaches used in <u>HR management of physicians</u> – credentialing, privileging, compliance, and medical staff/physician relations management	
2.2 IT management	
a) Possesses a working understanding of the role and potential of information systems, as well of IT infrastructure for health service delivery and knowledge management	
b) Plans for and optimally utilizes health information systems (through systems analysis, project planning, and considerations for application software and IT infrastructure requirements)	
c) Able to analyze information exchanges within and across healthcare organizations	
d) Able to describe and potentially leverage IT innovations to impact substantive healthcare organization performance, in areas such as patient safety, quality management, revenue cycle management, and drug delivery	
2.3 Leadership and governance	
a) Comprehends and applies a systems approach to healthcare management in decision-making and problem-solving	
b) Personal leadership skills: Demonstrates understanding of important leadership skills and behaviors – professional values and ethics, stewardship of resources, leader-relevant interpersonal relationship management and communication, cultural competency, appropriate use of the types of power and influence, change and innovation management, and conflict resolution	
c) Knows the key elements of and approaches to the decision-making process in order to make informed decisions	
d) Demonstrates understanding of the structure, roles and responsibilities of organizational governance, and the governance-executive leadership relationship	
2.4 Strategic planning/ management and marketing	
a) Understands and applies basic concepts a) and tools that are integral to strategic thinking, planning and management	
b) Uses system and strategic thinking models and methods to make decisions and solve problems	
c) Demonstrates understanding of market analysis, consumer behavior analysis, adoption of innovation, market expansion and market research	
2.5 Organizational behavior	
a) Demonstrates understanding of application of organization behavior theories and practices to establish an organizational culture and climate of high level of morale and job satisfaction	
b) Understands effective motivational strategies including compensation mechanisms to elicit desired behavior and response from others	
2.6 Innovation, change and creativity management	
a) Identifies and analyzes innovation opportunities in healthcare organizations	
b) Understands and applies models and methods of organizational change and innovation	
3. Communications and interpersonal effectiveness	
3.1 Personal communication and presentation skills	
a) Able to develop, synthesize and articulate ideas and information	
b) Able to listen effectively and respond to others' ideas and thoughts, including non-verbal forms of communication	
c) Speaks and presents information clearly and effectively before individuals and groups, in formal and informal settings	

d) Writes clearly and effectively	
3.2 Developing and maintaining effective working relationships	
a) Able to carry out effective communications with external stakeholders/audiences: marketing communications, public relations, advertising	
b) Demonstrates understanding of and able to apply the critical elements of team development, dynamics and performance	
c) Demonstrates cultural sensitivity and competence	
4. Professionalism and ethics	
4.1 Ethical decision-making, compliance, accountability, and integrity	
a) Understands the roots of ethical behavior and decisions – personal, professional, organizational, and biomedical ethics, and identifies effective decision-making approaches to reconcile personal ethical values with the various ethical standards/codes	
b) Identifies the key elements of medical ethics, patient autonomy, beneficence, non-maleficence, and justice, and principles of ensuring organizational compliance	
4.2 Professionalism in interfacing with other professionals	
a) Able to interact and work effectively with other professionals, including cross-disciplinary team communication/ negotiation skills, and professionally acceptable norms of comportment and demeanor	
5. Population Health Improvement, Public Health & Community Development	
5.1 Social determinants of health and partnerships with public health agencies for advancing community health	
a) Demonstrates understanding of population health and its applications in healthcare service planning and resource use optimization, including the social determinants of health and health disparities, and approaches to address the social responsibility of healthcare organizations	
b) Able to acquire and use the data needed for community health planning and services development, developing the Affordable Care Act-mandated community health needs assessment (CHNA) and associated hospital strategy by non-profit hospitals, including sourcing data from public health agencies and stakeholders	
5.2 Integrating population health with management of health service planning and delivery	
a) Describes how epidemiological surveillance tools are used to monitor community health and facilitate health promotion and prevention programs	

III. Student Responsibilities and Code of Ethics

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

A. Acceptable Academic Performance

The Department sets a high standard of performance for students in all of our master and doctoral programs. Students earning a grade less than “B” in one or more courses in any given semester will be asked to reduce their graduate assistantship hours, if any, to increase their focus on course work during the following semester. For all graduate students in the department, a minimum GPA of 3.0 is required for graduation. Any student who earns an average grade of less than “B” in three courses will be under departmental academic probation requiring development of a written plan by the student, academic advisor and the Program Director to overcome the academic challenges and improve their GPA; and those earning a grade of “C” or below in a fourth course will be terminated from the

program. Note: Students who receive their third and fourth course grade of less than “B” concurrently in the same semester will be automatically terminated without the remedial plan given the temporal impossibility to address the issue after the third less than B grade. Grade of “U” is also considered a grade less than “B”.

B. Academic Integrity

Students are expected to adhere to all requirements of the Carolinian Creed (www.sa.sc.edu/creed/). Please especially note you are held accountable to this Creed even if you violate it inadvertently. Any episode of dishonesty, cheating, or plagiarism in any form is cause for failure of an assignment, an examination, or a course. In addition, the department will report the case to the Office of Academic Integrity of the University. Students may want to refresh their understanding of the appropriate use of citations when drafting papers and other assignments to prevent inadvertent plagiarism stemming from lack of information. A second episode of violation of academic honesty is grounds for dismissal from the program.

C. Professional Responsibility

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

Students participating in assistantships or residencies will follow the dress code of their work environment. All students should comply with the work hours associated with their assistantship or residency. While at work, all students should ensure that their level of effort, deportment, and contribution to the work environment meet and, preferably, exceed sponsor expectations. Student GAs can be terminated for poor performance or other unprofessional behavior. When this happens, the department reserves the right not to place such students in future assistantships.

All students must follow professional code of conduct at all times, in or outside the classroom.

IV. MHA Degree Programs

The Department offers two MHA degrees, the traditional format Master of Health Administration (MHA) and the Professional Format Master of Health Administration (MHA-Professional). Each degree has a distinct focus and prepares students for a distinct career path. Students are encouraged to review the goals and curriculum associated with each degree program to select the degree that best matches their personal goals.

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

The MHA program is more business and organization-management oriented. Volunteering at a local hospital or large physician practice (or other care setting) or interviewing managers of different departments at a local hospital is highly encouraged and can help applicants to understand the role of healthcare managers and decide if it offers a good fit for individual career and role preferences.

Students in the MHA Professional program should have significant work experience in the health care sector and the educational objective of this program is to provide trainings in management and decision-making, leadership, health policy evaluation, financing, strategic planning and operations and quality management for senior administrative and management personnel.

A. Admission Criteria and Application Requirements

The UofSC MHA program adopts a holistic approach in the review of MHA applications. A completed bachelor's degree (or its equivalent) with a minimum GPA of 3.0 (or its equivalent) is required. No standardized test scores are required, however, the GRE/GMAT will be considered if provided.

Traditional students apply through either the Healthcare Administration, Management, and Policy Central Application System ([HAMPCAS](#)) or the Schools of Public Health Application System ([SOPHAS](#)). MHA Professional students apply through the UofSC Graduate School [application portal](#). Minimum requirements for admission into the program include:

- Official Transcripts. A bachelor's or professional degree from an accredited institution. The MHA program looks for students of varied backgrounds, interests, and experiences, thus, students with all academic majors are encouraged to apply.
- A minimum undergraduate GPA of 3.0. An official transcript is required. Pending completion of the degree, an official transcript of all coursework taken to date is required.
- At least two letters of recommendation. Ideal sources include academic professors, academic advisors, and employment/internship supervisors. Physician shadowing letters are not recommended. Letters from a friend or relative are not accepted. Letters should come from persons who have had a significant interaction with the applicant in an academic or professional capacity and can reflect upon the applicant's prior academic and/or professional performance.
- Personal Statement. Describe why you want to earn an MHA degree, your career goals, how the program will help you reach those goals and why you chose the UofSC MHA program for your graduate education. The personal statement shall not exceed two single-spaced pages (one-inch border, 12-size Time New Roman font).
- Current Resume or Curriculum Vitae. Your resume should reflect your full history including academic history, work experience, and relevant volunteer activities, clubs, research, conference presentations, and professional memberships.
- In-person Interview (via telephone or virtual platforms – typically MHA traditional only)
- Prior experience is not required; however, internship, volunteer or formal work experience in a health care or allied setting is highly desirable.
- For international students: International applicants who do not hold a degree from a U.S. institution must also submit a valid test score (two years old or less) demonstrating their command of the English language. Applicants may provide one of the following two test options: Test of English as a Foreign Language (TOEFL) minimum score of 95 in the iBT (internet-based test) format or International English Language Testing System (IELTS) minimum score of 7.0 on the academic format.

B. Expected academic standard

The MHA Committee reviews applications for evidence of the applicant's intent and purpose in pursuing an MHA, leadership experience, and past academic performance. We use a portfolio approach to evaluate applicants and the portfolio consists of reference letters, previous professional experience, goal statement, grade point average in undergraduate and previous graduate work (if applicable), and standardized test scores (if available). The portfolio approach allows us to balance a poorer performance in some areas with exceptional performance in others, when there is evidence of experience in or motivation for a healthcare career, and strong letters of recommendation. For the

professional format MHA, emphasis is also placed on previous work experience as a predictor of future success.

C. International applicants

International applications are encouraged to apply to all degree programs of the department. The department values the interactions between US and international students to strengthen teaching and learning in the classroom and to foster academic advancement in a multi-cultural, multi-ethnic environment. International students often bring their own unique perspectives on how to address population health concerns and such perspectives are extremely useful for understanding the health concerns of populations in the USA and globally.

NOTE: Although the department admits international students into the MHA program, international applicants should be aware that it has become increasingly challenging (due to visa restrictions by the US Government) to place international students in graduate assistantships in off-campus settings. That restriction will limit the learning experience of the international student in par with their colleagues who receive a GA placement in a US health care setting. It also means international students will not qualify for reduced tuition associated with the GA. Therefore, international applicants interested in the MHA program should contact the MHA Director for further information and discussion *before* applying through SOPHAS or HAMPCAS.

D. Graduate Assistantships

Most of our full-time MHA students work in local public health and health care organizations as Graduate Assistants (GA-ship) after enrollment in the program. In general, the department strives to identify the maximum number of assistantship opportunities in healthcare and public health organizations in the greater Columbia area for students to interview. These are compensated graduate assistantship positions (10-20 hours a week). Historically, almost all full time MHA students have been placed as Graduate Assistants beginning with their first semester. However, applicants should note that GA placements are not *guaranteed*, and GA-ship availability depends on the needs and budgetary constraints of sponsoring organizations, student's educational background and work experience, and student's initiative and enthusiasm displayed during the interview. Interviews and placements may not be completed until the middle of the first semester (or beyond depending on the above factors). To maximize chances of being placed in a healthcare or allied organization, MHA applicants are encouraged to volunteer at a healthcare organization if they do not have prior work or internship experience in health service organizations.

Graduate Assistantships provide a small stipend, usually ranging from \$1,500-\$3,000 per semester for 10-hours a week prorated to the hours worked up to a maximum of 20 hours a week. In addition, out-of-state students who have Graduate Assistantships receive partial tuition waiver to reduce the tuition rate from out-of-state to in-state level. All applicants should be aware that the Graduate Assistantship will cover only a portion of the tuition and fees. The Graduate School does **not** allow students to work more than 20-hour per week as this may affect their academic performance. Graduate assistantships only apply to the MHA traditional program.

E. Conditional Admission to the MHA Programs

In certain circumstances, students may be offered conditional admission. A general requisite of a conditional admission requires the student to achieve or exceed a GPA of 3.0 in their first semester in order to continue in the program.

In addition, students may also be asked to take an English writing course, and for international students with significant difficulties in spoken English, to take remedial English language courses. All conditions will be clearly spelled out in the conditional admission letter. Students with a conditional admission may be asked to undertake no more than 10-hours a week of graduate assistantship work in the first semester in order to maximize their success in

meeting the conditions. A subsequent increase in the graduate assistantship time commitment is permitted subject to satisfactory academic performance, i.e., no grade less than a “B” in courses completed in the first semester.

All admitted students are expected to attend mandatory departmental orientations and comply with administrative requests, which include but is not limited to completing necessary curriculum surveys, attending individual development planning meetings, and providing updated resumes in a standardized format. Failure to do these automatically means the admitted student will not be counted as attending the program as part of the cohort.

F. Master of Health Administration (MHA) Traditional Format Details

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

In October 1991 the MHA program received full accreditation by the Accrediting Commission on Education for Health Services Administration (now called Commission on Accreditation of Healthcare Management Education, or CAHME). Most recently, the MHA program was re-accredited by CAHME in 2015 for seven years.

The MHA program is a 58-semester-hour program. The curriculum is as follows:

Management.....	31 hours
Accounting and Finance.....	9 hours
Quantitative Methods.....	3 hours
Public Health PUBH 700.....	3 hours
Managerial Epidemiology and Statistics for Healthcare	3 hours
Health Planning.....	3 hours
Approved Elective.....	3 hours
Management Residency	3 hours

Prior to enrollment, all MHA-admitted students in the traditional program should have completed an undergraduate accounting course or acquired competency in basic undergraduate accounting through private study.

Academic advisement and maintaining academic standing

Every graduate student admitted to a degree program will be assigned a faculty advisor. The MHA Program Director is the default academic advisor for graduate students until another advisor is assigned. During the first

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

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

All students are required to attend scheduled group advisement meetings for the cohort to ensure proper sequencing of courses and to obtain clarification on elective courses. Students cannot register (in Self Service Carolina) for courses without turning in signed advisement forms to the Graduate Student Services office. In addition, the student is expected to arrange to meet with the assigned faculty advisor each semester, to discuss academic progress, other clarifications, GA-ship performance, etc. Prior to advisement, students should inform their academic advisor of their GPA and alert the advisor if their GPA falls below a 3.0, if they earned a ‘C+’ grade or lower in a course, or if they failed a course so that this can be taken into account during advisement. Faculty advisors will verify good academic standing of advisees each semester before signing off on their advising checklist for the student. The departmental chair or MHA Program Director may, at the request of either faculty member or advisee, assign a new advisor to the student. The faculty advisor for the residency project (in the last semester) is typically the same as the academic advisor.

At the spring group advisement session in the students’ next to last year, and no later than the group advisement session of the last year, students must complete and submit a Master’s Program of Study form. On this form, the student lists all courses that have been and will be taken for completing the MHA. The student signs the form and submits it to the advisor, who verifies that the listed courses do fulfill the requirements for the degree. The advisor signs the form and submits it to the Program Director and there onwards to the Dean of the Graduate School. Once all signatures are in place, this constitutes an agreement between the student and the University, guaranteeing that the student will receive the degree if the listed courses are completed satisfactorily. For this reason, the form *must* be completed well in advance of graduation, otherwise graduation may be delayed. The form is available at the Graduate School [website](#).

Full details of the program’s academic advising process are found in the academic advising syllabi, available for traditional and professional format students respectively. All academic advising forms, information, etc. are secured in the MHA Program Advising organizational group in Blackboard.

Periodic competency acquisition assessments

All MHA students are **required** to complete timely periodic self-assessments of their competencies during the program as part of the program’s continuous quality improvement process. For this, each cohort will be alerted at appropriate times to complete the competency assessment surveys distributed by the MHA Program Director or Manager. Only aggregate scores based on these self-assessments are used, monitoring students’ progression, on average, on the targeted competencies in the respective semesters to verify that the curriculum and teaching methods are adequate to ensure achievement of the stated competencies in the MHA program competency model. Results are used to make the necessary changes.

Professional Development Seminar

In addition to the course requirements listed above, all traditional MHA students are **required** to participate in the Professional Development Seminar Series (non-credit bearing) in the first year of the program. MHA Professional weekend format students are not required to complete this seminar, but instead are offered a more personalized approach to professional development that includes career coaching from an industry leader.

The Professional Development Seminar (PDS) was launched in response to feedback from preceptors, alumni, and health care leaders, and to enable MHA students to utilize the professional development and career development resources offered by the USC Career Center. This Seminar is non-credit bearing and is offered to students without charge. An overview of a prior offering of the seminar is provided below. The specific topics may differ from year to year.

General Overview of Professional Development Seminar

The PDS series are designed to help students enhance their professional communication skills and behaviors, and to gain insight into how they come across to other professionals. These skills will help the students to succeed in the MHA program, succeed in graduate assistantships, in residencies, and in their future managerial careers. In most sessions, in addition to the topics mentioned below, a senior, mid-career or recent alumni of the program may provide an informal lecture and interactive session on their career experiences, tips for a successful career, and on how students should maximize learning opportunities in their curricular and graduate assistantship experience. PDS series will occur both in Fall and Spring semesters of year 1. The below sessions are tentative and maybe revised as necessary.

1. Session 1 *“On becoming an effective healthcare manager”*: A prominent health care leader provides an overview of professional self-development and habits to be practiced during the program and behavioral abilities to be pursued in order to be successful in health management career.
2. Session 2 *Workshop: How sharp are your Tools?* Learn how to improve the resume writing, interviewing and professional skills of students.
3. Session 3 *Individual Resume Review and One-on-One Feedback*: Get individualized feedback on improving resume in a personal session with a Career Center professional.
4. Session 4 *Individual, practice interview*: Participate in a practice interview with a Career Center staff person and receive feedback.
5. Session 5 *Business Dining and Related Etiquette*: Learn dining and business etiquette: View a video of an “Etiquette Dinner;” to understand dos and don’ts during business dining.
6. Session 6 *Workshop: Effective Business Communication*: Two-part workshop on written communication, and oral presentation skills
7. Session 7 *Workshop: Job Search Savvy*: Developing an effective job search plan and utilizing university and other resources to maximize success.
8. Inter-professional education (IPE) course –hosted by the University of South Carolina in the spring semester; students may enroll in this course for either zero or one credit hours, depending on their preference for whether the course appears on their transcript or not

Recommended Course Sequence for Full-Time MHA Students

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

Year 1FALL SEMESTER

HSPM 775 Managerial Epidemiology	3 hours
HSPM 733 Health Care Accounting	3 hours
HSPM 714 Perspectives in Community Health Organizations	3 hours
HSPM 765 Leadership in Health Care Organizations	1 hour
HSPM 769 Organizational Behavior	3 hours

SPRING SEMESTER

HSPM 712 Health Economics	3 hours
HSPM 716 Quantitative Methods for Health Administration	3 hours
HSPM 718 Health Planning	3 hours
HSPM 731 Health Care Finance-I	3 hours
*Possible PUBH700 or elective	* 3 hours

MAY SESSION

**Possible Elective	** 3 hours
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SUMMER SESSION I

HSPM 713 Information Systems in Health Administration	3 hours
HSPM 766 Health Services Administration I	3 hours

SUMMER SESSION II

HSPM 776 Physician Practice Management	3 hours
**Possible Elective	** 3 hours

Year 2FALL SEMESTER

HSPM 724 Health Law	3 hours
HSPM 770 Health Care Decision Making	3 hours
HSPM 732 Health Care Finance II	3 hours
HSPM 774 Applied Quality Management in Health Care	3 hours
HSPM 777 Healthcare Policy and Principles of Health Insurance	3 hours

SPRING SEMESTER

HSPM 797 Management Residency	3 hours
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MHA Program Total**58 hours**

* PUBH700 = 3 hours and is required for any MHA students without a public health background (i.e., undergraduate degree in public health).

** The elective must be a graduate level course. Three (or six if PUBH700 is not required) hours of electives are required for graduation

Students with strong health care management experience in an area may opt to take elective courses in lieu of up to two of the following courses: (1) Strategic Planning, HSPM 718; (2) Health Law, HSPM 724; (3) Information Systems, HSPM 713; (4) Health Finance, HSPM 731; and (5) HealthCare Accounting, HSPM 733. The MHA Program Director will review each request on a case-by-case basis and make the final determination on waiver of required courses. To be considered, students are required to submit a formal letter from their manager documenting specified professional experience in the management area for which course work waiver is being requested. *Students completing the MHA professional weekend format will follow a similar but slightly different sequence which will be provided during orientation.*

G MHA Professional Format Details

The MHA Professional Format is designed for working health professionals who wish to earn an MHA with minimum impact on their work schedules. The professional format allows students to complete coursework by attending once a month weekend classes. Students attend sessions on campus or designated locations for two weekend days per course per month. The Program begins with a one-day orientation for new students to register, complete an advisement workshop, tour the campus and library, meet faculty and other students, and have the introductory sessions for the courses of the first semester.

To be eligible for the MHA Professional Format, the student should have at least three years of approved work experience in a health care or allied organization, or ongoing clinical experience, and fulfill the academic requirements for admission. Participants in this program also require completion of 58 hours of course work (with 13 credits waived based on professional experience). A field visit to observe and understand the functioning of a prominent health system will be required as part of the residency project. The competencies of the MHA Professional format program are similar to regular MHA program with higher competency level attainment in the curriculum content.

Fees for the MHA professional program are listed on the ASPH's Tuition and Fees [webpage](#). The matriculation fee includes costs for all required textbooks and other prescribed learning materials provided to these students, departmental operating costs associated with this program, and related services. The \$8,088 matriculation fee is charged in two instalments of \$4,044 each, included in the tuition bills of the first academic semesters of Year 1 and Year 2. Students are encouraged to follow up with the [USC Bursar's Office](#) regarding fee deadlines and confirmation of charges each semester.

H Dual Degrees (JD/MHA)

The HSPM Department in coordination with School of Law offers dual degree programs. The requirements for the MHA portion of the dual degree are the same as the stand-alone degree programs discussed above. The requirements for the JD/MHA dual degree program are determined by the School of Law and Arnold School of Public Health, respectively. Some courses do fulfill requirements for both portions of the dual degree. A dual degree program thus requires fewer semester hours in total than if the two programs were taken separately. The details of each program are available through the respective links on the Department's [webpage](#).

I Combined Degree (PharmD/MHA)

The HSPM Department in coordination with School of Pharmacy offers combined degree programs. Current UofSC PharmD students can also enroll in the MHA Professional Weekend Program on a concurrent enrollment basis and have their clinical pharmacy experience serve as the approved health care professional experience. The requirements for the MHA portion of the combined degree are the same as the stand-alone MHA professional degree program discussed above. The requirements for the PharmD/MHA combined program are determined by the School of Pharmacy and Arnold School of Public Health, respectively. Some courses do fulfill requirements for both portions of the combined programs. The details of the MHA Professional program requirements can be discussed with the Program Director.

V. Residency for Master's Degree Programs

(Required for the MHA traditional students; requirements for the MHA Professional students' residency semester are provided below.)

The residency is the culmination of the Master's degree programs of the department, requiring a student to apply the theories, skills and knowledge acquired in the academic setting. Practical application of skills and knowledge is an essential part of professional degree programs, offering learning opportunities not available in classrooms. The residency is a planned and supervised learning experience, gained through first-hand planning and execution of a supervised project in a health services organization or in a public health setting. In addition to gaining some breadth of experience within the host organization, students must identify a deliverable outcome and execute planned activities to produce the outcome. Examples of deliverables include: a solution of a specific management problem or policy issue, preparing a business plan, evaluation of a program, etc.

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

1. Students are challenged to carry out a quasi-independent management project with a defined management or policy objective and deliverables in a practice setting, explore appropriate solutions, plan the methodology and roadmap, gather data and analyze the data as appropriate, and provide management/policy recommendations;
2. The residency should satisfy the requirements laid out in the residency syllabus and students should specify the MHA program competencies to be demonstrated or strengthened over the course of the residency in consultation with the site preceptor and faculty advisor;
3. Preceptors provide students guidance throughout the project phases, project identification, objectives/deliverables, methods to achieve the objectives, and provide supervision by assessing progress and offering professional insight at frequent intervals;
4. Host institutions benefit from relevant and professionally executed residency projects;
5. Faculty advisor gets validation of student mastery of the MHA program competencies that are addressed/ demonstrated in the residency. Student achievement/ demonstration of these competencies will be evaluated by the student (self-assessment) and preceptor at the end of the residency using the MHA residency evaluation forms.

In addition, preceptors are encouraged to help students:

1. Develop management skills and improve self-confidence by participating in other smaller projects and tasks as assigned;
2. Gain functional exposure to senior management activities through participation in planning and decision-making meetings as possible;

For the Management Residency (HSPM 797), students are required to demonstrate an ability to apply theory to practice in a health care setting, and to document it by preparing a major project report that addresses a management need or policy problem of the host organization including a strong literature review component.

Management Residency (HSPM 797, MHA residency project, 3 credit hours)

Master of Health Administration students taking HSPM 797 provide a minimum work effort of 32 hours/week (4 full working days) to the host facility over a Fall or Spring Semester (4 months), or 40 hours/week (all days of the week) if the residency is completed in a summer session (three summer months). The total effort should be, at a minimum, 48 working days. Students employed full-time can, with their faculty advisor approval, complete the residency on a 16 hour/per week basis, over two semesters (fall and spring). Students may complete a 12-month residency or fellowship in lieu of a one-semester residency with the faculty advisor permission. Students cannot be paid for more than 20 hours of graduate assistantship(s) based on USC guidelines. The HSPM 797 syllabus provides the details of the MHA residency content and report preparation.

A. MHA Residency Frequently Asked Questions

Purpose of an MHA residency project

The residency project is similar to a master's thesis, with the MHA project focusing on a practice-based project in health care administration. Students are expected to plan and execute an independent health administration project under the guidance of the site preceptor and in consultation with the faculty advisor to produce a residency project report. Students should demonstrate and utilize their expertise in the topic, and demonstrate the competencies of analytical and critical thinking, finance and planning, oral and written communication, and teamwork. Your residency report is a valuable marketing tool to launch your career.

How are residencies obtained?

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

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

- Under exceptional circumstances, HSPM faculty members can serve as a "professional safety net." If a student cannot obtain a residency for compelling and unusual circumstances, or arrangements fall through for some reason, HSPM faculty may arrange a residency placement so that the academic requirement can be met. However, in such situations the residency may not be compensated.
- If a student has not performed satisfactorily in a graduate assistantship, has quit an assistantship position without consulting their faculty advisor, or has repeatedly turned down assistantship opportunities identified by faculty in previous semesters, HSPM faculty may **not** be available to assist the student with obtaining a residency position. That means the student will not satisfactorily complete their degree requirements.

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

The MHA Program Director will schedule a minimum of 3 residency meetings for all students. Attendance is mandatory for all students. The first meeting is held in the last month of the second fall semester, and the remaining two meetings are conducted during the spring semester of Year 2. All HSPM faculty who advise MHA residency students are invited to participate in these meetings. In addition, students are expected to schedule individual meetings with their faculty advisor, at minimum, one meeting before finalizing their residency idea and proposal, and two meetings during the residency semester to share and receive individual performance-related suggestions and reviews. All spring and summer residency students are required to attend these meetings. The first meeting (~Early December) is an informational, planning and placement-related session. The second meeting conducted about 2-4 weeks into the spring (~End of Jan), is held to review student progress and ensure that all students have a firm project plan and are on track to complete their project on time. By this meeting all students should have submitted their project concept paper. At this meeting, each student briefly presents a summary of their proposed project along with a summary literature review. The third meeting is conducted about 4-6 weeks later (~End of Feb), by which time all students should have submitted a full and approved proposal to their respective faculty advisor for review. At this meeting each student presents a status report that verifies that all students are on track to complete the residency project and report by the end of the semester (~May). This timeline is for guidance and for group meetings only; individual students are encouraged to start preparing for their residency as early as of the beginning of the Fall and following on with their preceptor and faculty advisor to ensure that they have a specific and feasible concept note with appropriate timeline.

What are MHA students usually compensated for their residency?

Compensation varies considerably and is at the discretion of the sponsoring organization. We request preceptors to compensate at least at a 20-hour per week graduate assistantship level. While the GA contract is limited to 20-hours a week, the additional hours put in are required to get semester hours credit. It is possible, however, that on occasion (though rarely), a student may have to complete a residency project without compensation, particularly if they carry out a project for an organization at which they have not worked earlier as a graduate assistant or if organizations experience paucity of funds to support a compensated residency.

What are students' responsibilities regarding residency "paperwork"?

Usually, the same USC contract mechanism as the graduate assistantship is used. Alternatively, students may be hired directly by the health care organization; however, this does not result in a tuition reduction for out-of-state students. Because most students are typically registered only for 3 semester hours of the residency in the final spring semester, special paperwork to request Z-status must be completed to receive permission to hold a graduate assistantship. The paperwork can be completed with the assistance of the Program Director.

How do students select a HSPM faculty advisor?

The HSPM faculty advisor is usually your academic advisor. If a different advisor is desired, the MHA Program Director will identify a faculty advisor within the HSPM department before the residency process begins. A second reader will be identified by the MHA Program Director or faculty advisor.

B. Finding a Management Residency Location

The residency is the culminating experience for students in health administration. *Planning for it should begin as early as possible for all students.* To begin with, entering students have a general idea of why they are interested in becoming a health administrator. As the students' progress through the program, work in GA-ships, and interact with classmates in other GA-ships, ideas become refined or changed due to better understanding of what the

management of health services organizations is all about. The Program Director will help with this process. Students should explore a range of options, visit sites, and talk with graduates and managers in health systems organizations to identify options. Again, *faculty advisors can frequently assist students, although student initiative is critical as with the entire residency experience.*

Numerous state and federal departments and agencies, as well as private hospitals and private health care organizations, have locations in the Columbia area or within South Carolina; these have provided excellent residency opportunities. In most cases the GA-ship site also becomes the residency site as the student and preceptor identify a project while the student progresses through the program. Students planning a residency outside the state of South Carolina must take the initiative to develop opportunities through communication and meetings with potential sites.

a. Residency Advisors and Preceptors: Their Responsibilities

The residency advisor is typically the HSPM academic advisor. However, faculty who are not holding full-time appointments in the Department must be approved by the Chair. The residency advisor is responsible for supervision of the residency chosen by the student. In addition, the MHA Program Director or faculty advisor will identify a second reader for the residency.

1. The Faculty Advisor's responsibilities include:

- a. helping advisees clarify and understand the objectives of the residency;
- b. helping the advisee to develop specific learning objectives and MHA program competency objectives that will be addressed/ demonstrated/ used;
- c. approving the project(s) to be undertaken in the residency and signing the Residency Approval form based on the preliminary project proposal;
- d. responding to advisee inquiries/requests for advice during the residency;
- e. collaborating with preceptors to ensure an effective experience;
- f. evaluating the student's draft papers, providing feedback, evaluating the final report and the oral presentation using the appropriate rubrics (provided by the MHA Program Director) to evaluate student performance on the residency;
- g. recommending reference sources etc., as appropriate to the setting and the problem under study;
- h. providing a written assessment of the student's residency report and presentation using the MHA Residency Report and PowerPoint Assessment Rubric and the Team/Individual Presentation Rubric to the student and a copy to the MHA Program Director.

2. The preceptor's responsibilities include:

- a. understanding the residency requirements and ensuring the feasibility of meeting the requirements;
- b. identifying suitable projects and problem statements;
- c. providing the student an overall orientation to the site, to making the student feel welcome;
- d. discussing and involving the student in meetings with governance and management structures relevant to the residency project;
- e. facilitating the required meetings, data access, etc. as required to accomplish the project objectives;
- f. having weekly to fortnightly meetings with the student during the residency to discuss progress, issues and resources needed by the student for timely completion of the residency;
- g. contacting or responding to the faculty advisor in designing or adjusting the experience as needed;
- h. evaluating the student, reviewing the evaluation with the student, and sending a copy of the evaluation to the faculty advisor;
- i. if possible, providing a written assessment of the student's residency report and presentation using the MHA Residency Report and PowerPoint Assessment Rubric to the student.

3. **Both** Faculty Advisor and Preceptor must approve the scope and content of the residency project. Both should

sign the Residency Approval form no later than four weeks into the residency semester. A copy of the Residency Approval form should be affixed to the final copy of the proposal. A copy of the final report will be kept in the department.

4. Copies of the final approved residency report may be given to the faculty advisor, the faculty second reader, and the preceptor. One final clean electronic copy must be given to the MHA Program Director for the Department's archives. The report (including duly signed Residency Approval form) must be delivered before the candidate can be cleared for graduation.
5. It is the responsibility of the student to obtain faculty and preceptor signatures on both the proposal and the final report. It is also the student's responsibility to ensure that a copy of both the preceptor's student evaluation and the student's evaluation of the residency are submitted to the faculty advisor. A grade will not be assigned for the Residency **and thus the student cannot graduate** until the final report and residency evaluation forms have been turned in.

b. FAQs for Residency Site Preceptors

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

Summary of GA-ship

The GA-ship is essentially a process of professional learning (earn-while-you-learn deal for students). The student learns about how health organizations work while contributing work effort as required by the sponsoring organization. Typically, GA-ship consists of tasks and short-term responsibilities assigned by the preceptor, but these tasks do not have to culminate in specific deliverables under a planned project for the organization as required in a residency project.

How a residency is different from a GA-ship?

Apart from the compensation aspect which may differ due to longer work hours, the residency is a semester-long period when the student's work is focused on specific objectives with specified deliverables (such as planning or implementing a new system or procedure, evaluating a system, developing a business plan, exploring opportunities for initiating a new program or service). There must be a specific outcome and deliverables established in advance. Sometimes the residency can be an uncompensated project completed on a volunteer basis.

What is the purpose of a residency experience?

The academic objective of a residency project is for the student to gain hands-on experience of applying management techniques and concepts in the real world, under the guidance of an experienced health administrator/professional. The student gets academic credit for the management residency (3 credits for the MHA residency).

How does a residency process work?

The student and the sponsoring preceptor will jointly configure a project which can be accomplished within a semester. The project is expected to be useful for the sponsor in addition to satisfying the academic requirements. The student, in collaboration with the preceptor and faculty advisor will develop specific project objectives and the outline of a methodology and roadmap with timeline to accomplish the objectives. The preceptor will review and approve the methodology, and facilitate data collection and other support as needed, such as contacting other

department officials from whom information is needed to accomplish the project. The student will apply their theoretical knowledge and findings from the literature review in developing the methodology.

Residency Compensation

Residency project sponsors may pay a higher hourly rate of compensation than a typical GA-ship because of the specific project needs of the organization. However, many MHA residency sponsors limit compensation to the typical amounts per semester paid for 20-hours per week GA-ship and the student puts in the remaining 12 hours per week for MHA residencies to receive academic credit. The GA-ship paperwork can be for no more than 20-hours per week per Graduate School guidelines.

c. Residency Proposal and Report

(The descriptions below supplement the requirements in the HSPM 797 syllabus for the MHA residency. The HSPM 797 course is secured in Blackboard where all required forms and assignments are kept.)

The Residency is expected to help prepare students for employment upon graduation. In particular, the student should gain skills required to manage effectively and solve management problems in health care organizations. The problem/process selected for study/problem-solving should be identified in collaboration with the preceptor. The project and expected deliverables should be identified prior to the start of the residency semester but occasionally it may be identified early on in the residency semester. **The written draft proposal should be submitted to the preceptor for approval, and the approved version submitted to the faculty advisor for approval within four weeks of the start of the residency semester.** The summary of the proposal will also be informally presented at the second residency group meeting during the residency semester. Prior to this meeting the students should have met one-on-one with their respective faculty advisors to review the proposal.

Residency Proposal Should Consist Of:

- a. **Problem Statement**: The proposal should start with a clear statement of the organizational problem or need to be addressed and a brief rationale for the study or project. It should be followed by a clear statement of the student learning objectives, performance objectives including project deliverables for the host organization, and the MHA program competency objectives to be addressed/ demonstrated.

An example project deliverable might be: "This project will provide recommendations on the number of additional workstations/OR suites/additional personnel needed, based on clinical and fiscal data and professional input and preferences of key providers and management".

- b. **Literature Review**: The purpose of a review of relevant literature is to use information from relevant data sources such as case studies, published empirical (peer-reviewed) research, and/or experts in the field. Note that a good review will not only save time but also improve the quality of the problem statement, methodology, and results. Students should be aware that some faculty advisors may prefer a written initial literature review at the proposal stage (about 2-3 pages and 4-6 references) while others may require a full proposal with full literature review at the proposal stage. Your literature search to supplement your preliminary review will continue throughout your residency semester. A complete literature review in the final report should consist of at least 10 pages with a minimum of 15 references, at least 10 of these from peer-reviewed journals. Use of verbatim quotes (even with attribution to the source) is strongly discouraged, no more than an occasional quote is permitted. You must synthesize information from your sources to make the case for your project and cite the reference. All information taken from any source should be referenced and the full reference provided in the list of references per standard format. Information used from other sources without citing amounts to plagiarism which would have grave consequences including the possibility of termination from the program without graduation.

Web-based references should be sparingly (if at all) used, unless the website is hosted by government agencies or professional organizations. An important source of literature for management and business-related topics is the Moore School of Business library, apart from the Thomas Cooper Library, American College of Healthcare Executives newsletter or website, American Hospital Association journal or website, the Institute for Healthcare Improvement website, Modern Healthcare, MGMA journal/newsletter, etc. Students must confirm literature review expectations with their faculty advisor before they begin their proposal. Your literature review must make the case for why your project is important, document the experience or findings of similar or allied efforts in the past, methods used and the advantages and pitfalls, and implications of prior work for your chosen project area. Thus, your literature review must inform your project design and methods if such literature is available. Your literature review could cover topics such as competitor analysis, environment analysis, market analysis, review of regulations, quality improvement techniques (e.g., Six Sigma) to give a few examples.

- c. **Method(s):** The methodology section of the proposal should outline the approach to be used and the complete roadmap to achieve the residency objectives. Typically, a combination of methods is used which may include data collection (primary or secondary data), interviews, case study development, financial data, observation of work processes or patient flows, etc. To the extent available you will use support from the literature for your chosen methods. If you plan to conduct interviews or focus groups, in person or otherwise, you should develop draft surveys or lists of questions (i.e., structured or semi-structured interview) to be asked before starting the work (include the surveys as appendices in the final report) and state the approximate number of subjects you plan to interview/survey. Finally, your methods section should state how the various data will be analyzed and findings synthesized to produce the project deliverables.

The residency proposal must be approved by the faculty advisor and the preceptor; such approval is documented on a signed residency approval form provided in the Blackboard course.

Final Report:

A residency culminates in a professionally formatted report that follows the format specified in the HSPM 797 syllabus. The residency requires an oral presentation, usually on campus to faculty, students and others interested in the topic. Preceptors are strongly encouraged to attend the oral presentation. You may schedule additional presentations at the host organization for their internal stakeholders. Oral presentations will not be scheduled without the written approval (directed to the MHA Program Director) of the faculty advisor signaling the readiness of the student to schedule his/her oral defense of the residency project. One week prior to the oral presentation the student should post announcements of their presentation in the Department and School. The announcement should state the student's name, MHA candidacy, title of presentation, date, time, and location. **Final approval of the written report rests with the Faculty Advisor, the second reader, and the preceptor.**

PLEASE NOTE that both the faculty advisor and the second reader must approve the written report before the oral portion of this requirement. To enable this, students must submit their final report for review by the preceptor and faculty advisor at least two weeks prior to the oral presentation. Exceptions to this must be approved by the advisor. Please note that all candidates must submit an electronic copy of the final, accepted paper to the MHA Program Director, to the faculty advisor, the second reader, and the preceptor. Specific rubrics will be used by the faculty advisor and preceptor to evaluate the report and the presentation, available at the end of this handbook. Students should review the rubrics to ensure that their report and presentation (both the Power Point content and verbal presentation) conform to the criteria stated against the best scores on each dimension in the respective rubrics.

References should be formatted in a standard style, such as American Psychological Association, JAMA or a similar standard journal in healthcare. The Final Report must meet style and format standards indicated below. The text should be double spaced with one (1) inch margins on all sides, no additional indents or spacing,

and use 12-point font.

The Health Management Residency Approval Form should be signed by site preceptor, faculty advisor, and second reader and should be the second page (after the front page) in the report (the form is reproduced in the annex of this handbook). The Executive Summary should be the third page. The Executive Summary (written last, after the full report is written) should be a 1-2 page, single-spaced summary of the problem, methods, results and recommendations.

Throughout the residency semester, students are highly encouraged to document their activities, findings and steps completed at the end of each week in a journal. They should review their accomplishments against the methods roadmap and deliverables to keep track of timeliness and the details that may be otherwise overlooked when documenting the Methods and Results sections in the final report.

Reference citation and plagiarism

It is essential that students give proper credit to the sources of information. This applies whether the information is from a source on the internet, professional journal, peer reviewed journal, etc. Any idea, thought, concept, information or other material that is not yours that has been taken from a specific source (including personal communications with professionals) should be cited, both in-text and in the bibliography section. Material taken verbatim (word for word) from a reference must appear in quotes, followed by a citation. However this should be used very sparingly, if at all used. Anytime you use more than three consecutive words verbatim from a reference, it should be in quotes. **Residency reports that have many verbatim quotes are not acceptable. Plagiarism, whether it is intentional or not, is a serious offence: it is grounds for failure for an assignment, failure in the course, suspension or expulsion.** Students who do not give appropriate credit to their references will receive a grade of U for the residency and will be required to repeat the residency experience for a different project in a different organization. The student IS RESPONSIBLE to understand and avoid plagiarism through self-guidance. A good starting reference is [UofSC Upstate Library Guidelines on Plagiarism Prevention](#).

Guidelines for preparing a professional report:

- The residency report must look professional, with use of consistent font types and formats, be free from typographical or grammatical errors, and well organized. Examples of MHA residency reports (available through the MHA Program Director) should be reviewed before writing up your report.
- Keep in mind that you are writing a technical/academic consulting report, not a class paper. The report should be a minimum of 40 pages excluding references and could extend to 80 pages or more depending on the type of project.
- Use a professional looking header or footer. Avoid anything “gimmicky” or “cute.” Make full use of white space. Avoid unnecessary indents or line spacing that result in sparse content in each page.
- Use main titles (logical dividers such as introduction, problem statement) and subtitles to organize your material for logical structure and flow. Distinguish between your main titles and subtitles by font type, e.g., bold headers, bold and italicize sub headers. Organize the text into concise paragraphs, generally not to exceed three quarters of a page. Use bullets to organize material as appropriate.
- When you use tables, graphs or pictures, you must refer to them in the text and state the major "take home" findings conveyed by the table.
- **The executive summary is written last. Your executive summary should summarize precisely the main project objective, methods, results and conclusions-recommendations relative to the deliverables in 1-2 pages of single-spaced text.**
- Put in page numbers on the proposal and final report.
- All material must be carefully proofread prior to submission, i.e., spell checked, and reviewed for grammar and correct uses of words that do not get flagged by the spell check. ***Please take your final draft to the Writing Center for a final review before submitting it to your preceptor and faculty advisor. Please make your appointment well***

ahead of time while you complete writing your report.

d. Residency Conditions and Requirements for MHA Candidates

- i. All students due to commence the residency are required to attend a residency planning meeting to be organized towards the end of the preceding semester. At this meeting, students will confirm their residency plans if they have finalized their site/project, and those who have not, will notify the respective Program Directors, so that potential opportunities can be identified with their help. For MHA students 2 additional group meetings will be held during the residency semester.
- ii. All Management Residency students are required to schedule at **least two residency meetings** with their faculty advisors during the residency semester. The first meeting will be scheduled by the student with their faculty advisor within 4-6 weeks of the start of the semester. At this meeting, all students will make an informal presentation of their project proposal and discuss the residency experience with their advisor.
- iii. At the second meeting with their faculty advisors, held about 8-10 weeks from the start of the semester, each student will present their project progress to date, problems and learning experiences.
- iv. At the completion of the residency, the student will submit a residency evaluation form which includes a description of the experience gained, the administrative skills developed, appraisal of the applicability of classroom learning to practice, and the strengths and weaknesses of the residency (form provided at the end of the handbook).

MHA students are assigned a grade of satisfactory (S) or unsatisfactory (U) for the residency credits.

The forms and evaluations required for the management residency of the MHA program are listed below and provided in the Blackboard course unless otherwise noted:

- Residency Proposal and Report Approval form (signed by preceptor, faculty advisor and second reader)
- MHA competency self-assessment (at the End of the program)
- Preceptor evaluation of the residency – completed by preceptor
- Student evaluation of the residency
- Residency Report Assessment Rubric - 2 Forms completed by Preceptor and Advisor. Additional by Second reader if they are available
- Presentation Assessment Rubric – 2 forms (faculty advisor and preceptor)
- Arnold School of Public Health Exit Interview – Complete it online (the link to exit interview will be sent at the end of the semester). Print out the acknowledgment webpage.

Finally, you should provide one a final electronic copy of your residency report to the department for departmental records.

e. Checklist of the “nuts and bolts” of the MHA residency project and report

- a. Is my section on Project Objectives focused on: What is the purpose of the project, what are the specific objectives, and what are the deliverables, and what are my learning objectives?
- b. Am I journaling my residency activities as I am executing them daily/weekly?
- c. Does the Objectives section state the competencies out of our MHA program competency model that my project will address? (i.e., competency areas in which you will improve by executing the project).
- d. Does my literature review make a case for why my project should be done, the benefits as documented or speculated in the literature, and why it should be done the way I propose it? Is it organized to flow logically and read well, ending with a final closing statement paragraph that justifies my project/methods?
- e. Have I made every attempt to make sure that my work is building upon the best lessons of work already

done by others, and my methods are grounded in sound theoretical and pragmatic considerations that are documented by others who have trodden on this path in the past? (In other words, it guards against a “winging it” approach which would reduce the credibility and respect for your product.)

- f. Does my methods section present a clear action plan or road map with statements of what will be done, with whom, how many individuals or case studies, from which department, what type of information/documents will be/were reviewed to create the database, etc.? (Document your activities as far as possible as you execute them, say at the end of every week. Do not wait until the last month of the semester to document.)
- g. Is the report professional, error-free, and complies with the report requirements?
- h. Have I reviewed the residency report rubric online to ensure my report is in compliance?

Please check off the above items one by one after verifying compliance with each BEFORE submitting your draft proposal or draft residency report to your preceptor and faculty advisor.

NOTE: To help them get oriented to the expectations and formalities of the management residency, first-year students are **required** to attend at least **two (2) residency presentations** of their colleagues in the second year. Similarly, second year students are strongly encouraged to attend their classmates’ presentations. The Program will share the schedule with all MHA students ahead of time (once all presentations are scheduled).

f. Exemptions from the Residency

Under exceptional circumstances and on a case-by-case basis, exemption is permitted for highly experienced health care managers currently employed at senior levels in a health services organization. Such individuals may take 3 hours of prescribed doctoral course work in either a research or policy track. The student must obtain written prior approval of exemption from their faculty advisor and the MHA Program Director. On completion of the substitute course work, the student is required to complete a structured study/research project in the field and submit a Final Report fulfilling all the requirements outlined for the MHA Residency report. A grade will be assigned by the course instructor.

g. MHA Residency for Professional Weekend Format

Professional weekend format MHA students will complete the program with an exceptional experience **in lieu of their residency requirements**. Through a specially designed capstone experience, these healthcare leaders will gain new insights by applying new competencies and knowledge during visits to a national or international prominent health care system as a group. This intensive five-day experience will expose students to prominent organizations and to leaders in health care. Each cohort will decide which system to visit and could include locations in the USA or internationally. Some possible locations could be:

US health systems: Mayo Clinic (Rochester, MN or Jacksonville FL), Kaiser Permanente (Oakland, CA), Cleveland Clinic (Cleveland, Ohio) or other health systems

International health systems: Canada, United Kingdom, France, Germany, Switzerland, Netherlands, Costa Rica, Taiwan, Thailand, Singapore, South Korea, United Arab Emirates (e.g., Dubai Health Authority) or other international health systems

Cost of this study tour will be borne by the students. All expenses, including the transportation costs, lodging charges, cost of meals and other incidentals including the travel insurance will be paid by the students. If the Department arranges hotels and local transportation, etc., students will be required to pay a program fee for the study tour prior to the finalization of the trip. The program fee will be approximately equal to the projected hotel and other local expenses, insurance, etc. This trip will be arranged during the second summer semester.

h. MHA Residency Alternative for Experienced Managers

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

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

Track 1: HEALTH SERVICES RESEARCH

HSPM 719: Health Services Research Method II.

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

or

Track 2: POLICY ISSUES IN HEALTH ADMINISTRATION

HSPM 845: Advanced Topics in Health Policy and Management I or HSPM 846: Advanced Topics in Health Policy and Management II.

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

To request one of these options

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

- a. Prepare a carefully considered rationale clearly documenting the basis for the request. Students should include a description of the managerial position currently held and a current professional resume;

and

- b. Review this rationale with faculty advisor who will submit on the student's behalf the rationale statement, accompanying information, and the advisor recommendation, to the MHA Program Committee and to the full-time faculty of the Department for consideration and approval.

NOTE: A student must be currently employed as a mid or senior level manager in a healthcare or allied organization full-time to qualify for any of these two options.

C. Academic Standards

The University requires that graduate students maintain academic standards as outlined in the Graduate School Bulletin. Graduate students must average at least a B (3.0 on a 4.0-point system) over all graduate courses attempted. As noted earlier in the Student Responsibilities and Code of Ethics section, the Department maintains a high standard for its students. Graduate students who accumulate nine hours of grades less than “B” in graduate course work must develop a remediation plan for improving the grades, and those earning a grade of “C” or below in a fourth course will be terminated from the program. Please note that a remediation plan will not occur if a student earns third and fourth grades less than “B” in one semester. Such occurrence will result in immediate termination without a remediation plan. Note that a grade of “U” is also considered a grade less than “B”.

The University's definition of a full-time graduate student is one who is enrolled in nine or more hours during a fall or spring semester and six hours during the summer session. However, students enrolled full time in fall and spring semesters need not be enrolled in the summer sessions. For master's students some courses are offered in the summer and are not typically offered during the fall or spring, requiring summer enrollment in order to graduate. A part-time student normally takes a minimum of three credit hours during the academic year. Full-time progression through the MHA often requires enrollment of 12-15 hours per semester for three semesters plus two 6-hour summer sessions and a 3-credit hour residency semester.

For part-time students, Master's programs should be completed within 10 years. Otherwise, courses more than 10 years old must be revalidated, which may require additional student work, and the student becomes subject to changes in degree requirements adopted up to a date six years prior to graduation.

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

D. Computer Facilities and Web Site

Students in Health Services Policy and Management have access to the Arnold School's computer lab on the 4th floor of the Discovery building (915 Greene Street). Few additional computers with printers are available in the department for the use of HSPM students. These computers are set up and maintained by the department. Students must have departmental login name and password to be able to use the HSPM computers. Students should get their departmental account name and password from the computer lab manager.

The Arnold School's computer Lab offers current versions of leading software for word processing, spreadsheets, presentation graphics, and data analysis. The computers in the departmental lab are connected with laser printers for fast and convenient printing. Workstations in the School and departmental labs have Internet access, as well as access to MedLine, the University's library catalog, and other bibliographic services. The University provides each registered student with free e-mail account.

The Health Services Policy and Management Department's website, <http://www.sph.sc.edu/hspm/> has program information, including details on curriculum requirements and the administrative or public health residency responsibilities and policies. Fellowship related information is also made available for MHA students to review.

E. Tuition & Fees, Graduate Assistantships, and Financial Assistance

a. Tuition & Fees

Tuition and fees for the MHA are listed on ASPH's Tuition and Fees [webpage](#). A one-time enrichment fee of \$1000 applicable to all HSPM students is to cover additional professional development activities and events provided for HSPM students. This fee is assessed in the first semester of the program upon matriculation along with tuition and other fees.

Fees for the MHA professional program are listed on the ASPH's Tuition and Fees [webpage](#). The matriculation fee includes costs for all required textbooks and other prescribed learning materials provided to these students, departmental operating costs associated with this program, and related services. The \$8,088 matriculation fee is charged in two instalments of \$4,044 each, included in the tuition bills of the first academic semesters of Year 1 and Year 2. Students are encouraged to follow up with the [USC Bursar's Office](#) regarding fee deadlines and confirmation of charges each semester.

b. Graduate Assistantships

All full-time MHA students are encouraged to work as graduate assistants in health service organizations in the community to acquire work experience and enrich the learning process through on- the-job application of concepts and techniques learned in the classroom. The Graduate Assistantships for MHA programs are described in the Master's Degree Program section above.

To qualify for assistantship, a student must be fully admitted to a degree program, be enrolled as a full-time student and maintain a 3.0 GPA. For details on Graduate Assistantships in the University please refer to the following policy document: <http://www.sc.edu/policies/acaf400.html>.

Graduate assistantships provide students with a salary stipend as well as the opportunity for reduced tuition if the student is from out of state. Beginning with the 2022-2023 academic year, health insurance subsidies are available to students who obtain graduate assistantships to cover the cost of mandatory student health insurance. These subsidies are automatically administered. More information may be found on this webpage: https://sc.edu/study/colleges_schools/graduate_school/paying_for_graduate_school/health_insurance_subsidy/ind_ex.php.

Summer Graduate Assistantship for students in the Master's Programs

The HSPM Department, in view of the summer course loads in the MHA program (12 credit hours over Summer I and II) recommends students to evaluate their time commitments with regard to satisfactory performance as a graduate assistant concurrent with the academic obligations.

Graduate Assistantship: Additional Details in Response to Frequently Asked Questions

What is the purpose of a graduate assistantship?

The purpose of a graduate assistantship is to provide students with "real world" experience in a health care organization, and an opportunity to network among professionals. Responsibilities typically include both routine office work (e.g., answering phones, copying, data entry), and completion of special projects.

How are graduate assistantships obtained?

The MHA Program Director identifies opportunities for all master's level students to interview for at least one graduate assistantship position. Students should submit their resumes to program leadership, and they will email suitable resumes to potential employers/researchers in line with the researcher's/preceptors' work needs. Preceptors or the program leaders will contact students to schedule an interview. Selection is at the discretion of the preceptor/employer, depending on their needs. Especially for the MHA students, these are just like "job" interviews. Displaying energy, initiative, and enthusiasm to perform in order to provide value to the organization will encourage the preceptor to hire a student. For new MHA students, it can take up to two months to get hired. Occasionally a student with little experience or suitable background relative to a sponsor's needs, may have to volunteer for a semester or two to demonstrate abilities before getting hired for pay. This experience is valuable for career building.

To maintain ongoing paid GA-ships, students are encouraged to network as much as possible. The network includes advanced level doctoral students, research centers and institutes in the University, 2nd year MHA students, adjunct faculty, preceptors, alumni, and HSPM guest speakers. Students should take every opportunity to network and identify opportunities for work. For the MHA students it is especially important to demonstrate increasing initiative in obtaining a GA-ship over the course of the program. Developing these skills will help MHA students succeed in their management and administration career. It should be noted that the Department will strive to secure GA-ship performance evaluations from preceptors. Students who are evaluated as poor or mediocre performers by preceptors will not be canvassed to potential sponsors in subsequent semesters by the program leadership unless they are convinced that the evaluation may not have been fair. Because student performance impacts our ability to maintain GA-ships for future students and semesters, poor performance or professionalism will result in the student being on their own to find GA-ship positions in later semesters.

What are my responsibilities regarding graduate assistantship paperwork?

After a GA-ship has been identified, each MHA student is required to work with the sponsor to get signed GA contracts sent by email to the HSPM academic programs' manager for entry into the USC system. Students must complete additional USC payroll paperwork at the Department office. If a GA-ship sponsor requires additional security checks, or credit checks or health status clearances, the student is responsible for getting those completed to the satisfaction of the sponsor. All financial expenses associated with background/security checks and medical tests must be borne by the student applying for the GA-ship. The sponsor will provide guidance on how and where these should be completed. For out- of-state students to get tuition remission to in-state rates, their GA-ship contracts must be filed, if possible, prior to the start of the semester but no later than 30 calendar days of the semester start date.

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

Typically, it takes 3 to 4 weeks to fully process the contract. USC has over 6,000 graduate students. Many obtain graduate assistantships. Therefore, the university must process a large number of contracts in a relatively short period of time at the beginning of a semester. The department has streamlined the GA-ship processing procedure and Department now deals with most of the paperwork required. However, the GA-ship contracts must be reviewed and approved in several other offices for setting up the payroll, tuition reduction to in-state, and enrollment in courses. For international students it also goes through the International programs office. We do everything we can to expedite this process, but delays may occur.

When can I expect my first paycheck?

Paychecks are issued twice a month. After the start of the GA-ship, students will receive the paycheck either at the beginning of the month or the middle of the month, depending upon the start date of the GA-ship. It typically takes a month from the time you submit your signed GA-ship contracts until you will receive your first paycheck. You will

receive the entire contracted amount allocated for your time-effort.

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

You should treat the interview as you would one for a regular job. Importantly, you are representing our MHA program and USC. Do your homework on the organization; be prepared with thoughtful questions. Use the phone and in-person interview rubrics provided to you by your program director to practice comportsment and body language. Show energy and enthusiasm to provide value to the organization by displaying an eagerness to learn and perform. Dress for success, i.e., a business suit; make sure your shoes are in good shape. Bring a couple of copies of your resume. No eating or drinking or chewing gum. Always follow up with a thank you note, either by email or regular mail within 24 hours of the interview.

Can I expect an evaluation of my performance at my GA?

Yes, both students and their supervisors are given the opportunity at the end of each semester to evaluate the performance of the student, their progress in MHA program competency attainment, and the overall fit of the GA. These data are collected through electronic surveys; if both parties (student and supervisor) return their surveys and indicate they are willing for their feedback to be shared, each will receive the others' feedback. Feedback on student performance is also shared with the student's faculty advisor for use in individual development advising sessions.

c. Procedure for Completion of Graduate Assistant Contract

Graduate assistantships require a formal contract between the University and the sponsoring healthcare organization or agency employing the student. A contract form can be obtained from the Program Director. The student is responsible for having the contract signed by the appropriate sponsoring organization representative or the preceptor. After signatures, the student may email or bring the contract to the Program Director. After review, the contract will be signed by the Department Chair. After payroll verifies all information and enters it in the computer, the student can be paid. If the completed paperwork is not processed by payroll before the cutoff date for the pay period, the student will not get paid until the following pay period.

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

To allow for these procedures, the student should have the signed contract with all of the correct information at least 3 weeks before the start of the contract. The contract needs to be submitted prior to the start of the semester. If unavoidable (e.g., new students), the contract can be submitted up to no later than 1 month after school starts, otherwise there will be no tuition reduction. Students will not receive a paycheck until after the completion of the University paperwork that the paragraph above describes.

d. Grants, Loans, and Other Financial Assistance

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

National professional organizations such as the American College of Healthcare Executives (ACHE), the Medical Group Management Association (MGMA), and the National Association of Health Services Executives

(NAHSE) also typically provide opportunities to apply for scholarships annually.

The Department offers two awards to students each year. The **Susie James Yates Award** is given to the outstanding second year MHA student who is a resident of North Carolina, South Carolina, or Georgia. Every two to three years, the **McGaw Scholarship Award** is also available through AUPHA (Association of University Programs in Health Administration).

F. Healthcare Executive Student Association (HESA)

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

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

Benefits of Student Membership in ACHE & HESA:

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

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

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

Benefits of Student Membership in HESA:

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

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

- To promote an environment conducive to educational and ethical development of personal and social skills in a manner that will enhance the attainment of effective leadership in health care organizations.
- To provide a vehicle for constructive student involvement, recognition, and representation in the profession of health care administration.

- c. To develop an association with local and regional health care executive groups that will enhance academic and career opportunities.
- d. To establish congruence between graduate and professional continuing educational activities to foster a skillful approach to health care administration.
- e. To inform members, potential members, and others in the community of the purposes of the American College of Healthcare Executives, its goals, benefits, and reasons for advancing status within the College.
- f. To provide faculty, local healthcare executives/administrators, and students in health care administration a forum for professional dialogue.

Become a Senior Officer:

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

Membership Fees & Dues:

ACHE Annual Student-Membership Fee: \$75.00

HESA Annual Student-Membership Fee: \$75.00

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

G. Career Oriented Services

USC Career Planning and Placement Center

The USC Career Center offers career development services to both graduate and undergraduate students. The office is located on Level Five of the Thomas Cooper Library. This office exists to assist students to transition successfully from college or graduate school to their chosen field or career. Their phone number is 777-7280.

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

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

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

The Graduate School has also opened a Graduate Student Resources Hub, located in the Close-Hipp building, room 204. This effort provides graduate students from across USC with improved access to student services to include professional development opportunities as well. More information is found at

https://www.sc.edu/study/colleges_schools/graduate_school/opportunities_support/the_grad_hub/.

Center for Business Communication

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

Alumni access to USC webmail services

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

Professional Development Seminar Series

All MHA students are required to participate in the Professional Development Seminar Series in the first year of the program. An overview of this seminar is provided in the description of the MHA program. This Seminar series has promoted stronger linkages between the Department and professionals at the USC Career Center. This Seminar is non-credit bearing and offered to students without charge.

Students who complete the MHA program in the Professional Format are not required to complete this seminar series; instead, professional development tailored to the individual needs of each student is provided by the Program.

HSPM Department's career related services for HSPM students

In addition to the USC Career Center services, the MHA Program Director disseminates information to students and alumni (who keep Department updated with their contact information) on management fellowships, CDC fellowship, faculty positions and other career opportunities as received or accessed from various sources.

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

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

The goals of the HSPM-AA are as follows:

- To encourage participation of University of South Carolina Department of Health Services Policy and Management alumni and students in the activities and services of the HSPM-AA.
- To promote, support and be involved in the continuing development of the University of South Carolina Department of Health Services Policy and Management programs.
- To provide opportunities for professional networking, mentoring, information exchange, social interaction, and continuing education among alumni students and faculty.
- To assist alumni and students in identifying employment, management residencies, graduate assistantships, and other opportunities.

- To promote and support quality and professionalism among graduates of the Department of Health Services Policy and Management.
- To communicate and coordinate the activities, interests and concerns of the HSPM-AA with other organizations.

The Alumni Association will arrange seminars on a regular basis, providing continuing education for alumni and an opportunity for current students and alumni to meet. The Department will distribute information about the seminars.

I. Response to COVID-19

The UofSC's COVID-19 landing page (<https://sc.edu/safety/coronavirus/>) has a plethora of information. Students should refer to this page often for updates and the latest policies and guidance.

All MHA Program classes will follow the directions of the UofSC policies and procedures in regard to class instruction. Fall 2021 instruction will return to full capacity, in-person learning. Changes in class delivery will be communicated by the course instructor via email at least 48 hours before class unless there is an emergency directive by the university.

All faculty, staff, and students are expected to comply with all UofSC safety guidelines as updated periodically on UofSC's COVID-19 landing page (<https://sc.edu/safety/coronavirus/>).