

## **Fall 2022 CAHME Site Visit Report**

### **I.A.1**

#### **Requirement**

The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement initiatives, and strategic intent and/or market focus.

#### **Response**

MHA Program Mission: <https://weber.edu/MHA/about-us.html>

Our mission is to equip working healthcare professionals with the competencies required to advance their healthcare careers.

Our program emphasizes its strong competency base and utilizes a hybrid delivery model to provide a comprehensive learning experience for students. Based on a model that promotes life-long learning, our program empowers students by providing the knowledge and skills necessary for continued career progression.

MHA Program Vision: <https://weber.edu/MHA/about-us.html>

Our vision is to be recognized as the program of choice by our students, alumni, and healthcare industry stakeholders.

MHA Program Values: <https://weber.edu/MHA/about-us.html>

Learning through personalized experiences

Engagement

Access to learning

Respect for people and ideas

Nurturing the potential within each student

The target audience of the program is working healthcare professionals. The focus of the program is to provide these students with the competencies, environment and learning experiences that will help them to advance their careers. The field is the healthcare industry as a whole. The program is focused on creating a learning environment that also provides students with the desire to continue to learn throughout their career, past that of the degree. The MHA program competency model for the program is based on a career journey to competency. Mastery comes through continued learning and growth experienced throughout a career, guided on the competencies taught in the program. The aim of "5" in the competency model is mastery. This level is not set as an aim during the program as it is meant to encourage

life-long learning and the journey to mastery in each competency. This is effectively shared with students so they understand the model.

These statements guide student selection as the program has been focused on admitting working healthcare professionals since the inception of the program. Students are encouraged to work in the healthcare industry while in the program. The depth and breadth of the learning experience is enhanced based on the experience the students bring and the interactions of these students in the classroom. This focus provides direction for curriculum design as faculty are able to incorporate more real-world learning and discussion into the courses based on student knowledge and experience. Scholarly activity of faculty has a greater focus on practical application of learning, such as how to increase competency attainment and incorporate robust simulation experiences into the learning environment based on this focus. This creates personalized learning experiences, increases engagement and fosters innovation which provides the means for students, alumni and stakeholders to choose our program based on these differentiators. Alignment is in place with our statements of mission, vision and values.

The program's statements have a direct connection with the University mission of educational experiences that truly connect students with faculty through intentional learning experiences. Access to learning and respect for people and ideas are both fundamental aspects of all mission statements (program, college, university). The program statement also relates to the college mission in many ways through the involvement of industry stakeholders and the desire to remain innovative.

The mission of Weber State University: <https://weber.edu/accreditation/mission.html>

Weber State University provides transformative educational experiences for students of all identities and backgrounds through meaningful personal connections with faculty and staff in and out of the classroom. The university promotes student achievement, equity and inclusion, and vibrant community relationships through multiple credentials and degree pathways, experiential learning, research, civic engagement, and stewardship.

The mission of the Dumke College of Health Professions:  
<https://weber.edu/CHP/aboutus.html>

We are your healthcare partner! We construct a safe place to educate students, foster faculty innovation, support our staff contributions, engage with our community relationships, and cultivate respectful partnerships with our clinical anchors. Together we save lives!

## **I.A.2**

### **Requirement**

The Program will establish goals, objectives and performance outcomes that are aligned with the Program's mission, vision and values and are action-based, observable, and measurable.

## **Response**

1) The MHA Program goals are directly tied to the mission, vision, and values of the Program (see the attached Goal Sheet with the specific column highlighting this connection) and are based on input and feedback Program stakeholders (core and adjunct faculty, department faculty, advisory board members, alumni, students, practitioners, and preceptors). Through various avenues, discussed in detail in this report, these stakeholders have a voice and their input on Program goals is valued. Examples include: MHA Faculty meetings, HAS Department faculty meetings, MHA Advisory Board meetings, MHA Alumni Board meetings, interaction during MHA Program events, connections at local meetings, discussions about Field Work Projects, networking connections to help students with employment and promotion, informal discussion, surveys, etc. The MHA Program goals, objectives and performance outcomes are continuously reviewed, assessed, and analyzed in a variety of ways and venues. These goals are discussed as Program leadership and faculty, taking into account the advice and feedback from stakeholders. Improvements in the MHA Competency Model, career advisement, a new elective, inclusion of more data analytics in the curriculum, additional MHA Events (such as Leadership Simulation, Career Development Night) added for students are some of the improvements that have been made based on these conversations and surveys. These are all discussed in depth in this self-study with evidence provided in the related requirement category. Also refer to the many attachments that are directly related to the Goals Sheet attached for #2.

Weber State University also has an Office of Institutional Effectiveness that reviews each program biennially to ensure that they program has a curriculum map, as well as goals and competencies that are measured. The University also has a directed focus over the past couple of years on retention and completion with a focus on student success. The retention and recruitment goals were added due to guidance from the University, in collaboration with faculty, in order to recruit and graduate students that meet our mission to educate working healthcare professionals and help them to advance their career.

The Program's educational goals have a foundation in the competency model and communication with students. The MHA Program Competency Model has undergone continuous improvement efforts. These are well documented in meeting minutes (faculty, quality and improvement committee, advisory board, and through student and alumni evaluation feedback). (Refer to meeting minutes in III.D.2). Many of the tools and components of the Model are included as attachments. (Refer to MHA Competency Model details and communication methods with students in III.C.2).

2) Goals Sheet attached.

3) Improvements to the program, due to our evaluation and assessment process, are reflected in the current MHA Program Goals that are currently being utilized for ongoing evaluation improvement. The program has consistently met the vast majority benchmarks, however the program values continual improvement. Even though there are no metrics that are currently not being met or specific changes the program needs to make at this time, the Program endeavors to continue to maintain and build upon our program's strengths. The Program will continue to seek ways to improve education, scholarship, and service as well as focus on maintaining the high levels of retention and completion that the Program has achieved thus far.

### **I.A.3**

#### **Requirement**

The Program will monitor changes in the health sector, the University environment, and management theory and practice and adjust its mission, goals, objectives and competency model as necessary.

#### **Response**

The MHA program director and members of the faculty regularly review and discuss economic information about the nation, state, and region from a number of news, web, and professional sources. These discussions, both generic and specific to healthcare, inform and frame our strategic planning.

Local, Regional, and National economic reports, generic and specific to healthcare, are regularly monitored by the Program Director and faculty. Examples of sources used in scanning and analyzing the environment:

List of Hospitals in Utah: [https://en.wikipedia.org/wiki/List\\_of\\_hospitals\\_in\\_Utah](https://en.wikipedia.org/wiki/List_of_hospitals_in_Utah)

2022 Economic Report to the Governor of Utah: <https://gardner.utah.edu/wp-content/uploads/ERG2022-Full.pdf?x71849>

Utah Department of Health-Office of Health Equity: <https://healthequity.utah.gov/>

Utah is fortunate to have a healthy economy. The state lost 20,900 jobs in 2020 with the impact of COVID-19, but added 72,500 jobs over the next year which was a gain of 51,600 overall. In 2021, only two states had more jobs than in 2019 and Utah was one of them. The current unemployment rate in Utah is 1.9%, compared to 3.6% nationwide. Population growth continues in the state. There were nearly 35,000 new residents that moved in from out-of-state in 2021, causing net in-migration to reach a 16 year high. Utah ranked as the 6th healthiest state in 2020. It also has the highest rate of employer-sponsored insurance in the nation at 60.5% compared with 49.6% at the national average (<https://gardner.utah.edu/wp-content/uploads/ERG2022-Full.pdf?x71849>).

Utah also has a number of national, regional, and local health systems (Intermountain, Steward, MountainStar(HCA), VA, Shriners, LifePoint, University of Utah Health System) as well as a broad range of clinics, mental health facilities, post-acute care facilities, etc. There are also an array of health insurance providers and health plans. The MHA program has students and alumni working a vast majority of these settings.

The MHA program director and faculty are regular consumers of healthcare journals such as Modern Healthcare, Journal of Healthcare Management, Frontiers of Health Services Management, Health Affairs, to name a few.

Faculty, both adjunct and academic, regularly attend and present at national, state, and regional professional meetings, consume current literature, and monitor changes in the health system. Thus MHA faculty are in tune with industry news and best practices and incorporate this information into strategic planning, course content, curriculum review, and discussions and/or revisions of our competency model. Faculty regularly consider new editions of texts for adoption in courses to ensure the incorporation of timely management theory and industry topics in courses. In addition academic faculty participate as referees for conference papers and presentations and for journals, and have written a number of text books and chapters. MHA Faculty Meetings are also regularly held where competency and curriculum are discussed in depth (meeting minutes attached, see also IV.A.3).

MHA Advisory Board members that are alumni and those from executive leadership roles of their organizations as well as the Utah State Senate provide instrumental information and advice on changes occurring in their organizations, the State Legislature, and the local and regional healthcare markets; this informs our strategic planning processes. In addition, the information provided by these industry leaders and program stakeholders is continuously and rigorously incorporated into program planning, course content, curriculum review, and discussions and/ or revisions of our competency model, including wording of the Information Technology competency. Robust discussions on this topic occurred in 2021 and 2022 MHA Advisory Board Meetings as well as MHA Faculty meetings in 2021 and 2022 (see attached).

The MHA Program Director and MHA Enrollment Director are full participating members of University Graduate Council. All Five Year graduate program assessments, graduate course and curriculum

proposals, and policy and procedures governing graduate programs come through this council. In addition, MHA faculty serve on university, college, and department committees and report germane information from their committee work to all faculty, primarily at department meetings, but also via email. The personal engagement and participation of MHA faculty and staff across Weber State University's administrative, and governance structures keeps us abreast of the university environment and topics and issues across campus.

Scanning the environment, analyzing our own program data, and strategic planning are used to set goals and to achieve the evolving needs and competencies for our students and graduates. Each of these are a vital part of ensuring that the competencies taught in the program are relevant. The program's attention to continued changes in the environment, connection to alumni and industry leaders from a wide variety of settings in the industry, and program assessment enables the program to identify and demonstrate agility in regards to these changes.

Alumni are valued stakeholders of the program. Their input is solicited and used to evaluate the program. Continued relationships with alumni that provide opportunities for feedback are (some examples):

A 1st and 2nd year student serve on the MHA Advisory Board

Several alumni serve on the MHA Advisory Board

Utilizing alumni as guest speakers in courses

Using alumni in the role of an actor for Leadership Simulation

Interacting with alumni at the Future Health Leaders of America (FHLA) golf tournament

An alumnus speaker at the Upsilon Phi Delta Induction Ceremony

Alumni Surveys at 3 years to understand our strengths and weaknesses and track careers of graduate

Annual newsletter highlighting alumni

Preceptors for Field Work Projects

Annual HAS Department Case Competition Judges

MHA Alumni Board

2 of our past MHA Enrollment Directors have been alumni and 3 undergraduate faculty members in the department are alumni

In addition to the MHA Advisory Board Members listed above, other seasoned industry leaders are also viewed as valued stakeholders by the program. Continued relationships with these leaders that provide opportunities for feedback for the program are (some examples):

Adjunct faculty

Guest speakers in courses and events

Role of an actor in Leadership Simulation

Preceptors for Field Work

Mentors for students

## Annual HAS Department Case Competition Judges

### Career Development

#### Participation at the FHILA golf tournament

At the Spring 2021 MHA Advisory Board Meeting, a continued conversation about data in the curriculum after course description title changes in 2019. A discussion about the competency wording for Information Technology and a further in-depth discussion about data.

Based on feedback from MHA program faculty and the MHA quality improvement committee, full-time faculty members created a simulation experience to increase student competency. This is mentioned in many of the minutes attached and further discussed in other areas of this self-study.

Another part of the monitoring process was implemented in 2019. The MHA Strategy and Quality Improvement Committee (consisting of core faculty and leadership) was established in Fall 2019. This began a strategic process of not only looking at the strengths, weaknesses, opportunities, and threats of the program but viewing them through a lens of determining the differentiators of the program. Based on this in-depth strategic process guided by expert facilitators in the program, differentiators were identified. These have guided the program's strategy on the addition of meaningful educational experiences for students, research focuses, continuous improvement, competency model communication, and "telling our story", etc. tied to the M, V, V of the program and its identified differentiators (governance, innovation, reputation, and affordability). This committee has continued to meet at least once a year to focus on Program strategy, teaching and curriculum, MHA Competency Model, advisement, recruitment, quality improvement, and planning for the future (agendas and meeting minutes attached) and many program improvements have materialized from this work.

### **I.B.1**

#### **Requirements**

The Program will have sufficient financial support, stability, and administrative support to ensure that its mission, goals and objectives can be achieved.

#### **Response**

1) The WSU MHA Program continues to benefit from the support of the highest levels of University administration, as well as College leadership. Currently, the Program enjoys a significant amount of base, or state funding in addition to funding from student tuition differentials and fees. These funding sources specific to the MHA cover the salaries of key full-time faculty, Executive in Residence, adjunct faculty, the full-time enrollment director, and funds for current expenses and travel. Faculty in the Program are not

dependent upon research dollars and can focus their efforts on the teaching mission of the Program and University. The MHA has sufficient resources to assure the integrity of the program. There are no barriers to utilization for the program. To share a few examples:

Unlike many of the other graduate programs on campus, the MHA has a full-time position dedicated to recruitment, enrollment, academic advisement and alumni relations.

Our University library, Stewart Library, has designated a specific staff member to support the MHA program with library resources.

All classroom facilities used by the MHA program are located on the WSU Farmington Station Campus which allows students to commute more easily to classes. The current facilities have been more than adequate to provide space and classroom technology needed to conduct courses on campus.

The office of Continuing Education (CE) has provided marketing materials, a new eMHA website, and an updated MHA website. In addition, CE supports travel for our MHA Enrollment Director to attend regional job fairs and meetings with health organization personnel to market our MHA programs.

Canvas, our online course management system, and Cat Tracks, our electronic advising, grades, and course tracking system are strong and user friendly tools for faculty and students. Both of these technologies are strongly supported by University IT personnel. In addition to the help desk available to everyone, there are specific personnel dedicated to helping and supporting faculty.

WSU Online provides an instructional designer dedicated to the Dumke College of Health Professions. The program also has added a MHA Course/Competency Assistant to support faculty and the program director.

The addition of the full-time Executive in Residence position also demonstrates the support from leadership for the program.

The Executive in Residence's role is to provide career development to students. The University also has a Career Placement office dedicates a fulltime career counselor to the College of Health Professions. That individual is available to assist MHA students with job searches and career counseling along with the Executive in Residence <http://www.weber.edu/careerservices>

Lastly, program faculty are an important and well utilized resource for the department and to the MHA program. As such, faculty are provided extensive opportunity to provide input and contribute to department and program activities, resource allocation, and decisions. Topics such as admissions requirements, assurance of student progress, promotion and tenure criteria, and service responsibilities are discussed and decided in bi-weekly department meetings. Searches for open positions are led and staffed by



appropriate faculty members and visiting candidates have opportunity to meet with all department faculty, as appropriate.

2) The MHA is one of five programs within the HAS Department. They are:

Master in Healthcare Administration

Post baccalaureate certificate in Health Information Management & one in Regulatory Affairs

BS in Health Administration

BS in Health Information Management

AAS degree in Health Information Technology

BS in Public Health

Based on the varied educational and industry background of department faculty, this is viewed as a strength for the programs. There are experts in a wide range of healthcare industry fields that routinely meet, collaborate, share knowledge, and even conduct research together. All faculty have private offices equipped with computers, technology, and adequate office furniture in the Dumke Center for Interprofessional Education building that was built in 2018. Although the MHA program faculty do not specific space, the department has an office suite dedicated to it that adequately houses the MHA faculty. It was noted in the 2015 self-study that space was becoming an issue for the department, but this issue was resolved with the new building in 2018.

The MHA program does have a budget that is separate in many ways from the department budget, however, line items such as pay for the administrative assistant come from the department budget.

3) Attached

Budget needs for the MHA Program are provided both from traditional University funds and from the University CE Department. The program is well funded and has the ability to use residual funds that are allocated at the department level if additional funds are needed. The Program is supported both with faculty needs, travel, professional development, and also has the resources to provide additional experiences for students, such as the leadership simulation partnership or to subsidize study abroad, if necessary. The one challenge is listed in #5 below, regarding competitive salaries, although these increased over the past few years due to a increase supported by the Provost and Dean.

4) The department has one full-time Administrative Assistant who fully serves all programs. The program has a full-time Enrollment Director/Academic Advisor that is funded in part by the program and WSU Continuing Education (CE). The program also is utilizing a MHA Course/Competency Assistant on a PRN status that is funded in part by the program and CE. Also servicing the department is a full-time marketing

professional that is utilized by the College. This position provides services with websites, flyers, and other such materials. This is funded solely by the College. CE also provides access to their marketing team for support with marketing materials, conference attendance for recruiting, etc. This is funded in part by the program and CE.

5) The program has currently been able to meet its stated goals and objectives. The program is entertaining the idea of hiring a graduate assistant in the 2022-2023 academic year to provide additional support. The funds are available to make this hire. The current staffing level and funding support is acceptable. However, in the future the MHA Program faces a challenge and significant competition from other programs nationally regarding competitive salaries and benefits for hiring new MHA faculty as turnover occurs. WSU does have a challenge in funding competitive salaries when compared with many MHA programs across the country.

## **I.B.2**

### **Requirement**

Program leadership will have sufficient authority and autonomy to develop and guide the Program.

### **Response**

1)The Program Director has singular responsibility and authority to lead the program and determine the strategic direction of the Program. However, the Program Director seeks advice from the Program Advisory Board, the Enrollment Director, the College leadership, and Program Faculty as needed.

In conjunction with college leadership, and with input from faculty and staff, the program director is responsible for academic accountability, accreditation procedures, and administration of curriculum changes for the Masters of Healthcare Administration program. The Program Director has the autonomy and expectation to oversee all key aspects of the Program, but also has support if needed.

a) The MHA Program Director had the autonomy and sets the strategic direction for the program in conjunction with core MHA faculty and other direction from College leadership (Dean's office) or Advisory Boards, as needed. The admissions criteria are set by the Program. The Program is expected to advise students and manage the admissions process through means that meet the needs of the program, and also meet University guidelines. This is determined by the Program. The Program has an effective admissions process in place, advises students in regards to academics, competency, and career development through a systematic process developed by the Program. This model was developed by Program leadership and is supported by College leadership.

b) The MHA Program has a budget within the HAS Department with funds allocated to the program. The Program also has a partnership with the WSU Continuing Education

(CE) Department that provides a cost-sharing model. This also provides funds that are allocated by the Program. These resources are managed by the Program Director with freedom to allocate them as needed to meet the needs of the Program and continue to make necessary changes and improvements, as well as provide support for a successful program. For substantive changes or expenditures, such as the additional of a new faculty line, this is discussed with the Dean and Provost. Other types of decisions on resource allocation can be made by the Program.

c) Program leadership is engaged in recruitment and promotion of faculty. Lead development of the program appropriate to the needs of the curriculum and scholarship and research activities of the program. From the Program Director job description:

1. Identify credentials, knowledge, experience, and skills necessary to the development and presentation of curriculum by program faculty.
2. In conjunction with the department, recruit and hire faculty with credentials, experience, knowledge, and skills necessary to development and presentation of program curriculum.
3. Conduct an evaluation of MHA faculty
4. Develop class schedule for each semester in conjunction with department faculty
5. Encourage and support scholarship, research, and service activities for each faculty member.
6. Engage with faculty during the promotion period and support as needed

d) Program leadership has full autonomy to develop a competency model that meets the needs of the program, aligns with CAHME requirements and also aligns with the requirements of the University Office of Institutional Effectiveness criteria. The current competency model was fully enhanced in 2019 to incorporate more tools to engage students in their understanding of the competencies, the connections to competency in the program, and their ability to be consistently aware of their level of competency throughout the program. The Program had the autonomy to make these changes and was supported by leadership.

e) Program leadership has a key role in curriculum design and modification and has the autonomy to make these decisions, as long as they follow University curriculum policies. From the MHA Program Director job description:

Lead development of curriculum design to maintain content and standards outlined by the CAHME.

1. Develop specific MHA courses – content, prerequisites, credit allocation, and sequencing.
2. Identify and implement changes to curriculum made necessary by program evaluation or changes in

industry standards to include preparing and submitting changes to department faculty and staff for

approval and submit approved documents to curriculum committees (college and university).

3. Identify and implement activities related to student internships and field work.

4. Ensure the development and maintenance of appropriate documentation of course content, syllabi,

performance objectives, and evaluation tools

5. Maintain program documents in the university catalog

f) As with competency model development, Program leadership has full autonomy to develop an assessment model that meets the needs of the program, aligns with CAHME requirements and also aligns with the requirements of the University Office of Institutional Effectiveness criteria. The current assessment model was enhanced in 2019 with the addition of CANVAS capabilities of adding competencies into the rubric of each signature assignment at the course level. This allows for assessment tracking of these competencies and also increases the visibility to the student in order to more effectively share their competency level. The Program had the autonomy to make these changes and was supported by leadership.

g) Although Weber State University is primarily a teaching institution, faculty are encouraged to participate in research and service. They are encouraged through the tenure and promotion process, through recognition, and through financial incentives for these activities. What this research and service looks like is at the discretion of the Program. Program leadership has the autonomy to support and encourage these types of activities as they see fit, as long as they align with the M, V, V of the Program, College and University.

h) There are specific degree requirements set in place by the University based on type of degree. Outside of these boundaries, the program has the autonomy to determine the degree requirements that will allow students a quality education and provide what industry and CAHME are expecting for students earning an MHA.

2) Attached

3) The MHA Program is located within the Department of Health Administrative Services (HAS). The HAS Department is housed within the Ezekiel R. Dumke College of Health Professions. All Academic MHA faculty hold appointments within the HAS Department. The HAS department has existed for over 40 years and has a well-established track record in the college and university.

Within the HAS Department there are 3 dedicated MHA faculty lines held by Ann Millner, Ed.D, Darcy Carter, DHSc., and Steve Bateman, MBA. The full-time MHA

Enrollment Director, Brittney Hicken, MEd, is also housed within the Department. Drs. Millner and Carter, as well as Mr. Bateman have primary teaching assignments in the MHA program. Additional faculty

in the HAS department teach in the MHA program and are considered core MHA faculty; we see as a distinct strength. These include: Ken Johnson,

Ph.D., Associate Dean of the College, tenured in the HAS Department; Cory Moss, DHA; and Miland Palmer, PhD.

The MHA Program Director and the MHA Enrollment Director are members of the Weber State University Graduate Council. The Graduate Council consists of representatives from all masters programs located in different colleges and administrative offices that support the graduate programs. The Graduate Council is a collaborative body that addresses common concerns of the masters programs located throughout the various colleges of the university.

The MHA program enjoys a strong and productive relationship with the School of Business MBA (AACSB Accredited) program. MHA students may take MBA courses as leveling courses and MHA students sometimes take selected MBA courses as electives and MBA students sometimes complete MHA courses as part

of their electives. Additionally, there is a joint MHA/MBA degree offered in partnership with the School of Business. The program information and requirements for the joint MHA/MBA degree are at: <https://weber.edu/MHA/mha-mba.html>

4) The MHA Program administration and faculty are fortunate to be housed in the HAS Department office suite in the new Dumke Center-Interprofessional Education Building located on the Ogden campus (main campus). This provides a private office for each core faculty member and other meeting space is also in the suite. There are no space issues as this space accommodates all faculty and meet our needs. The remainder of the building houses the physician assistant program providing interprofessional collaboration. As part of the Dumke College of Health Professions (DCHP), MHA faculty also enjoy collegial relationships with faculty from other health profession disciplines. The Marriott Health Building is located next door which houses the other health professions programs. DCHP is well-known for exceptional health professions programs and has been for decades. This provides faculty the opportunity to work with and learn from other health professions educators.

The educational space is also provides for the needs of the Program and students. Campus courses are taught in the WSU Station Park Farmington location. It is a beautiful, modern space that is conveniently located between Ogden (our main campus) and Salt Lake City. Many students, guest speakers, etc. come from the Salt Lake area and this location is a prime spot for classes. It is also housed above a multi-use shopping, dining, hotel, and entertainment area that provides students with necessary conveniences before and after class. The classrooms have current technologies and

there is also a conference room space to use, as needed. This space meets the needs of the Program, faculty, and students. The University is committed to the MHA Program and has consistently supported our needs and values the sustainability of the Program.

There are currently no space needs and these are also not foreseen to be an issue in the future.

### **I.B.3**

#### **Requirement**

Program and University leadership will ensure that supportive resources are available to all Program faculty and are appropriate for individual faculty workload to support positive student educational outcomes.

#### **Response**

1) The MHA Program values the blend of academic faculty and seasoned adjunct faculty that are industry leaders in their field. Master's level faculty have a 3 credit release from that of undergraduate faculty on campus. The program also balances other duties and service appointments of faculty (such as our Executive in Residence, Regent's Professor who is a Utah State Senator, and the Program Director) with more substantial load reduction. The Program has a full compliment of core faculty, but also utilizes adjunct faculty to round out the experience for students. This has been a balance of resources and faculty that has been in place since the Program was established in 2006 and has been a successful model. Over the years students have valued this faculty blend and our adjunct faculty often speak of their enthusiasm for teaching our students. The Program has the faculty resources needed to balance workloads and provide a quality experience for students and faculty.

2) Historically and as of yet, the MHA Program has not used Teaching Assistants. Each class has a primary instructor who is academically or professionally qualified and has sole responsibility for teaching the class and grading coursework. As there are no TA's utilized by the Program, faculty have the responsibility for instructional time. They utilize high-level guest speakers, as appropriate, but are primarily responsible for instruction. As for qualified faculty, our faculty are chosen to teach courses that are related to their academic and professional backgrounds. The MHA Program Director is deliberate in the assignment of courses to core and adjunct faculty based on their qualifications, industry experience, education and knowledge base. The adjunct instructors utilized in the program are accomplished, seasoned professionals. Please refer to the CV's in IV.A.1 for faculty relevance.

3) All classes in the campus MHA and eMHA formats are limited to approximately 30 students, thus large classes are not an issue. The majority of classes have approximately 24 students.

The only individual with administrative obligations is the MHA Program Director. She is has been a 10 month contract, instead of 9, to accommodate some of time needed for administrative duties. She is moving to an 11 month contract starting July 1, 2022 approved by the Provost and Dean to further meet the needs of the program. She also receives reduced load in teaching for additional accommodation in order to perform the necessary duties.

Weber State University is primarily a teaching university that requires lesser research activities in its promotion and tenure policy than larger research universities. Although this is not the focus of the University, there are resources or accommodations to help faculty with both service and research "load"

In accordance with PPM 1-13, Article B-5, Section 4.8: The Committee on Research, Scholarship and Professional Growth shall recommend policies on research, scholarship, teaching loads, instructional and faculty development and faculty productivity. It shall facilitate faculty in obtaining grants, travel funds, physical facilities, etc., to pursue research and scholarly activities. These policies are adequate and effective: <https://www.weber.edu/rspg/>

Release time for research, consultation and service activities is mutually determined and agreed upon among the college dean, department chair, and faculty. Release time can be "bought" by receiving funding through college, university or outside sources used to cover the costs of adjunct instruction.

Service is also valued and faculty can have accommodations made in this area as well using the method mentioned above and also through approval from Program leadership. Faculty in the MHA Program have a teaching load that is 3 credits below that of undergraduate faculty to also accommodate service and research.

Refer to section "I" for additional incentives and support available to faculty for research activities.

The Dean's office also awards a \$3,000 stipend for successful publication of an article in a scholarly refereed journal. This will be awarded up to each academic year for published, peer-reviewed articles.

4) The University learning management system is Canvas. Canvas is utilized in every MHA course, in both the MHA hybrid campus format and the eMHA online format as resource for faculty and students. WSU Online is a campus department focused on supporting and training faculty and students with Canvas and online and hybrid learning. A link to their resources is found at: <https://www.weber.edu/online>. WSU Online also provides a semester long e-learning certificate program for faculty (formerly Master Online Teacher) that the majority of our core faculty have completed. Other

asynchronous and synchronous training is also provided. The HAS Department and MHA Program also include teaching sessions into Department meetings to learn about new tools and functionalities of the platform as ensuring high quality education is an ongoing HAS Department Strategy Initiative. WSU online also provides an instructional designer dedicated to the Dumke College of Health Professions. This individual is available for one-on-one sessions and completes course reviews as requested. The MHA Program also has added a MHA Course/Competency Assistant to support faculty and the Program Director with Canvas needs and course competency inclusion to mirror the MHA Competency Model.

For online needs, there is 24/7 support for both students and faculty from WSU Online for Canvas (LMS). They are available by phone, live chat and email for quick response. There also also a variety of tutorials and guides provided to students and faculty. An instructional designer is assigned to our college to also assist faculty with any Canvas needs. IT support is also readily available in this setting. They are also available by phone or email: Monday - Friday: 7:30 AM - 10:00 PM; Saturday - Sunday: 10:00 AM - 9:00 PM.

Resources are also provided through IT for Zoom technologies, training, and support. All faculty have an account and have access to synchronous and asynchronous training and support for this platform.

Finally, the University has a Teaching and Learning Forum that consistently shares best practices and ideas to improve online learning as an additional support for faculty and a venue for faculty to share their ideas: <https://www.weber.edu/tlf>

5) There are no TA's currently used in the Program.

#### **I.B.4**

##### **Requirement**

The Program will support and enable all students to draw broadly on academic resources available throughout the University.

##### **Response**

1) All MHA students have full access to university services, resources, counseling, sporting, and other activities and events at no extra cost. This includes athletic and fine arts events, fitness centers, bookstores, and technology resources and support. Just for being a student, these resources and activities are available.

Courses are made available to all MHA students (both formats) through our LMS, Canvas. The HAS Department in which the program is housed, has been teaching online and hybrid education since 1999 and was the first department on campus to move in this direction, along with still providing campus courses. Even campus-based



courses are a hybrid format that also include a robust online component to the course in Canvas. WSU Online, a department created to assist the entire University with online needs, provides training, tools, and readily available technical support to all students. There are guides and help offerings within the Canvas system as well as information dedicated to student resources on their site <https://www.weber.edu/online> Technical support is also available to all students, regardless of learning format. Computing Technology/Canvas software details for both types of hybrid students: There are hundreds of desktop computers spread out over the entire Weber State University campus and satellite campus network locations. Student Affairs Technology manages WSU's open student computer lab locations. These computer labs are meant to serve the general needs of all enrolled WSU students and are open to faculty as well. Lab hours vary from lab to lab, but overall lab hours range from 6:30 a.m. to midnight and some labs are open seven days a week including summer hours and academic calendar year holiday hours. These facilities have on site IT assistance. There are secure wireless networks available for use with personal computing devices for both students and staff. These services are offered in conjunction with a wide range of IT department technical support.

For online needs, there is 24/7 support for both students and faculty from WSU Online for Canvas (LMS). They are available by phone, live chat and email for quick response. There also also a variety of tutorials and guides provided to students and faculty. An instructional designer is assigned to our college to also assist faculty with any Canvas needs. IT support is also readily available in this setting. They are also available by phone or email: Monday - Friday: 7:30 AM - 10:00 PM; Saturday - Sunday: 10:00 AM - 9:00 PM

Zoom technology is also provided by the University. Each student acquires a Zoom license at orientation. Students not only use this platform to connect with faculty and staff, but also to connect with other students and conduct work on team projects. This technology is also used to advise students or answer course/program questions, if this is the preferred method for a student. This platform is available and used by all students, regardless of format.

Library Resources are available to all students: <https://library.weber.edu/>

The Stewart Library is responsible for providing a wide range of quality services that promote the academic programs of Weber State University. The Stewart Library contains books, journals, media, government publications, and over 200 electronic databases and resources in addition to Special Collections and Archives. If the library does not have immediate access to a resource, students may use the Interlibrary loan service and have digital content emailed to them within 48 hours, but same day service is the goal. Print resources are available in 7 days. One librarian is assigned full time to the Dumke College of Health Professions and is available to assist MHA faculty and students with research needs. Among other services, that librarian will design customized research guides, video tutorials, and subject specific instruction sessions for

individual courses as requested by faculty. Distance students may meet with the librarian virtually over Zoom or Google Hangouts upon request. Both campus and online students have access to these services. Another link to access off-campus services is: [https://library.weber.edu/utl/off\\_campus\\_access](https://library.weber.edu/utl/off_campus_access)

2) MHA Campus format offers hybrid courses offered in 8 week blocks in the evening on our WSU Station Park Farmington campus. It provides easy and convenient access and ample parking for our commuting MHA students. Classroom and office space accommodates the needs of faculty and students. The eMHA format offers convenient learning in a robust online environment utilizing tools and resources to engage active learning. There are no perceived barriers.

All campus locations are ADA compliant. The program also has access to technology from the WSU Disabilities Office in case of, for example, a hearing disability the Disabilities Office would provide closed captioning or an written transcript for materials discussed orally. Students are made aware of this office in several ways, including on each syllabus. Faculty are cognizant of the opportunity to help students succeed that may need an accommodation.

The MHA Program is dedicated to providing an environment that meets the needs of all students. Thoughtful design and planning occurs to create a learning environment that "meets the student where they are". This is a key philosophy not only at WSU, but also within the program. Creating flexible, innovative, equitable, and personalized education is an ongoing for the Program.

## **II.A.1**

### **Requirement**

The Program will make publicly available complete and accurate information regarding its mission; application process; the competencies that form the basis for its curriculum; the content and sequence of its curriculum; teaching, learning and assessment methods; outcomes measures including degree retention and employment rates; and differences among accredited degree offerings.

### **Response**

1) The MHA website includes description of the two program formats, program competencies, contact information for the MHA Enrollment Director, application criteria, how to apply, application deadlines, the materials required to complete the application, and tuition and fee rates. The website also includes information about the faculty, curriculum, links to course descriptions, sample schedule, answers to frequently asked questions, student handbook which includes grading policies, graduation and job placement rates. There is information regarding our Executive in Residence and the assistance offered to students. Our annual newsletter is also available on the website.

This newsletter includes stories of recent graduates, alumni, and message from the MHA Program Director. Short videos about the benefits of the program and introducing our Executive in Residence are linked on the MHA website. The URL is [www.weber.edu/mha](http://www.weber.edu/mha)

This information can also be found on the AUPHA Directory website and the Directory of Utah Health Professions Training Programs.

Additionally, we have print materials such as table banners, slicks, and brochures. The MHA Enrollment Director attends graduate fairs and professional conferences, responds to all inquiries, contacts and corresponds with prospective students via email, phone, and Zoom meetings. Examples of these print materials are attached.

Our students, alumni, and other healthcare professionals in the community are strong advocates for the program. Word of mouth has continued to drive increased interest in the program.

During the student orientation each Fall and Spring semester, our competency model is explained along with the competency self-evaluation process. Portfolium, our electronic portfolio system, is also explained and students create their Portfolium account. Program competencies are provided on the MHA website on for students and prospective students: <https://weber.edu/MHA/program-competencies.html>.

2) In addition to the information channels above, faculty's active engagement, and visibility in local, community, regional, and national organizations provide outlets for information. Faculty are actively engaged in the local community. They participate in events held by professional organizations such as Utah Health Executives (UHE), local MGMA chapters, Utah Health Information Management Association, and the Utah Public Health Association.

Students, alumni, and leading professionals in the community are advocates for the program. Word of mouth has continued to drive increased interest in the program. Discussions with local healthcare leaders are very positive as they describe their own experience or staff that have attended or currently attending the program.

3) The website URL is <https://weber.edu/MHA/about-us.html>

In our last graduating class, 2 students withdraw from the program out of 50 students. For AY 2021-22, there was a 96% completing rate (graduation rate). The percent of students employed within 90 days of graduating was 98%.

## **II.A.2**

### **Requirement**

The Program will have recruiting practices and well-defined admission criteria designed to recruit and admit qualified students and to pursue a diverse student population as reflected in the Program's mission-defined market.

## **Response**

1) The program continues to focus on recruiting individuals that currently work in the healthcare industry (generally early and mid-careerists) and recently graduated students. The program goal sets a target for the program to approximately 60 applicants, which allows for an enrolled cohort size of 25-30 for each delivery format.

The MHA Enrollment Director is responsible for all recruiting efforts, which include healthcare organizations, graduate school fairs, graduation fairs, and other industry professional associations. Our program strives for the the MHA Enrollment Director to participate in at least 3-5 recruitment activities at universities, healthcare organizations, and graduate fairs each semester. These targets are consistently achieved and surpassed.

The program has engaged in a number of marketing activities such as mailing an information packet to regional healthcare individuals, placement of digital ads, posting announcements and ads on social media platforms, publication of print and electronic materials for conferences and events, and tables at conferences. Additionally, the MHA Enrollment Director presents at universities to graduating students (see Marketing Efforts, attached).

Lastly, collaboration efforts are undertaken with other master's and undergraduate program at the university to market the program.

2) Our program goals set a target for the MHA of 60 applicants. In the Fall 2021 and Spring 2022 application cycle (self-study year), we received 95 completed applications. Seventy-six applicants were offered acceptance and 57 fully enrolled in the program. In the previous year, 84 applications were received, 68 candidates were offered acceptance, and 50 students enrolled (figure 3 attached).

3) Figure 4 attached.

4) Our recruitment efforts have been successful. Our program goals set a target for 60 applicants and for the 2021-2022 application cycle we received 95 applications. Both formats met our goal set for each cohort. We have continued to use our well-defined admissions matrix for the evaluation of applicants. The matrix includes scoring for GPA, GMAT/GRE test scores, healthcare and supervisory experience, letters of recommendation and essays. The results of the matrix have consistently demonstrated predictable student success in the program.

5) See Figure 5. Part-time students are defined as students that take less than the scheduled 12 credit hours (9 credit hours for last semester) per semester. A full-time student is defined as a student that takes the full 12 credits (9 credits for the last

semester) each semester. Students are defined by the year they are admitted to the program as they admitted in cohorts.

a. See Figure 6 and Figure 7.

6) The minimum admissions requirement is a 3.0 GPA (on a 4.0 scale) and a bachelor's degree from a regionally accredited university or college in any discipline. Other criteria include years of healthcare and supervisory experience, strength of letters of recommendation (assessed by rubric), and strength of essay (assessed using a rubric). The combined score of these five criteria establish a ranking criterion to identify the strongest applicants.

If students have less than five years of healthcare or supervisory experience, lower GPA, and lack of quantitative undergraduate courses are encouraged to submit a GRE or GMAT test score to strengthen their application. Significant weight is given to GRE aptitude (verbal and quantitative reasoning) with scores of at least 153 and 144, respectively. The GMAT aptitude score should be at least 500. However, indications of academic ability as expressed by undergraduate GPA and professional experience will be of greater importance than specific undergraduate background and GRE or GMAT scores.

Rubrics for the letters of recommendation and essays have been consistently used. On the rubric (attached), there are 9 areas for the letters of recommendations and the other are for the essays. Each area can be given a rating of poor, good, or excellent. We give a 0, 0.5, or 1 point for each area evaluated and 1 point if there are not any derogatory comments made.

7) The MHA Admissions Committee has historically included the Program Director, the MHA Enrollment Director, and one MHA faculty member. The on-campus format and the online format have separate Admissions Committees, each include the MHA Program Director, one full-time MHA faculty member, one alumni from each format (which was not included during COVID due to challenges with this, but will be re-instituted moving forward), and the MHA Enrollment Director as a non-voting Ex-Officio member.

The Admissions Committee has the ability to make exceptions to the selection criteria as deemed appropriate. Exceptions are made on a case-by-case basis, as discussed by the committee. The MHA program requires that any exception made require that individual to be placed on probation and meet the specific GPA criteria program goal of earning at least a B in each of their first semester courses, in order to continue the program.

The University Graduate Council

([http://weber.edu/graduateprograms/graduate\\_council.html](http://weber.edu/graduateprograms/graduate_council.html)) requires that a list of any graduate students admitted to any graduate program with an undergraduate GPA of less than 3.0 (on a 4.0 scale) be submitted in early Fall. Each exception must be listed

with a rationale for admittance and a plan for monitoring. The specific policy and procedure for admitting graduate students with less than a 3.0 GPA can be found at [http://www.weber.edu/ppm/Policies/11-1\\_GraduatePrograms.html](http://www.weber.edu/ppm/Policies/11-1_GraduatePrograms.html)

For AY 2021-2022, 1.3% of students (totaling 1 student) were admitted based upon an exception. For AY 2020-2021, 1.6% of students (totaling 1 student) were admitted based on an exception. Each of these students were tracked and based upon their performance, were released from probation after their first semester in the program.

8) Recruitment efforts have been focused on graduate fairs and professional association conferences in the region. Areas include Utah, Idaho, Montana, Wyoming, Nevada, and Arizona. Future recruitment efforts will include mentioned states and expand to Washington, Oregon, and California as a result of several students from those states applying to the program. Additional recruitment efforts are scheduled to include information sessions at colleges and universities that have strong undergraduate Health Administration programs. These efforts include the identification and recruitment of all qualified applicants, regardless of gender, race, or ethnicity. All applicants are always given full opportunity for admission regardless of minority status. The suspension of the GRE and GMAT requirement due to COVID restrictions at testing centers resulted in an increase in diverse applicants. This response affording an opportunity to re-evaluate the program admission requirements. With the changes to the GRE and GMAT requirements, there has been a noted substantial improvement in the number of diverse students applying and being accepted to the program.

Recruiting diverse students has always been a challenge. For example, only 1.5% of Utahns report being Black or African American and 77.8% of Utahns report being White (non-Hispanic or Latino) (<https://www.census.gov/quickfacts/UT>). However, we anticipate that our broadened regional recruitment and national recruitment with digital ads, along with the changes in the GRE and GMAT test score requirement, will continue this positive trend in relation to student population diversity and access. This ties in with our MHA Program value of access to learning.

### **II.A.3**

#### **Requirement**

The Program will ensure that all students are provided access to academic advising, career counseling, and other support services and that these services are evaluated regularly as a part of the Program's continuous improvement.

#### **Response**

1) Our MHA Enrollment Director provides personalized one-on-one advisement from the time of application through graduation to all MHA and eMHA students. The MHA Enrollment Director meets and/or corresponds with students on a regular basis to

discuss their class registration and their progress through the program. Advising and guidance information for each student is tracked and recorded in the Master Student List tracking file for each cohort. In addition, each student receives a Plan of Study form upon acceptance to the program. The form assists students in their progress through the program. All part-time students receive a reviewed and, if needed, revised plan of study each year. The MHA Enrollment Director provides personal advisement to all students entering and throughout the program. Through electronic correspondence, students are notified of acceptance into the program, oriented to the program policies and procedures, advised on courses in which they should enroll, and a plan is laid out for the courses and the timing of those courses needed to complete the program.

Throughout the program, students' grades and GPAs are tracked each semester by the MHA Program Director. Students who do not meet the minimum requirement of progress in the program (3.0 GPA and C or higher in each course) are reported to the MHA Program Director. The Program Director contacts identified students and they are put on academic probation. The student is monitored closely by the MHA Enrollment Director during the following semester for progress.

In the semester prior to graduation, the MHA Enrollment Director visits MHA on-campus classes to provide information about graduation and graduation procedures. eMHA students are provided the same information via email. In addition, each student's progress is evaluated for graduation eligibility and confirmed that all requirements for graduation have been met.

Finally, the MHA Program Director is available to all students, at their convenience, online, in person, Zoom, and phone, to discuss concerns and issues should they arise.

The program created a position for an Executive in Residence (link: <https://weber.edu/MHA/executive-in-residence.html>). This position was filled in 2017 by a former hospital CEO with extensive experience in career building and with numerous connections in the industry. A large part of his role is to provide career advisement, and development to MHA students. Although he is always available to students who reach out, he has a dedicated one-on-one career development session with all MHA students in their 2nd year of the program to ensure that each student receives career advisement. A fillable PDF (attached) form was created and is used for each student to track these discussions.

Students also have a similar discussion with the MHA program director during their 1st year that is also tracked on this form. This one-on-one discussion includes career advisement, feedback from team and self-assessments for interpersonal skill development and competency attainment thus far in the program. (The form is provided as an attachment).

A Career Development Night is provided for all 1st year students. This event provides the art and science of both leadership in relation to career development, as well as building a successful career, through informative sessions. Students are provided with resource materials that will enable them to enhance their interactions with program faculty and leadership in their scheduled and unscheduled guidance sessions.

2) The MHA Program Director routinely receives unsolicited positive feedback on the academic advising of the program. Ms. Hicken, our MHA Enrollment (including academic advisement), is involved with students from their initial interest in the program through graduation. There are systematic processes in place to ensure students are completing coursework with appropriate grades, are progressing through the program as advised and are clear on expectations. This includes program of study forms, welcome/information sheets for new students along with a tracking document that includes each student. Our high completion and graduation rates, above an average of 95% over the past decade, reinforce the effectiveness of the advisement methods utilized. Alumni are also asked about their advising experience in our alumni survey. The results show that students rate their experience as above average to strong.

Student progress is continually monitored for both academic and career advisement. There are set check-in points for all students both in regards to academic and career counseling. See #1 above for career development tracking. Tracking, and the incorporation of electronic tools, is one way in which the program has continued to improve its processes in regards to advisement.

3) All students are provided contact information for the financial aid office. The contact includes a website designated for graduate programs. The website is: <https://www.weber.edu/financialaid>. The MHA website has links to Weber State's financial aid website.

Financial aid is primarily limited to student loan options, although the department offers some scholarships each year. Additionally, the university offers waivers to nonresident graduate students, removing the nonresident portion of their tuition. Lastly, any and all scholarship information presented is provided to every active student in the program.

4) The MHA Enrollment Director establishes rapport with students during the application process and continues to be available to address students needs throughout the program. Individual faculty are available before and after class, via email, and Zoom to assist students. Students are encouraged to make appointments as needed. All full-time and adjunct faculty have an official email account with the university and may be contacted via email if a student has a query.

WSU Student Affairs provide a variety of support services listed at the following URL, <https://weber.edu/studentaffairs/resources.html>. These services include tutoring, student involvement, counseling and psychological services, digital resources and training.



Finally, the program is evaluating and creating plans for a mentoring program connecting leading industry professionals with incoming students.

All MHA students are also strongly encouraged to actively participate in local, regional, and national organizations and conferences. For example, many of our students are actively engaged in Utah Healthcare Executives (UHE) our State's chapter of ACHE, or UMGMA, along with other organizations. UHE also has a mentor program, although recently it has not been very active. The MHA Program is reintroducing its own mentoring program in 2022-2023 that was in place prior to that of UHE. MHA students are encouraged to participate.

5)The program enrollment director establishes rapport with students during the application process and continues to be available to address student needs throughout their program.

Individual faculty are available before and after scheduled classes to assist students. If desired, students are encouraged to make appointments at other times. All full-time and adjunct faculty have an official email account with the University and may be contacted via email if a student has a query. Faculty are responsive to student needs and respond appropriately.

WSU Student Services provide a variety of support services listed at the following webpage: [http:// www.weber.edu/SSS/](http://www.weber.edu/SSS/) that include basic study skills instruction, tutoring, mentoring, wellness counseling, writing center/lab, online tutoring and math tutoring.

#### **II.A.4**

##### **Requirement**

The Program will involve students, alumni, and practitioners in appropriate areas of Program decision-making and evaluation.

##### **Response**

Examples of involvement of students, alumni and practitioners:

Students are involved in our processes. They are asked for their feedback on each course through course evaluations. Two students (1st and 2nd year) serve on the MHA Advisory Board. Students lead our FHLA club. Students also are surveyed while in the program, and as alumni, on numerous aspects of the program. Program leadership and faculty are also open to student perspectives informally. Faculty and leadership often have conversations with students about curriculum, after events (such as Career Development Night, Case Competitions, Study Abroad) to understand their needs and perspective. Students are also surveyed as they exit the program to allow for further feedback from students (attached).

At least two seats on the MHA Advisory Board are reserved for alumni. The current Board has several members that are alumni. These individuals provide valuable feedback to the program and are an asset to have on the Board (see minutes in I.A.3).

Alumni are involved as adjunct faculty. Currently three alumni are teaching in the Program. These faculty members have unique insight into the program as both an alumnus and a faculty member. Their perspectives are shared and valued (see minutes in I.A.3). They are also voting members of the faculty.

MHA 6500 Field Work involvement as many of our field work preceptors are alumni. They evaluate our students and provide feedback that helps the program with decision-making and evaluation.

Alumni are surveyed (3 years post-graduation) and asked for their perspective on their experience in the program and their path since (attached). This feedback includes the program overall, competency, courses, their transition in the industry, advising, faculty, etc. This is valuable feedback that informs the program and encourages improvement. One such comment was on finance courses that were then improved based on this feedback from 2020.

The MHA Alumni Board also provide insight for the Program. This Board is again meeting, after COVID-19 disruption, and the Program is looking for their guidance as well. The Board includes alumni from various graduating years from the Program, faculty representation and the MHA Enrollment Director.

Practitioners are heavily involved in the program. Through these events and participation these individuals share their insight into our program and our students. They are important stakeholders in the improvement and decision processes as well. (figure 15 lists these individuals). The following examples of ways in which practitioners are involved:

Guest speakers bring their own experiences and perspectives to our students thus widening and deepening our students' understanding of healthcare. Refer to Figure 15 for a listing of the numerous guest speakers that participated in the program for the 2021-2022 academic year.

Adjunct professors are not only topic experts, but they also serve as role models for our students while sharing their own discipline's perspective on their course topics. (Refer to Figure 15, as well as faculty CV's in IV.A.1).

HAS Department Case Competition: A robust annual case competition is offered to all MHA students. The competition is for both our undergraduate health administration students and MHA students. We have a high level of participation and students have a valuable experience. Students learn many important skills and increase their competency levels in many areas. The judges that are selected to volunteer are very high level professionals with a desire to share their knowledge. Time is allotted after each presentation for the judges to each provide constructive feedback and teaching

moments. This event is a top-notch experience for these students. The event is also open to other students in our health professions college which facilitates an interprofessional experience. (Refer to Figure 15 for a listing of the high-level judges that volunteer for this event.)

**Leadership Simulation Event:** These high-level simulation experiences provide students with the opportunity to engage and learn from industry leaders during a simulation of real-world scenarios. Some scenarios require the students to "play" interprofessional roles with the organizational structure.

**Moderated MHA Competency Discussions:** Industry leaders in the areas of MHA competency participated in moderated discussions around a specific competency. Moderated by MHA faculty members, the industry leader gave insight into the role of that particular competency (such as communication) in the industry. How is it demonstrated in the workplace? How can a student increase their level of competency in this area in order to be successful in the industry. What is the value of this competency for a leader? These are some topics that were covered in each of the these moderated discussions that were shared with all 2nd year students. Once of each MHA competency was conducted. (Refer to Figure 15 for a listing of the high-level panelists that were involved in these discussions.)

**Field Work Preceptors:** Each MHA student completes a robust field work project that contributes in a meaningful way to a healthcare organization. An industry professional serves as the preceptor for the student at the organization. (Refer to Figure 15 for a listing of these industry preceptors.)

Alumni events allow students to network and engage with successful alumni who are willing to share their experiences and to mentor our students. In addition, a few of our adjunct professors are also our MHA alumni. COVID has impacted our alumni events, however, our MHA Alumni Board recently met and are planning an event, partnered with UHE on campus on August 31, 2022 as well as other events for the 2022-2023 academic year.

**Association Participation:** All MHA students are strongly encouraged to actively participate in local, regional, and national organizations and conferences. For example, many of our students are actively engaged in Utah Healthcare Executives (UHE) our State's chapter of ACHE or UMGMA, along with other organizations. UHE also has a Mentor Program, which has recently not been as active. The program is reintroducing its own mentoring program in 2022-2023 that was in place prior to that of UHE. MHA students are encouraged to participate.

The program is a sponsor for UMGMA (both financially and with engagement such as providing the speaker for their Power Lunch in August 2021) and will host a UHE event when they go back to face-to-face (mentioned above). This is been in progress during the 2021-2022 academic year. Students will also be invited, or have been invited, to participate in these events.

## II.A.5

### Requirement

The Program will ensure that graduates' career preparedness is monitored, documented and used for continuous improvement.

### Response

1) Students are surveyed upon graduation and also as alumni three years out of the program. The Program also has an active LinkedIn page and alumni list are regularly used by Program leadership and faculty to monitor student progression and achievements during their career. Alumni, and recently graduated students, are also highlighted in the MHA yearly newsletter (link to the three recent newsletters: <https://www.weber.edu/MHA/newsletter>). The newsletter also refers students to the MHA Program Director to share their latest news and career developments. Many of our alumni are also Field Work Preceptors, involved in professional associations that faculty are also involved in, or connect in other capacities that allow us to monitor their career progress and success upon completion of the program.

2) One of the key factors that is looked at from the alumni and graduate survey are "Would you recommend the program to others". The 2021 MHA Graduate Survey had 40 students responses. 39/40 students responded "yes" or 98%. One student responded "maybe". The 2020 MHA Graduate Survey had 32 responses, with 100 % of the respondents stating that they would recommend the program to others.

The 2021 MHA Alumni Survey (2017-2018 Grads) had 23 responses. Of those, 20/23 or 87% responded "yes" that they would recommend the program to others. Three responded as "maybe". The key factor for those that responded as "maybe" was they would have liked to have more robust career development. This has been enhanced significantly since these students were in the program with the October 2017 hire of Mr. Steve Bateman in the role of Executive in Residence and the addition of a much more robust yearly career advisement plan. One item to note, is that the most recent graduate surveys have had student comments that note the strong mentoring, faculty connection, advisement, and networking experiences that demonstrate the change that has been noted since the addition of the Executive in Residence position and dedicated career advisement. The 2020 MHA Alumni Survey (2016-2017 grads) had 27 responses. Of those respondents 25/27, or 92% replied "yes" they would recommend the program to others.

Another factor that is measured is new positions and promotion. Of the 23 responses to the MHA Alumni Survey in 2021 (2017-2018 Grads), 20/23, or 87%, stated that "yes" the MHA Program helped them to obtain new position, promotion or higher degree. The MHA Alumni Survey from 2020 (2016-2017 Grads) had 22/27, or 81%, state that the MHA Program had helped them get a new position, promotion or higher degree.

3) Figure 8 attached.

4)

a) Figure 9 attached.

b) Figure 10 attached. Alumni are tracked in a Excel document that is not attached due to the private nature of student addresses, etc. The MHA Program also has a LinkedIn page at: <https://www.linkedin.com/groups/4685336/>

5) The MHA program mission is to “equip working healthcare professionals with the competencies required to advanced their healthcare careers.” The MHA program is designed specifically for working professionals, usually early to mid-careerists. Our vision is to be recognized as the program of choice by our students, alumni, and healthcare industry stakeholders. Our values are driven from the acronym LEARN; learning through personalized experiences, engagement, access to learning, respect for people and ideas, and nurturing the potential within each student.

We have goals and objectives specific to enrolling qualified students, having students self-assess their competencies during the program, maintain specific GPAs, obtain specific course grades, and complete meaningful Field Work projects. We meet these goals and objectives consistently.

Our dedication to our Program Mission, Vision, and Goals, and the achievement of our specific, benchmarked goals, objectives, and outcomes speaks directly to the employment settings and positions of our alumni.

Our MHA Program does not specialize in any particular discipline or facet of health administration or leadership. We admit early and mid-careerists and provide them solid, strong, generalist MHA education, ready to advance in their careers and become leaders in the field. The vast majority of our alumni work in hospitals and/or health systems. They hold myriad of titles and work in a wide variety of departments, units, and administrative positions. This, we believe, is indicative of the broad, and excellent generalist MHA education they earned in our program.

6) Student achievement rates, including graduation/completion rates and employment rates, can be found in two locations on our website: <https://weber.edu/MHA/about-us.html> and <https://weber.edu/MHA/graduation-employment.html>. This information is updated on a yearly basis.

### **III.A.1**

#### **Requirement**

The Program will adopt a set of competencies that aligns with the Program’s mission and types of jobs graduates enter. The Program will use these competencies as the

basis of its curriculum, course content, learning objectives, and teaching and assessment methods.

## **Response**

1) The program competencies, which have as their basis the NCHL model, have been fine-tuned specifically to our MHA Mission, to our program itself, and to our MHA students' educational and career needs. Some of the competencies are taken nearly directly from NCHL: L6 Communication Skills; L8 Financial Skills; L9 Human Resources Management; L12 Information Technology Management; L19 Professionalism; and L21 Relationship Building. Other of our competencies are syntheses or Interpretations of NCHL. For example, NCHL speaks to L1 Accountability, L3 Analytical Thinking, L4 Change Leadership, L5 Collaboration, L7 Community Orientation, L 14 Innovative Thinking, L15 Interpersonal Understanding, L16 Organizational Awareness, L23 Self-Development, and L24 Strategic Orientation. Our model does not have these areas as individual competencies; rather they are encapsulated and blended primarily in our personal and professional development domains.

### **MHA Competencies**

**Communication:** The competency includes things such as executive proficiency in written and oral communication, the ability to communicate across disciplines and to project a professional business presence both individually and as a representative of one's organization.

**Relationship Management:** This competency includes things such as the ability to develop positive collaborative relationships with peers, subordinates and superiors within and across organizations, and to lead and work with teams effectively. In addition, it includes the demonstration of emotional intelligence.

**Critical & Creative Thinking:** This competency includes things such as the ability to seek and use qualitative and quantitative information, developing insights, and using these to achieve the mission, vision and goals of one's organization. In addition, it includes the ability to understand and lead transformational innovation.

**Professionalism & Ethics:** This competency includes things such as a sense of personal accountability and the ability to assume risk and responsibility. It also includes an orientation to the development of a life-long learning agenda and a commitment to ethical conduct and personal growth.

**Healthcare Leadership:** This competency requires a deep and broad understanding of the industry, both clinical and administrative aspects. It includes the masterful application of skills such as transparency, decision making, leading and managing change, being a role model, mentoring and developing the talent of subordinates.

**Law, Policy & Governance:** This competency includes things such as the ability to accurately assess and work within the external political, legal and regulatory

environment. It requires an understanding of healthcare policy and its impact on the health of individuals and populations. In addition, it includes the ability to navigate internal organizational dynamics and to participate in governance of the organization.

**Community Awareness & Population Health:** This competency requires the management of populations of peoples' health and includes things such as the ability to investigate population health characteristics and to participate in improving population health in the local community. It also includes attentiveness to the ecological and social factors that influence health behaviors.

**Human Resources Management:** This competency includes things such as the ability to ethically lead and manage the human resources processes needed for effective staffing in the operation of a healthcare organization.

**Financial Management:** This competency includes things such as the ability interpret financial and accounting documents, plan and execute budgets, make capital investment decisions and articulate and implement executive fiduciary responsibilities.

**Information Technology:** This competency includes things such as the ability to recognize critical elements of information technology and to participate in the management of the acquisition and implementation of information systems and personnel. It also includes a working knowledge of the use of data, importance of quality data, and analysis of data within the healthcare industry to support all aspects of decision making and organizational performance.

**Performance Improvement & Quality Management:** This competency requires a rudimentary understanding of the clinical environment and the use of an evidence-based approach to care, management and risk management. It includes things such as the ability to use quality and systems tools to measure, promote and implement quality improvement initiatives in clinical and administrative partnerships within healthcare organizations.

**Strategic Management:** This competency includes things such as the ability to conduct external and internal environmental analysis, to apply the principles of strategy formulation, implementation and control, and to develop corporate strategy, market research and planning.

**MHA Mission Statement:**

Our mission is to equip working healthcare professionals with the competencies required to advance their healthcare careers.

Our program emphasizes its strong competency base and utilizes a hybrid delivery model to provide a comprehensive learning experience for students. Based on a model that promotes life-long learning, our program empowers students by providing the knowledge and skills necessary for continued career progression.

Our competency model addresses the specific skills needed in healthcare leadership and management such as financial management, strategic management, human resource management and quality improvement. The skills of communication, relationship management, and professionalism are also appropriately addressed. Critical and creative thinking skills are also necessary and relate problem solving and innovation through IT, population health, the use of data and analysis to provide value in all aspects of the system. Understanding of the implications of law, policy and governance are also a vital element of competency. Ethics and transparency are relevant in several of these areas and are woven through the program. All of these competencies emphasize our students' ongoing personal growth, their professional duties and responsibilities to individuals, populations, employees, employers, and communities while working in partnership with both clinical and administrative professionals. This is a life-long journey throughout a career. The mission emphasizes the importance of life-long learning and continued career progression. Students are taught that this competency model is not to be mastered during the time in the program. Competency mastery is a journey and the competency aim of "5" in the matrix will likely come as students continue to focus on mastery of program competencies throughout their career journey. This advancement and continued progression is an integral part of the model.

As the vast majority of our students are already working professionals; we prepare our graduates not only to continue in the work environment they will step into upon graduation, but we also strive to prepare them to achieve success and leadership positions in the healthcare industry of the future, which connects well with the mission of the program. Students are working in positions in all different aspects of the healthcare industry. The competencies provide them with a broad, yet core set of skills to find success in their chosen industry setting.

2) Our competency model reflects our mission, vision, and values, and forms the basis for our curriculum. It is a living model and is discussed in some way or aspect at every MHA Strategy Meetings, Quality Improvement Meetings, MHA Faculty meetings as well as at MHA Advisory Board meetings. As a case in point, our competency model (and the way it is communicated to students and assessed) was reviewed in depth at both our Spring 2022 and Spring 2021 MHA Faculty Meeting and MHA Advisory Board meetings with positive comments from those participating (see attached, especially comments from 2021). Part of the 2021 (and 2022) conversation focused around data and it feedback was given that the Information Technology competency description should be expounded to include the curriculum changes made previously that incorporated more data analysis and use of data in decision making and organizational performance. Faculty were in attendance at the meeting and upon further review and discussion, a change was made to incorporate this language. This was also a continuation of work that had been completed in 2019 to make these changes to a stronger data focus (also mentioned in the 2021 minutes).



The Advisory Board is just that: it provides advice. The Advisory Board is not a governing board. Its advice and suggestions are considered and assessed by the Program Director. If the suggestions are considered germane, prepared as actionable items and proposals. These items and proposals are then brought to the MHA Faculty for final vetting and implementation as deemed appropriate. An example of this was provided above. Faculty members are also welcome to address their concerns or ideas for revisions within formal and informal conversations that are then brought to the Program Director and discussed at relevant meetings involving faculty prior to a change.

3)Attached

4) Program courses are sequenced to provide an increasing level of competency attainment for students. The competencies associated with each course and the competency level (aim) are found in the MHA Competency Matrix and in the syllabi and signature assignment instructions and rubrics. Most competency levels are at a lower level at the beginning of the program (unless they are a competency that is the core theme of the course) and progress to higher levels of competency as the students progress through course sequencing.

MHA 6000: Health Systems & the Healthcare Economy, brings entering first year students to a shared baseline of understanding about healthcare.

MHA 6100: Leading & Managing People provides a solid foundation of leadership and management

MHA 6200: Population Health & Data Analytics provides sound content related to population health at the individual, facility, organization, community and even the employee level providing a foundation in population health at the beginning of the program. An introduction to data analytics and hands-on experience with Tableau is also provided.

MHA 6249: This course provides students with skills in accounting and financial management for managers. It lays the groundwork for students to move into the finance course, MHA 6250: Healthcare Finance, that delves deeper into other necessary finance topics and skills.

Rounding out the rest of the second semester are MHA 6400: Strategic Health Planning & Marketing which is almost a mini-capstone type of course in that it requires competency in all prior courses, such as leadership, management, finance, human resources, and population health to address the higher level competency of strategic planning. MHA 6300: Quality Improvement and Risk Management: this course utilizes the knowledge learned about the healthcare system and delivery, data, and population health to provide insight into the important role of quality, performance improvement, understanding and management of risk, and the effective use of data.

All of the first year courses are designed to prepare students for the higher level thinking skills courses that come in the second year. This is not to say that first year courses are

low thinking skill or easy courses. Indeed, the first year courses directly address central attributes from our competency model such as personal and professional domain traits and skills, and employ high level teaching and learning techniques as well as high level assessment techniques. Rather, the content of these first year courses form the foundation upon which the second year courses are built.

2nd year students take applied skills domain courses requiring a sophisticated approach and a higher level of critical thinking, such as:

MHA 6240 Human Resources Management in Healthcare, MHA 6320:

Health Policy and Economics, MHA 6450: Health Informatics, which builds on the previous content from Data Analytics, MHA 6440: Health Ethics and

Law, and MHA 6350: Decision Making for Healthcare Leaders. All of these courses continue to raise the level of competency taught and assessed as the aims are increased in a purposeful and thoughtful model.

MHA 6500: Field Work is a true capstone; it requires students to integrate all coursework, knowledge, and skills and to demonstrate program competencies in the procuring and completion of a project of import in a real world environment. A sample Program of Study is found at: <https://weber.edu/MHA/course-schedule.html>

Additional experience are provided throughout the two years of the program. There are various opportunities and students are encouraged to participate in order to enrich and augment their education. One of these is through active membership in professional organizations which allows students to network and have additional mentor opportunities. The program also has many activities outside of the required coursework for students to participate in to enrich their learning and increase their level of competency. These are created around the MHA program competencies and discussions about competency are part of the activities. Some examples include:

**HAS Department Case Competition:** A robust annual case competition is offered to all MHA students. The competition is for both our undergraduate health administration students and MHA students. We have a high level of participation and students have a valuable experience. Students learn many important skills and increase their competency levels in many areas. The judges that are selected to volunteer are very high level professionals with a desire to share their knowledge. Time is allotted after each presentation for the judges to each provide constructive feedback and teaching moments. This event is a top notch experience for these students. The event is also open to other students in our health professions college which facilitates an interprofessional experience.

**National Case Competition:** An team is selected from the HAS Department Case Competition to represent the program at a national case competition. This event also provides an excellent learning experience for students.

Leadership Simulation Experience: The program has included role playing experiences in courses, but determined to take this learning to the next level. Planning began in 2019 to partner with a large, local health system to develop a high level leadership simulation experience for 2nd year MHA students, tied to program competencies. After much planning and collaboration between both organizations, this learning event was scheduled for March 2020. Due to COVID, it was unfortunately canceled days before the event. The event was planned again for March 2022 and was a highly successful event. The MHA program was able to utilize the health systems state-of-the-art leadership simulation center and students were involved as active participants and engaged observers through a rotation of simulated experiences faced by industry leaders. Debriefing and facilitated learning were also part of the experience. A practice simulation was also created at our WSU Farmington Station Park campus to provide students with extra preparation for the event. Through IRB, students were surveyed as to their experience and the increased level of competency they gained in our MHA competencies based on their participation. The feedback from students was substantial and provided another innovative way to increase student competency in settings and situations they will encounter. Based on the success, this will be a required 2nd year activity for all students. This experience also provide students with exposure to more industry leaders that served as actors in the scenarios.

MHA Capitol Event: This event is held to provide students with an understanding of the legislative process, specifically related to healthcare legislation. The program is fortunate to have a seasoned faculty member that is also a Utah State Senator. Based on this program connection, students were invited to an MHA capitol event. In addition to our faculty member that is a Senator, three individuals presented the legislative process and challenges faced with healthcare legislation in the state. A policy expert spoke to the students about his role in providing unbiased education on bills and legislation so that state leaders better understand the issues behind the bills. A member of the Utah House of Representatives that has health policy experience and has been involved with bills in this area. The final speaker was a Utah State Senator that is also a physician. He discussed the challenges that are faced, especially with healthcare policy and legislation because the issues can often be controversial or ethical dilemmas. Each of these individuals facilitated a discussion with students. This was a valuable learning experience and meaningful way for students to increase their competency.

Study Abroad: A study abroad experience (typically the health systems in Sweden and Finland) is an option for students once during their time in the program. This is optional, but allows for students to learn about two health systems that vary from the U.S. system. They are also able to immerse themselves in the culture. The presenters and facilities provide students with health policy, government leadership and oversight for healthcare, payment mechanisms, a variety of health settings, etc. that increase the competency for these students.

Students may, of course, take elective courses in areas of interest. Our MHA requires six credits of electives, but students are free to take additional electives if they choose.

At this time, we have the following electives which are offered approximately on a two year rotation.

They include:

MHA 6140: Post-acute Care Administration

MHA 6160: Medical Group Management

MHA 6180: Healthcare Entrepreneurship

MHA 6360: Comparative International Health Systems

MHA 6370: Executive Leadership Seminars in Healthcare

MHA 6830: Directed Study

MHA 6850: Study Abroad

We are always open to new ideas for electives and it is a topic in Faculty and Advisory Board meetings. For example, at the 2022 MHA Advisory Board Meeting an idea for a new elective was presented. Board members provided feedback and insight for the content and focus of this new elective. The MHA Program Director and Faculty determined that the program will move forward with this elective. This new course will be developed in Fall 2022 and be put through the University curriculum process by Spring 2023 to be offered in Fall 2023. The course will be developed with a partnership with faculty, MHA Advisory Board members, and potentially industry. A tentative title is, "Leading Healthcare Transformation" and a working focus for the course is on innovation, visionary scanning of the environment, increased level of critical thinking, facilitating change, and ensuring resilience and agility for organizations (see attached meeting minutes). A conversation about teaching innovation was also discussed in the 2021 MHA Advisory Board Meeting (in the competency discussion) which also lead the Program to consider this elective (attached).

The electives are currently offered during our regular semester/block schedule throughout MHA students' two year program as our MHA students have been assured that they can complete the program in two academic years, excluding summers.

### **III.A.2**

#### **Requirement**

The Program curriculum will facilitate development of a depth and breadth of knowledge of the health-sector and healthcare management, aligned with the Program's mission and competency model.

## Response

1) Figure 13 attached.

2) Program courses are sequenced to provide an increasing level of competency attainment for students (see the course schedule attached for sequencing). The competencies associated with each course and the competency level (aim) are found in the MHA Competency Matrix and in the syllabi and signature assignment instructions and rubrics. Most competency levels are at a lower level at the beginning of the program (unless they are a competency that is the core theme of the course) and progress to higher levels of competency as the students progresses through course sequencing.

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Rounding out the rest of the second semester are MHA 6400: Strategic Health Planning & Marketing which is almost a mini-capstone type of course in that it requires competency in all prior courses, such as leadership, management, finance, human resources, and population health to address the higher level competency of strategic planning. MHA 6300: Quality Improvement and Risk Management: this course utilizes the knowledge learned about the healthcare system and delivery, data, and population health to provide insight into the important role of quality, performance improvement, understanding and management of risk, and the effective use of data.

All of the first year courses are designed to prepare students for the higher level thinking skills courses that come in the second year. This is not to say that first year courses are low thinking skill or easy courses. Indeed, the first year courses directly address central attributes from our competency model such as personal and professional domain traits and skills, and employ high level teaching and learning techniques as well as high level assessment techniques. Rather, the content of these first year courses form the foundation upon which the second year courses are built.

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Additional experiences are provided throughout the two years of the program. There are various opportunities and students are encouraged to participate in order to enrich and augment their education. (These are not included in the MHA Competency Matrix as they are not required, just encouraged.) One of these is through active membership in professional organizations which allows students to network and have additional mentor opportunities. The program also has many activities outside of the required coursework for students to participate in to enrich their learning and increase their level of competency. These are created around the MHA program competencies and discussions about competency are part of the activities. Some examples include:

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scheduled for March 2020. Due to COVID, it was unfortunately canceled days before the event. The event was planned again for March 2022 and was a highly successful event. The MHA program was able to utilize the health systems state-of-the-art leadership simulation center and students were involved as active participants and engaged observers through a rotation of simulated experiences faced by industry leaders. Debriefing and facilitated learning were also part of the experience. A practice simulation was also created at our WSU Farmington Station Park campus to provide students with extra preparation for the event. Through IRB, students were surveyed as to their experience and the increased level of competency they gained in our MHA competencies based on their participation. The feedback from students was substantial and provided another innovative way to increase student competency in settings and situations they will encounter. Based on the success, this will be a required 2nd year activity for all students. This experience also provides students with exposure to more industry leaders that served as actors in the scenarios.

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**Study Abroad:** A study abroad experience (typically the health systems in Sweden and Finland) is an option for students once during their time in the program. This is optional, but allows for students to learn about two health systems that vary from the U.S. system. They are also able to immerse themselves in the culture. The presenters and facilities provide students with health policy, government leadership and oversight for healthcare, payment mechanisms, a variety of health settings, etc. that increase the competency for these students.

Students may, of course, take elective courses in areas of interest. Our MHA requires six credits of electives, but students are free to take additional electives if they choose.

At this time, we have the following electives which are offered approximately on a two year rotation.

They include:

MHA 6140: Post-acute Care Administration

MHA 6160: Medical Group Management

MHA 6180: Healthcare Entrepreneurship

MHA 6360: Comparative International Health Systems

MHA 6370: Executive Leadership Seminars in Healthcare

MHA 6830: Directed Study

MHA 6850: Study Abroad

We are always open to new ideas for electives and it is a topic in Faculty and Advisory Board meetings. For example, at the 2022 MHA Advisory Board Meeting an idea for a new elective was presented. Board members provided feedback and insight for the content and focus of this new elective. The MHA Program Director and Faculty determined that the program will move forward with this elective. This new course will be developed in Fall 2022 and be put through the University curriculum process by Spring 2023 to be offered in Fall 2023. The course will be developed with a partnership with faculty, MHA Advisory Board members, and potentially industry. A tentative title is, "Leading Healthcare Transformation" and a working focus for the course is on innovation, visionary scanning of the environment, increased level of critical thinking, facilitating change, and ensuring resilience and agility for organizations.

3) Competency Matrix Attached

4) Each Syllabi is attached with the CAHME Cover Sheet. Syllabi for elective courses taught during the self-study year are also attached. Elective courses are not included in the competency matrix.

### **III.A.3**

#### **Requirement**

The Program curriculum will facilitate development of students' competencies in communications and interpersonal effectiveness.

#### **Response**

1) Communications and Interpersonal Effectiveness

Competency 1: Communication is an individual competency in the MHA Program competency model. The expectation is that students will develop and demonstrate executive proficiency in written and oral communication, the ability to communicate across disciplines and to project a professional presence.



Interpersonal effectiveness is addressed most prominently by Competency 2 of Relationship Management. Students are expected to be able to collaborate and develop positive relationships with peers, subordinates and superiors within and across organizations. Additionally students are expected to demonstrate the ability to work on and with teams effectively; throughout the program, both in classroom activities and formal presentations or papers, students are asked to work together in teams in which they build and practice these competencies.

2)

Communication is developed in first year courses: MHA 6000 Health Systems and the Healthcare Economy and MHA 6250 Healthcare Finance at an competency level aim of "2-moderately functional". It is further developed in second year courses: MHA 6400 Strategic Health Planning and Marketing and MHA 6320 Health Policy and Economics at a competency level of "3-functional" as well as MHA 6500 Field Work at a competency level of "4-highly functional".

Relationship Management is developed in first year courses: MHA 6000 Health Systems and the Healthcare Economy and MHA 6100 Leading and Managing People in Healthcare at an competency level aim of "2-moderately functional". MHA 6400 Strategic Health Planning and Marketing at a competency level of "3-functional". It is further developed in second year courses: MHA 6240 Human Resources Management in Healthcare and MHA 6500 Field Work at a competency level of "4-highly functional".

Each of the syllabi related to these competencies are attached.

A course example with the assignment specifications, Canvas rubric and student work tied to these competencies is attached.

The wording of the these competency statements:

Communication: The competency includes things such as executive proficiency in written and oral communication, the ability to communicate across disciplines and to project a professional business presence both individually and as a representative of one's organization.

Relationship Management: This competency includes things such as the ability to develop positive collaborative relationships with peers, subordinates and superiors within and across organizations, and to lead and work with teams effectively. In addition, it includes the demonstration of emotional intelligence.

### **III.A.4**

#### **Requirement**

The Program curriculum will facilitate development of students' competencies in critical thinking, analysis, and problem solving.

## Response

### 1) Critical thinking, analysis, and problem solving

Critical thinking, analysis and problem solving are an important part of most of the competencies. The Competency 3: Critical and Creative Thinking and Competency 12: Strategic Management are obvious. However, critical thinking, analysis and problem solving are also parts of Competency 5: Healthcare Leadership, Competency 9: Financial Management, and Competency 11: Performance Improvement and Quality Management. Within all of these, students are expected to be able to seek information, use management tools to collect data and apply metrics, to analyze data, form conclusions, make recommendations, and thus be able to promote innovation and see the big picture, and to balance short term requirements with long term solutions. Competency 10 Information Technology, also provides the foundation in data facilitating the next steps of analysis, synthesis, and decision making.

### 2)

Critical and Creative Thinking is developed in first year courses: MHA 6200 Population Health and Data Analytics, MHA 6249 Accounting and Finance Principles for Healthcare Managers, MHA 6400 Strategic Health Planning and Marketing all at a competency level of "3-functional". It is also developed in first year course: MHA 6250 Healthcare Finance (building upon the 3 in the first finance course MHA 6249) at a competency level of "4-highly functional) It is further developed in second year courses: MHA 6240 Human Resources Management in Healthcare and MHA 6440 Health Ethics and Law at a competency level of "3-functional" as well as MHA 6350 Decision Making for Healthcare Leaders and MHA 6500 Field Work at a competency level of "4-highly functional".

Strategic Management is developed in first year course: MHA 6400 Strategic Health Planning and Marketing all at a competency level of "3-functional". It is further developed in second year courses: MHA 6450 Health Informatics at a competency level of "3-functional" as well as MHA 6350 Decision Making for Healthcare Leaders and MHA 6500 Field Work at a competency level of "4-highly functional".

Healthcare Leadership is developed in first year courses: MHA 6000 Health Systems and the Healthcare Economy and MHA 6100 Leading and Managing People in Healthcare at a competency level of "2-moderately functional". It is further developed in second year courses: MHA 6350 Decision Making for Healthcare Leaders and MHA 6500 Field Work at a competency level of "4-highly functional". Leadership is, of course, also a thread through the curriculum along with many of the competencies.

Financial Management is developed in first year courses: MHA 6249 Accounting and Finance Principles for Healthcare Leaders at a competency level of "3-functional". It is further developed in the next finance course, MHA 6250 Healthcare Finance at a

competency level of "4-highly functional". It is also developed in the second year during the MHA 6500 Field Work course at a competency level of "4-highly functional".

Performance Improvement and Quality Management is developed in first year course, MHA 6300 Quality Improvement and Risk Management at a competency level of "4-highly functional". This competency is also addressed in second year coursework that adds to the development: MHA 6240 Human Resources Management in Healthcare and MHA 6450 Health Informatics at a competency level of "3-functional" as well as MHA 6500 Field Work at a competency level of "4-highly functional".

Information Technology is developed in first year course MHA 6200 Population Health and Data Analytics at a competency level of "3-functional". It is also developed in second year courses: MHA 6350 Decision Making for Healthcare Leaders at a competency level of "2-moderately functional" and MHA 6450 Health Informatics which builds upon MHA 6200 in terms of IT understanding and MHA 6500 Field Work with a competency level set at "4-highly functional".

Each of the syllabi related to these competencies are attached.

Course examples with the assignment specifications, Canvas rubrics and student work tied to these competencies are attached.

The wording of these competency statements:

**Critical & Creative Thinking:** This competency includes things such as the ability to seek and use qualitative and quantitative information, developing insights, and using these to achieve the mission, vision and goals of one's organization. In addition, it includes the ability to understand and lead transformational innovation.

**Strategic Management:** This competency includes things such as the ability to conduct external and internal environmental analysis, to apply the principles of strategy formulation, implementation and control, and to develop corporate strategy, market research and planning.

**Healthcare Leadership:** This competency requires a deep and broad understanding of the industry, both clinical and administrative aspects. It includes the masterful application of skills such as transparency, decision making, leading and managing change, being a role model, mentoring and developing the talent of subordinates.

**Financial Management:** This competency includes things such as the ability interpret financial and accounting documents, plan and execute budgets, make capital investment decisions and articulate and implement executive fiduciary responsibilities.

**Performance Improvement & Quality Management:** This competency requires a rudimentary understanding of the clinical environment and the use of an evidence-based approach to care, management and risk management. It includes things such as the ability to use quality and systems tools to measure, promote and implement quality

improvement initiatives in clinical and administrative partnerships within healthcare organizations.

**Information Technology:** This competency includes things such as the ability to recognize critical elements of information technology and to participate in the management of the acquisition and implementation of information systems and personnel. It also includes a working knowledge of the use of data, importance of quality data, and analysis of data within the healthcare industry to support all aspects of decision making and organizational performance.

### **III.A.5**

#### **Requirement**

The Program curriculum will facilitate development of students' competencies in management and leadership.

#### **Response**

##### 1) Management and Leadership

It could be argued that all twelve competencies in our model address this domain. However, Competency 5: Healthcare Leadership as well as the five applied skills competencies of Competency 8: Human Resources Management, Competency 9: Financial Management, Competency 10: Information Technology, Competency 11: Performance Improvement and Quality Management, and Competency 12: Strategic Management all specifically address the student's ability to pursue and achieve organizational goals through and in collaboration with others. Lastly, Competency 2: Relationship Management is focused on the development of EQ as well as productive professional relationships within and across organizations.

##### 2)

Healthcare Leadership is developed in first year courses: MHA 6000 Health Systems and the Healthcare Economy and MHA 6100 Leading and Managing People in Healthcare at a competency level of "2-moderately functional". It is further developed in second year courses: MHA 6350 Decision Making for Healthcare Leaders and MHA 6500 Field Work at a competency level of "4-highly functional". Leadership is, of course, also a thread through the curriculum along with many of the competencies.

Human Resource Management is developed in second year courses, once a foundation has been set by other coursework: MHA 6440 Health Ethics and Law at a competency level of "3-functional" and in courses MHA 6240 Human Resources Management in Healthcare and MHA 6500 Field Work at a competency level of "4-highly functional".

Financial Management is developed in first year courses: MHA 6249 Accounting and Finance Principles for Healthcare Leaders at a competency level of "3-functional". It is

further developed in the next finance course, MHA 6250 Healthcare Finance at a competency level of "4-highly functional". It is also developed in the second year during the MHA 6500 Field Work course at a competency level of "4-highly functional".

Information Technology is developed in first year course MHA 6200 Population Health and Data Analytics at a competency level of "3-functional". It is also developed in second year courses: MHA 6350 Decision Making for Healthcare Leaders at a competency level of "2-moderately functional" and MHA 6450 Health Informatics which builds upon MHA 6200 in terms of IT understanding and MHA 6500 Field Work with a competency level set at "4-highly functional".

Performance Improvement and Quality Management is developed in first year course, MHA 6300 Quality Improvement and Risk Management at a competency level of "4-highly functional". This competency is also addressed in second year coursework that adds to the development: MHA 6240 Human Resources Management in Healthcare and MHA 6450 Health Informatics at a competency level of "3-functional" as well as MHA 6500 Field Work at a competency level of "4-highly functional".

Strategic Management is developed in first year course: MHA 6400 Strategic Health Planning and Marketing all at a competency level of "3-functional". It is further developed in second year courses: MHA 6450 Health Informatics at a competency level of "3-functional" as well as MHA 6350 Decision Making for Healthcare Leaders and MHA 6500 Field Work at a competency level of "4-highly functional".

Each of the syllabi related to these competencies are attached.

A course example with the assignment specifications, Canvas rubric and student work tied to these competencies is attached.

The wording of these competency statements:

**Healthcare Leadership:** This competency requires a deep and broad understanding of the industry, both clinical and administrative aspects. It includes the masterful application of skills such as transparency, decision making, leading and managing change, being a role model, mentoring and developing the talent of subordinates.

**Human Resources Management:** This competency includes things such as the ability to ethically lead and manage the human resources processes needed for effective staffing in the operation of a healthcare organization.

**Financial Management:** This competency includes things such as the ability interpret financial and accounting documents, plan and execute budgets, make capital investment decisions and articulate and implement executive fiduciary responsibilities.

**Information Technology:** This competency includes things such as the ability to recognize critical elements of information technology and to participate in the management of the acquisition and implementation of information systems and personnel. It also includes a working knowledge of the use of data, importance of quality

data, and analysis of data within the healthcare industry to support all aspects of decision making and organizational performance.

**Performance Improvement & Quality Management:** This competency requires a rudimentary understanding of the clinical environment and the use of an evidence-based approach to care, management and risk management. It includes things such as the ability to use quality and systems tools to measure, promote and implement quality improvement initiatives in clinical and administrative partnerships within healthcare organizations.

**Strategic Management:** This competency includes things such as the ability to conduct external and internal environmental analysis, to apply the principles of strategy formulation, implementation and control, and to develop corporate strategy, market research and planning.

### **III.A.6**

#### **Requirement**

The Program curriculum will facilitate development of students' competencies in professionalism, ethics, and transparency.

#### **Response**

1) Professionalism, ethics and transparency

Competency 6: Law, Policy and Governance, Competency 4: Professionalism & Ethics, and Competency 5: Healthcare Leadership speak specifically to professionalism, ethics, and transparency. Professionalism specifically addresses accountability, responsibility, and a commitment to ethical conduct. Life-long learning is also a valuable element of this competency. Law, Policy, and Governance attends to the importance of understanding, assessing, and working within the external legal and regulatory environment, and to the ability to navigate internal organization dynamics with integrity. Healthcare leadership addresses the need for healthcare leaders that are a role model in providing and fostering a culture of ethical, transparent leadership that mentors others. Finally, communities deserve to be recognized and cared for in a manner that is attentive and responsive to social factors integral their population. This is tied to Competency 7: Community Awareness & Population Health. Improving population health (in all aspects) within a community is no longer just a discussion, it is a competency that students should work toward mastering. True community awareness and population health requires leaders that are ethical, transparent and value the highest professional standards. This is included in this competency. Professionalism and ethics are discussed in the Career Development Night that is provided to all first year students and also addressed by many guest speakers and other industry

professionals that have interaction with students through various events in the academic year that were mentioned earlier in this section III.

2)

Law, Policy and Governance is developed in first year course: MHA 6300 Quality Improvement and Risk Management at a competency level of "2-moderately functional". It is further developed in the second year courses: MHA 6320 Health Policy and Economics, MHA 6440 Health Ethics and Law, and MHA 6500 Field Work at a competency level of "4-highly functional".

Professionalism and Ethics is developed in first year course MHA 6250 Healthcare Finance at a competency level of "2-moderately functional". It is further developed in second year courses: MHA 6440 Health Ethics and Law at a competency level of "3-functional" and in courses MHA 6320 Health Policy and Economics and MHA 6500 Field Work at a competency level of "4-highly functional". Topics of transparency, ethics, and professionalism are, of course, a thread through the curriculum.

Healthcare Leadership is developed in first year courses: MHA 6000 Health Systems and the Healthcare Economy and MHA 6100 Leading and Managing People in Healthcare at a competency level of "2-moderately functional". It is further developed in second year courses: MHA 6350 Decision Making for Healthcare Leaders and MHA 6500 Field Work at a competency level of "4-highly functional". Leadership is, of course, also a thread through the curriculum along with many of the competencies.

Community Awareness and Population Health is developed in first year courses: MHA 6000 Health Systems and the Healthcare Economy, MHA 6300 Quality Improvement and Risk Management both at a competency level of "3-functional". In MHA 6200 Population Health and Data Analytics, the competency level increases due to the content at a competency level of "4-highly functional". It is also developed in the second year in MHA 6500 Field Work at a competency level of "4-highly functional".

Each of the syllabi related to these competencies are attached.

A course example with the assignment specifications, Canvas rubric and student work tied to these competencies is attached.

The wording of these competency statements:

**Law, Policy & Governance:** This competency includes things such as the ability to accurately assess and work within the external political, legal and regulatory environment. It requires an understanding of healthcare policy and its impact on the health of individuals and populations. In addition, it includes the ability to navigate internal organizational dynamics and to participate in governance of the organization.

**Professionalism & Ethics:** This competency includes things such as a sense of personal accountability and the ability to assume risk and responsibility. It also includes an

orientation to the development of a life-long learning agenda and a commitment to ethical conduct and personal growth.

**Healthcare Leadership:** This competency requires a deep and broad understanding of the industry, both clinical and administrative aspects. It includes the masterful application of skills such as transparency, decision making, leading and managing change, being a role model, mentoring and developing the talent of subordinates.

**Community Awareness & Population Health:** This competency requires the management of populations of peoples' health and includes things such as the ability to investigate population health characteristics and to participate in improving population health in the local community. It also includes attentiveness to the ecological and social factors that influence health behaviors.

### **III.B.1**

#### **Requirement**

The Program will incorporate teaching and learning methods driven by adult learning principles. The teaching and learning methods will be based on higher education taxonomic levels appropriate to graduate education.

#### **Response**

1) Refer to the Level of Teaching and Assessment Form attached as well as the CAHME syllabus covers sheets and content found in III.A.2. A typical student spends the majority of their learning on higher teaching and learning methods.

2) Our program is geared towards working healthcare professionals, however there a mix of highly experienced and less experienced students. This background highlights the importance of incorporating the optimum blend of lower and higher methods. Lower level methods such as readings,

lively class discussions, and guest speakers establish a baseline of understanding among all students (even highly experienced students that don't have knowledge in certain content being taught), provides them with the most current information, leverages group discussion and learning, and necessitates critical thinking as opposed to speaking "off the cuff" or just mimicking popular sound bites.

These lower level methods are essential for the initial, and continued, professional and personal growth of our student body. They create a solid foundation of knowledge for other higher level teaching and learning methods.

The program is purposeful in the employment of higher level methods such as presentations, reflective learning, team activities, case studies, analysis, role-playing, and strategic projects. A variety of these types of higher level teaching and learning methods are used in every MHA course (refer to III.A.2) MHA 6500 Field Work requires



students to actively engage in a consulting project for an organization. These higher level methods develop higher and deeper learning and instill students with a focus on competency development, increased knowledge and skills, and a comprehensive learning environment which are part of the mission of the MHA Program. Additional learning opportunities (case competition, simulation, refer to III.A.1) are also available to provide more opportunities for experiential learning. Program's Mission. Our Mission is to enhance working healthcare professionals' ability to advance their careers and lead in their organizations and communities. Because of our unique mix of students and their experience levels, the strategic and purposeful mix of both lower and higher level learning methods is crucial to our graduates' steady intellectual progress and success and our mission. We continue to work to ensure our teaching and learning methods are both appropriate and successful in achieving our program's mission and goals.

### **III.B.2**

#### **Requirement**

The Program will provide, throughout the curriculum, opportunities for students to participate in team-based activities.

#### **Response**

1) Some examples of team work assignments in required courses, in addition to group discussion and exercises (a couple of student group examples are attached, see below):

MHA 6000 Health Systems and the Healthcare Economy: a team of students begins each class session with team presentation regarding timely topics from the Health Affairs blog. Students also complete a team paper based the Middleboro Case #1.

MHA 6100 Leading and Managing People in Healthcare: Team Case Study Evaluation Assignment based on a HRB case. A team paper is created.

MHA 6200 Population Health and Data Analytics: Student teams research community and epidemiological data to determine the needs of the community. They also research the types of healthcare facilities already existing in the community. Based on this data, students are tasked with using it to put a plan forward for new healthcare facilities that is needed in the area. A comprehensive team paper is created (student group example attached).

MHA 6300 Quality Improvement and Risk Management in Healthcare: Teams are presented with a performance gap in various organizations. Each team identifies the performance gap(s) in their scenario and creates a quality and performance improvement plan to address the gap utilizing the PI tools taught throughout the course. Students then provide a professional presentation as a team on the gaps identified, tools used, and plan for improvement (including data collection and measurement).

(See attached file with a student group example--unfortunately I could not upload the file with their recording--and the file with the instructions/rubric for the assignment)

In MHA 6400: Strategic Health Planning and Marketing students work together in teams to develop a strategic plan and a marketing plan for a healthcare related business in a dynamic market. They will then present their plan to the class.

MHA 6250 Healthcare Finance: Students use financial data to create a detailed 5-year projected financial pro forma. The team then creates a presentation designed to make the funding proposal for senior leadership. Teams present this to the class.

MHA 6450 Health Informatics: A team of students begins each class session with team presentation regarding timely topics from HealthITNews.

MHA 6240 Human Resources Management in Healthcare: Students participate in role playing exercises as teams to simulate real-world HR situations.

MHA 6320 Health Policy and Economics: Students participate in a team exercise involving role playing tied to the real world current issues and events concerning health policy and economics.

A copy of the Team and Self-Assessment utilized for team projects is also attached.

2)

These are just a few of the team activities regularly used in our MHA courses. The program and faculty strive to provide adequate and meaningful team experiences that further prepare students to thrive in the team-based environment of healthcare. Faculty are well aware of the importance of team building and networking among the students in each course and in the program as a whole. Instruction is focused on team building, group discussions and assignments, and interpersonal interactions.

Faculty members use rubrics and student peer and self evaluations to determine students' individual contributions. The evaluations require students to rate team members and also self-evaluate (an example is attached). This feedback is aggregated and shared with students during their 1st year one-on-one session with the MHA program director to provide data for the interpersonal discussion. This discussion allows the program director to share feedback from other students in a constructive way to help students build their interpersonal, leadership and team skills. An example of the tracking form showing the interpersonal skills aggregated data is found in the attached MHA Communication Plan of a current student that has been de-identified (interpersonal skills and improvement section in the comments).

### **III.B.3**

#### **Requirement**

The Program will provide experiences for students to gain an understanding of, and to interact with, a variety of healthcare professionals and organizations.

## **Response**

1) Guest speakers bring their own experiences and perspectives to our students thus widening and deepening our students' understanding of healthcare. Refer to Figure 15 for a listing of the numerous guest speakers that participated in the program for the 2021-2022 academic year.

Adjunct professors are not only topic experts, but they also serve as role models for our students while sharing their own discipline's perspective on their course topics. \*

**HAS Department Case Competition:** A robust annual case competition is offered to all MHA students. The competition is for both our undergraduate health administration students and MHA students. We have a high level of participation and students have a valuable experience. Students learn many important skills and increase their competency levels in many areas. The judges that are selected to volunteer are very high level professionals with a desire to share their knowledge. Time is allotted after each presentation for the judges to each provide constructive feedback and teaching moments. This event is a top notch experience for these students. The event is also open to other students in our health professions college which facilitates an interprofessional experience. Refer to Figure 15 for a listing of the high level judges that volunteer for this event.

**Leadership Simulation Event:** These high level simulation experiences provide students with the opportunity to engage and learn from industry leaders during a simulation of real world scenarios. Some scenarios require the students to "play" interprofessional roles with the organizational structure.

**Moderated MHA Competency Discussions:** Industry leaders in the areas of MHA competency participated in moderated discussions around a specific competency. Moderated by MHA faculty members, the industry leader gave insight into the role of that particular competency (such as communication) in the industry. How is it demonstrated in the workplace? How can a student increase their level of competency in this area in order to be successful in the industry. What is the value of this competency for a leader? These are some topics that were covered in each of the these moderated discussions that were shared with all 2nd year students. Once of each MHA competency was conducted. Refer to Figure 15 for a listing of the high level panelists that were involved in these discussions.

**Field Work Preceptors:** Each MHA student completes a robust field work project that contributes in a meaningful way to a healthcare organization. An industry professional serves as the preceptor for the student at the organization. Refer to Figure 15 for a listing of these industry preceptors.

Alumni events allow students to network and engage with successful alumni who are willing to share their experiences and to mentor our students. In addition, a few of our adjunct professors are also our MHA alumni. COVID has impacted our alumni events, however, our MHA Alumni Board recently met and are working on events for the 2022-2023 academic year.

Association Participation: All MHA students are strongly encouraged to actively participate in local, regional, and national organizations and conferences. For example, many of our students are actively engaged in Utah Healthcare Executives (UHE) our State's chapter of ACHE or UMGMA, along with other organizations. UHE also has a Mentor Program, which has recently not been as active. The program is reintroducing its own mentoring program in 2022-2023 that was in place prior to that of UHE. MHA students are encouraged to participate.

The program is a sponsor for UMGMA (both financially and with engagement such as providing the speaker for their Power Lunch in August 2021) and will host a UHE event when they go back to face-to-face. This is been in progress during the 2021-2022 academic year. Students will also be invited, or have been invited, to participate in these events.

All of these activities and opportunities align with the mission of the program through providing experiences and interactions that promote life-long learning, increased competency, and growth in skills and knowledge to advance their careers in the healthcare industry. The mission states that students will experience comprehensive learning experiences, of which these are additional opportunities outside of course work to meet this part of the mission.

2)

The activities noted with an asterisk (\*) above refer to the opportunities students have to participate in interprofessional activities.

3)

Our MHA program is housed in a health professions college that is widely known for its health professions programs, as well as the quality of these programs. Our program provides an interprofessional opportunity based the background of students that have historically been in the program. Students come from a wide variety of clinical areas and delivery systems. Many students are active in their specific professional groups, such as clinical organizations or discipline specific organizations (management, finance, marketing, etc.). Students have opportunities to interact with each other in the classroom because each MHA cohort includes individuals from a variety of clinical areas (such as medical laboratory, radiological sciences, medical information, nursing) and administration. MHA 6500: Field Work also exposes students to various departments within health care organizations. Finally, professionals from a variety of professions are often guest speakers in our courses.

### **III.B.4**

#### **Requirement**

The Program curriculum will include integrative experiences, including field-based applications that require students to draw upon, apply and synthesize knowledge and skills covered throughout the Program of study.

#### **Response**

1) Throughout the MHA program, required course content covers material that provides an advancing foundation for synthesis and integrative thinking. This content also directly aligns with the program competencies, mission, vision, and values by providing a comprehensive learning experience focused on program competencies. During the first year, students complete foundational course work spanning the topics of the healthcare industry, leadership, management, health finance, epidemiology, population health, data analytics quality improvement, performance improvement, risk management, marketing, and strategic planning. In the second semester of year one, MHA 6400: Strategic Health Planning & Marketing is almost a mini-capstone type of course in that it requires competency and or/content from all prior courses to attain and demonstrate the higher level competency of strategic planning. This competency is demonstrated and evaluated in the development and presentation of a situation analysis, marketing plan, and strategic plan for a healthcare business in a dynamic market. There is also a connection to the goals and objectives of the Program as students continue through the program coursework and learning activities guided by engaging learning tied to competency development to enhance career readiness/progression.

The second year builds with courses addressing topics such as human resources, health policy and economics (which builds directly upon MHA 6000: Health Systems and the Healthcare Economy), decision making (which builds upon MHA 6400: Strategic Planning, MHA 6250: Healthcare Finance, and MHA 6300: Quality Improvement and Risk Management), ethics and law (which relates directly to Competency 4: Professionalism and Ethics and Competency 6: Policy and Governance), and culminates in the true capstone and integrative experience of MHA 6500: Field Work.

Field Work is the key to pulling everything together and providing students the opportunity to demonstrate both the breadth and depth of skills and competencies they have acquired throughout the Program. Field Work is also key to the mission and objectives of the program. Our mission states that the graduate education working professional students receive in our program emphasizes our strong competency base and enhances our students' ability to advance their careers and become leaders in their communities and the healthcare industry. Each course in our curriculum can be directly mapped to our competency model and thus to our mission. MHA 6500: Field Work is the culminating demonstration of our learning objectives and our student's preparation. The Field Work project is discussed at both first and second year orientation to begin to

prepare students. Students also meet one-on-one with a MHA 6500 Field Work faculty member towards the beginning of the semester prior to the Field Work experience in preparation. This is further discussed below. Students are evaluated by the MHA 6500 Field Work professor using presentation and project report rubrics. In addition, Field Work preceptors evaluate student competency attainment and this is shared with the program. A copy of the preceptor competency assessment is attached. The field work project is also tied to Program goals and objectives as a service learning experience for students engaged with the healthcare industry.

2) All MHA students complete a Field Work project. This has been the case since the inception of the program. As the large majority of our students are already working in healthcare, this is an excellent opportunity for them to complete a meaningful project that provides benefit to both the organization in which it is completed and to the student. Each student meets with a MHA 6500 Field Work faculty member that will guide their project one-on-one towards the beginning of the semester prior to the Field Work experience. This allows for a discussion about the expectations for Field Work, student interest in the industry to guide placement, and a discussion of the requirements prior to going on-site. This preparation allows for the student to have buy-in in regards to the type and industry setting of their project. It also allows for all of the groundwork to be in place prior to the semester of the Field Work project so that the student can begin right away and have every opportunity to have meaningful product.

Field Work projects are monitored in the MHA 6500 course. Students complete both written and polished oral presentations on their progress every few weeks throughout the course. This course is a full-semester course to allow for check-in opportunities throughout the project, which is also full-semester. A form is not used, but a template of requirements are provided.

An example of a 2nd update requirement that students then submit to the faculty member:

Please email an update to your Preceptor and include your project updates, what you are doing well and any road blocks that might be in your way. Let me know if you have questions ahead of time before you send that email. Just post a copy here of that email to your Preceptor.

I will also contact your preceptor, just to reach out and let them know I care, I want to support you and see if there is anything they need. If they do not answer, I will leave a short message and send an email follow-up.

An example of a a written and oral presentation as a 3rd update:

Each student will present in a 5 minute progress report in class. Students will also submit in Canvas a written synopsis of your progress thus far. Your presentation must include:

Brief description of your project

What you have accomplished so far

What your next tasks will be

This must be a prepared presentation, not something “off the cuff”

Your written synopsis should include all of the above, but in greater detail. This is to be submitted into this Canvas assignment

Students complete a draft of both the MHA Field Work project agreement form and an MHA Field Work project preceptor agreement with their preceptor (both attached and also attached with student examples). This allows alignment on the project, expectations, competency attainment, etc. between the preceptor and student. These are reviewed by the faculty for the MHA 6500 Field Work course and feedback is provided. Students then meet again with their preceptor to finalize these documents. After the signature from the student and the preceptor, work on the project can begin. Many of our preceptors are past alumni and completed a Field Work project as a student. Of those that are not past alumni, many are consistent preceptors and are well versed in our processes and expectations. For those that do not fall in either of these categories, they are guided through the process through the documents mentioned and interaction with the MHA 6500 Field Work faculty. MHA 6500 Field Work faculty are in communication with students during their updates and at other times during the semester. They are typically aware of issues that may occur with a preceptor. Students are also asked to address any specific problems or concerns they have with their preceptors or their overall projects in a confidential section to the course professor at the end of their project written report. Finally, a short survey is also included in the MHA 6500 Field Work course asking students questions about their preceptor and the learning experience with the preceptor (see below). The program does not have an official list of approved or non-approved preceptors. However, in the very rare case that a student voices serious and realistic problems or concerns about her or his preceptor, that preceptor is not used again.

Short Survey Questions:

How would you rate your learning experience in your capstone project?

Group of answer choices:

An effective learning experience that allowed me to increase my competency.

A quite effective learning experience that allowed me to increased my competency.

An effective learning experience that allowed me to increase my competency.

A minimally effective learning experience

How would you rate your PRECEPTOR (at the organization) for your capstone project?  
Select ALL that apply.

Group of answer choices:

Engaged

Facilitated Learning

Supportive

Knowledgeable

Ineffective

Students complete both an oral presentation for their preceptor, the MHA faculty member and any other individuals in the organization that have "buy-in" for the project. Students also submit a final written report to the MHA faculty member. (An example of each of these is attached.)

3) N/A

### **III.C.1**

#### **Requirement**

The Program will incorporate a range of assessment methods driven by adult learning principles. The methods will be based on higher education taxonomic levels appropriate to graduate education and aligned with defined competencies.

#### **Response**

Refer to the Level of Teaching and Assessment Form attached as well as the CAHME syllabus cover sheets and content found in III.A.2. Assessment in the MHA Program is focused more heavily on higher level assessment methods.

Our MHA Program Mission is:

Our mission is to equip working healthcare professionals with the competencies required to advance their healthcare careers.

Our program emphasizes its strong competency base and utilizes a hybrid delivery model to provide a comprehensive learning experience for students. Based on a model that promotes life-long learning, our program empowers students by providing the knowledge and skills necessary for continued career progression.

Our students are working health professionals and early-mid careerists. Thus neither 100% of lower level or 100% high assessment methods are appropriate for our MHA program. While our program does employ primarily higher level assessment methods



throughout, there are some appropriate lower level assessment techniques (papers or written discussions) as these are effective in allowing students to increase their understanding and begin reflection. These lower assessment techniques, however, can be an unrealistic and artificial means of getting at a student's true understanding and ability to apply complex ideas in real-life situations. Because of this, and because our students come to us with a variety of skills and abilities, we employ a number of ways such as: case study review and feedback, team assessments, participation, journals, projects, and analysis, to allow students to demonstrate what they have learned and recognize their increased level of competency. Although there are no immediate plans to make changes, discussions about improvement of teaching, learning, and assessment methods are regular conversations as the program is focused on continuous improvement.

### **III.C.2**

#### **Requirement**

The Program will regularly evaluate the extent to which each student attains the competencies at the level targeted by the Program, and will have a process in place for communicating that information to students.

#### **Response**

1 & 2) The MHA program measures student progress towards mastery in relation to program competencies in many ways. They are also communicated to students in various ways.

Students are first educated about the MHA competency model. The MHA competency model is covered during first year orientation (shortened orientation slides attached). This information is also shared with students after orientation so they can refer to it. The following is discussed and then implemented throughout the program (competency is also regularly discussed with students throughout the program in courses, additional program activities offered to students, and in advisement sessions):

Students are made aware of the 12 MHA competencies for the program. Students are educated on the life-long learning competency model that has been adopted by the program. Mastery of the MHA competencies is a journey that goes beyond the MHA program and continues throughout a career. Students are introduced to the competency aims for the program (these are also found in syllabi and on the WILDCARD, discussed later):

1=Students are expected to develop a minimally functional level for the given competency

2=Students are expected to develop a moderately functional level for the given competency

3=Students are expected to develop a functional level for the given competency

4= Students are expected to develop a highly functional level for the given competency

5= Students are expected to develop a mastery level for the given competency (this is a career journey to mastery)

Students are informed that a competency aim is never set at a "5-mastery" in the program. This is part of the journey to increased competency that comes as a life-long learner with continued focus on the competencies after graduation. Syllabi are discussed in relation to the competencies associated with a course such as: the inclusion in the syllabus competency grid with- competency, course/learning objectives, teaching/learning methods, assessment method, and competency level (aim) set for each competency associated with the course.

Students are educated on the "CATS" form (included as an attachment) that informs students how and when the program measures competency and when it is communicated with students. This is also uploaded into their Porfolium (folio) at orientation for quick reference for students throughout the program.

Students are made aware that a competency self-assessment is completed by each student at the beginning, middle, and end of the program. This competency assessment is at the program level. This is completed through an online assessment. Upon graduation, students are provided a copy (see attachment) of this assessment and students are encouraged to self-assess each year on the competencies and set goals for improvement to continue the life-long journey to competency.

Students are also educated that competency is measured in each course by individual faculty at the course level. Each course has a set of competencies that are covered in the course at varying levels (see the Competency Coverage in the Curriculum that is attached). There is a signature assignment (SA) in each course that is tied to course competencies. Students not only receive a grade on the assignment, but also a competency "score" based on the aim set for the course. This is accomplished in the rubric for each SA that includes each competency for the course and the "score". Feedback is provided to students by the faculty member on how they met the competency level aim set for each competency in the course (see the rubric attached as an example). This Canvas tool communicates competency assessment at the course level with students in an accessible manner. The "CATS" form references this assessment as Didactic Competency Assessment and it is shown each semester of the program.

The "CATS" form also includes the Field Work (capstone) Preceptor assessment in the final semester. Students are aware at orientation that their Field Work Preceptor will evaluate their level of competency on the MHA competencies after the completion of their Field Work project.

The final item on the "CATS" form is the Scheduled Competency Review & Career Advisement. This is a one-on-one meeting with the MHA Program Director during 2nd semester of Year 1 and with the MHA Executive in Residence 1st semester of Year 2. One of the discussion items in these meetings is the student's level of competency attainment thus far. The MHA Competency Model is also discussed again during the 1st year meeting to reinforce the value and application for student learning. A fillable PDF is used for each student to track all of these meetings and the discussion highlights and shared between the two program faculty mentioned (attached as MHA Communication Form).

Students are then introduced to the "WILDCARD" (included as an attachment). All of the competency data listed above is input into the "WILDCARD". This is a tool to track competency and also to provide another way of communicating competency assessment/development with students in a concise and clear format. After each year of the program students are provided their own "WILDCARD" with their competency data from self-assessment, didactic course assessment, and their preceptor. If a score is below the competency aim, it is added into the sheet in red. If the score is above the competency aim, it is added into the form in green. Score that meet the competency aim in are in black font. Students upload this document into their folio so they can reference it.

The final aspect of the MHA Competency Model that is discussed at orientation is the competency reflection. As noted above, the MHA program utilizes Portfolium as the folio product. This allows students a professional tool to house documents related to the MHA Competency Model (CATS, WILDCARD) as well as artifacts from their courses. Students are also tasked with creating a folder for each course. Within the folder students upload the SA for the course and also a competency reflection. This reflection is completed by the student after they have received their competency "scores" on the SA. The student notes the competencies that were associated with the SA in the course and their "score" on these competencies in relation to the level set (aim) in the course. Students reflect on this and, even if meeting the aim or exceeding it, determine how they plan to continue to increased their level of competency in these areas. This process allows for reflection at the time of writing and also as students go back to their folio at a later date to read what they have written. It fits with the mission of life-long learning, career progression, and a journey to competency. A folio example is attached.

Finally, student evaluations from team and self-assessment are also discussed during the one-on-one meeting to improve competency in areas related to interpersonal skills (refer to III.B.2 for more information on this process).

Competency is assessed at the program and course level, as discussed in detail above. The program utilizes many different tools and methods, including one-on-one conversations to ensure that students are regularly aware of their competency attainment throughout the program. The program also looks at course competency

data, self-assessment data, and preceptor data at a program level to improve teaching and student competency in certain areas as noted by the data. This is another way that the competency data is used at a program level.

### **III.D.1**

#### **Requirement**

The Program will evaluate its curriculum, teaching and learning methods, assessment methods, and Program Faculty effectiveness and use the results for continuous quality improvement of the teaching and learning environment.

#### **Response**

The MHA Program Director holds the primary responsibility to ensure that evaluation and course instruction are completed in a timely and effective manner. She achieves this working with the MHA Faculty, the MHA Strategy and Quality Improvement Committee, and MHA Advisory Board who share responsibility for ongoing evaluation of curriculum and course instruction. The Office of Institutional Effectiveness on campus also reviews all accreditation reports to ensure that curriculum and course instruction are in-line with University expectations. After an accreditation review, a report is provided by the MHA Program Director to this office that is reviewed by them. Upon their review, the Program Director meets with Faculty Senate Executive Committee to discuss any findings and provide the program's plan for alignment.

Evaluation of course instruction and curriculum:

A deep dive of program curriculum content, industry trends, alignment with competencies, best practices for instruction, etc. are discussed at the comprehensive MHA Strategy and Quality Improvement Committee Meetings. This is held with core MHA faculty and the our Associate Dean. Items that are identified for improvement are discussed in the other program meetings.

Curriculum is reviewed and discussed annually at MHA Faculty (including adjuncts) meetings and MHA Advisory Board meetings. Proposed adjustments and/or improvements are further discussed and if deemed appropriate, implemented by the Program Director via course creation or revisions (see III.D.2 for minutes from various related meetings).

Each MHA class requires student to evaluate the course, its content, and its instruction. These evaluations are reviewed each semester by the Program Director and each instructor also has access to their own evaluation data. This is used by the Program Director and faculty for improvement of course instruction and curriculum moving forward. Professors are counseled by the Program Director and given constructive ideas on how to improve their course. This is a collaborative discussion focused on

course improvement. A faculty member that is counseled, and no improvement is made, is not invited back to teach again in the program.

During MHA 6500: Field Work, faculty are able to evaluate how well the curriculum contributes to integration of content into the capstone experience. The course professor interacts with practitioners at the field sites as needed and collects feedback from practitioner observations of the student's ability to apply the knowledge and skills learning didactically to real world problems.

An exit survey is also administered to graduating students. Students are asked about the courses that they found the most beneficial, and why. They are also asked about any courses they found the least beneficial, and why. This information is evaluated for the need to improve curriculum based on trends in the data.

The MHA Alumni Survey inquires about curriculum and competencies and also asks alumni to rate specific aspects of their MHA education at WSU, including instruction, course, etc. This information is used to improve curriculum.

Adjunct faculty have not always been comfortable using our LMS, Canvas. The HAS department now has a staff member highly skilled in Canvas, with a doctorate degree in online education, that helps faculty use Canvas effectively thus improving their courses. An instructional designer from WSU Online is also assigned to our College and helps adjunct faculty as needed.

The MHA Program Director and core faculty also regularly attend the AUPHA Annual Meeting and other such meetings to stay current. Changes are made to courses, as needed, based on insight gained at these meetings.

### **III.D.2**

#### **Requirement**

The Program will collect, analyze, and use the assessments of student competency attainment for continuous improvement.

#### **Response**

1) These are also discussed, with some examples in, III.C.2.

Course level competencies are collected through Canvas rubrics in the Signature Assignment for every required course, each semester. This information is shared with students through Canvas rubrics and the "WILDCARD". These are also assessed at a program level.

Program level competencies are collected through various means including:

Student self-assessment of their perceived competency level in each competency occurs at the beginning, midpoint, and end of the program. This is collected through an electronic format in Canvas quizzes.

MHA Preceptor Evaluations are collected through a paper format. This is something that we are working to move into Qualtrics for academic year 2022-2023. These are collected at the end of the MHA Field Work Project.

Aggregate course data from the Canvas rubrics is also used as program level data on competency attainment. The course level data is aggregated once a year to also provide program level data to look for patterns and trends for improvement. This is tracked in Canvas and added into a spreadsheet called a "WILDCARD" for students that shows course and program competency attainment, and also a programmatic sheet for program use.

An exit survey is also administered to graduating students. Students are asked about the courses that they found the most beneficial, and why. They are also asked about any courses they found the least beneficial, and why. If there are trends noticed in the qualitative data regarding course content tied to competency, this is also utilized for improvement. This is completed at the end of the 2nd year and administered through Canvas quizzes.

The MHA Alumni Survey inquires about competencies and also asks alumni to rate specific aspects of their MHA education at WSU, including instruction, course, etc. If there are trends noticed in the data regarding course content tied to competency, this information is used for improvement. The survey is done yearly of students 3 years out from graduation and is administered through Qualtrics.

2)

The results of this assessment are shared with stakeholders in the following manner:

Student competency results are shared in detail during the MHA Strategy and Quality Improvement Committee meetings and improvements are determined. These meetings include core faculty and the Associate Dean. Based on trends in this data, ideas for improvement are discussed. More effective and efficient improvements are also discussed. A competency model update was decided on in Fall 2019 at these meetings with ideas for improvement. From this discussion, and other informal discussions, the full update was in place for Fall 2020 with all of the tools in place that were discussed in 2019. This included: the use of Canvas rubrics to track program competency attainment; the WILDCARD; CATS form; MHA advising communication tool (PDF) for competency, interpersonal skills, and career advising; and the addition of Porfolium (see III.C.2 for examples). This is one example of these types of discussions.

Competency attainment is discussed at MHA Faculty meetings (including adjunct faculty) and MHA Advisory Board meetings. A discussion about satisfaction of students from both the exit surveys and alumni surveys is also presented as the program believes that this also has an impact on student learning. As the competency model was being improved, each element was clearly presented in these meetings with feedback requested. This occurred prior to implementation of the new program and also in 2021 and 2022 meetings with the plan fully introduced and then the status/successes of the plan discussed. The stakeholders in these meetings found the improvements to be very valuable and a welcome change. The result of competency tracking are also shared with this group for improvement. Competency attainment, goals, strategy, student and alumni feedback, etc. are all shared in the various meetings of the program including MHA Advisory Board and MHA Strategy and Quality Improvement (agendas attached).

The Office of Institutional Effectiveness on campus also is a stakeholder in this process. The director was vital in securing Portfolium for the program and providing training on the product. This individual also gave the program guidance on the Canvas features that would allow the program to track competency through rubrics in the Signature Assignment for each course. This office is a valuable stakeholder that requires the program to effectively track student competency attainment. The processes and tools are monitored by this office, as has been mentioned previously in the self-study, are keenly aware of our accreditation results.

Due to COVID-19, the MHA Alumni Board did not meet during this period, until May 2022. (Involvement did still occur in our Future Healthcare Leaders of America (FHLA) club during COVID-19 with representation from four diverse students serving on this Board.) One of our faculty members, Dr. Moss, has taken the lead with this board that has been active prior to the pandemic, and they are currently changing leadership and in the planning stages for activities, etc. for academic year 2022-2023 (see the attached recent meeting notes). This board will be provided competency data as they continue to meet moving forward.

#### **IV.A.1**

##### **Requirement**

Program and University leadership will ensure that the complement, involvement and qualifications of Program Faculty are sufficient to accomplish the mission of the Program.

##### **Response**

1)The program is well able to meet its objectives. The MHA Program core faculty include:

Three full-time core faculty lines (including the Executive in Residence that is a faculty line) dedicated solely to the program, and two core faculty members that are shared between the undergraduate health administration program and the MHA program. One of these faculty members (Dr. Moss) is moving to a full-time academic appointment in the MHA program on July 1st, 2022 which will provide four full-time faculty lines dedicated to the program.

Our college Associate Dean is a tenured faculty member in the HAS Department and also regularly teaches in the MHA program and is a core MHA faculty.

The HAS department does not maintain a distinction between graduate and undergraduate faculty; if needed full-time HAS faculty members with terminal degrees occasionally teach in the MHA and are included in relevant discussions in the program as MHA core faculty would be. Two faculty members meet this criteria during the self-study year, the year prior and the current academic year. Both have a doctoral degree relevant to the courses taught.

There is also a full-time appointment for the MHA Enrollment Director. The MHA Enrollment Director position moved from a half-time position to a full-time position in March 2019.

All MHA core faculty that teach in the MHA program have a relevant doctorate degree, with the exception of our Executive in Residence which requires a master's degree and significant executive level experience (in the instance of this Executive in Residence/faculty member he has 30 years as a hospital CEO). The MHA core faculty are accomplished individuals that bring an extensive and broad range of knowledge, leadership, scholarship and service to meet the goals and objectives of the program.

2 & 3) A list of our core and adjunct MHA faculty can be found in Figure 17. A CV is attached for all core and adjunct MHA faculty.

4) The teaching load for faculty in designated MHA lines is 9 credit hours per semester and teaching assignments are made according to a faculty member's interest, academic preparation, and/or industry experience. MHA format courses (3 credit hours) are held on Tuesday and Thursday evenings in 8 week blocks. A faculty member typically only teaches on night a week during a block. A faculty member may petition through the Department Chair or Dean for release from teaching load if she or he is involved in significant community service activity. This is handled on a case by case basis. The typical minimal load is 6 credits per semester if receiving release time for other duties (Legislative office, Executive in Residence, etc.). If a faculty member teaches overload they are limited to no more than 6 additional credit hours per semester or 33% of annual salary per academic year, whichever is greater. The Program Director's regular teaching load is 6 credit hours per semester and is paid on a 10 month contract. New faculty are also eligible for funds to "buy out" three hours of teaching load in order to conduct scholarly activity through the College's Marriott Research Fund.



The PPM policy 3-54B for Consulting is: (this link also includes conflict of interest, consulting and external employment [https://www.weber.edu/ppm/Policies/3-54\\_Con consultingEmployment.html](https://www.weber.edu/ppm/Policies/3-54_Con consultingEmployment.html))

Professional consulting related to the University assignment of an executive or member of the faculty or exempt staff is encouraged. Such consulting by University employees will be subject to the following provisions:

1. It will not interfere with the contractual obligations and services expected by the University.
2. The appropriate department chair and dean or equivalent supervisor will be informed promptly of each consulting activity.
3. Extended, planned absence from campus during the period of contracted employment will require prior approval from the dean or equivalent supervisor.
4. Provisions of PPM 3-36 concerning conflict of interest will be observed.
5. Exempt employees may use non-exempt staff members to assist them in private consulting activities only at times other than regular work hours.
6. Work on projects or activities for which an employee receives supplementary pay from or through the University will not be considered as consulting for the purposes of this policy.

#### **IV.A.2**

##### **Requirement**

The Program will foster faculty diversity and a culture of inclusiveness in the learning environment.

##### **Response**

The MHA faculty does have a mix of males and females, of professionals from diverse organizations and in diverse positions. We strive to achieve diversity among our guest speakers, mentors, and preceptors. However, because of the geographic location of the program, local racial and ethnic demographics, these factors make the program less conducive to a broader diversity of candidates for faculty positions, guest lecturers and mentors.

When faculty positions are open for recruitment, the program advertises on a nationwide basis in an effort to recruit a more diverse pool of applicants. WSU's EEO officer carefully screens all applicants to ensure all opportunities are afforded everyone who applies. Regardless of MHA Program efforts, applicants of color remain very rare.

WSU University has increased support and recognition of EDI and this is also true in regards to the Dumke College of Health Professions (DCHP), including committees dedicated to EDI. Another example is language that was recently received from the DCHP Dean for inclusion in job postings moving forward:

We are committed to providing support for professional and personal growth, including:

Financial support and release time for travel and other professional development opportunities.

Leadership opportunities across a range of college and university initiatives, as well as personal autonomy and support to shape your own career path.

A commitment to shared governance, transparency, and cultural humility by the college administration and leadership team.

Support for engaging in service and advocacy work on behalf of underrepresented and underserved students and community groups.

Flexibility to address care responsibilities and other commitments outside of work.

Mentoring and connection to support systems, including the WSU Diversity and Inclusive Programs.

### **IV.A.3**

#### **Requirement**

The Core Program faculty will have responsibility for making recommendations regarding admission of students, specifying healthcare management competencies, evaluating student performance and awarding degrees.

#### **Response**

1) Selection criterion for admission into the MHA program include: undergraduate GPA, current resume, two letters of reference, work experience, and two personal essays. The GRE/GMAT was required for students that had less than 5 years of healthcare or management experience. During COVID, due to testing challenges, the GRE/GMAT was waived. At this point, the GRE/GMAT is optional. The GRE/GMAT is not required to apply. Applicants with less than 5 years of healthcare or management experience, lower GPA, and lack of quantitative undergraduate courses, are encouraged to submit GRE or GMAT scores. The admission matrix format snip is attached (the actual version is utilized in Excel).

The admissions committees for both the MHA and eMHA formats consist of the MHA Program Director, one core full-time faculty member (two core faculty members in total) and the MHA Enrollment Director as an ex officio and non-voting member. Each of these reviews and evaluates each completed application packet. The admissions

committees meet within a few weeks of the end of the admission deadline to select candidates to invite into the program. Each decision, either to invite admission or not, requires a signature from all voting members of the admission committee. Once the admission decisions have been made, letters are sent from the Program Director and MHA Enrollment Director notifying each applicant of her or his admission status, and of the next steps in the process, as is appropriate.

2) The MHA Enrollment Director communicates with each student during each academic year to advise students on course enrollment and degree requirement completion. In the last semester of each student's program the Enrollment Director conducts a graduation clearance interview with students preparing to graduate. The university uses an online degree completion evaluation tool named CatTracks (see attached) that is available to the student and faculty at any time throughout the course of their program. This tool provides all courses required for the program, courses that are currently in progress, grades the students have earned thus far, and the progress towards graduation. This provides a transparent real-time dashboard for students, faculty, and the MHA Enrollment Director to utilize as needed in academic advisement.

Prior to graduation the Program Director meets with the Enrollment Director and confirms that all requirements for graduation have been met for the current list of that year's graduates. Once all requirements are met a graduation sign-off memo is entered into the CatTracks system which in turn notifies the Registrar's office that the student is cleared for graduation and the diploma may be released to the student. Core faculty participate in the conferring of the degrees at graduation through both the hooding ceremony and congratulatory greeting as students receive their diploma.

3) Faculty read, review, and discuss information, generic and specific to healthcare, about the nation, state, and region from news, web, and professional sources. Faculty regularly consider new editions of texts for adoption in courses to ensure timely topics and theory in courses. Core faculty participate as referees for conference papers, presentations, and journals. We also participate in other learning and maintain contacts in the industry with alumni and non-alumni to ensure that the curriculum remains up-to-date and relevant. Through these sources and activities, and our participation in professional associations and meetings, faculty consider and identify knowledge areas needing adjustment, updating or inclusion in either required or elective courses and/or the curriculum.

Course content is vetted in both informal collaborative conversations and as meeting agenda topics in: MHA Strategy and Quality Improvement meetings (core faculty), HAS Department meetings (HAS department faculty), MHA Faculty Meetings (core and adjunct faculty) and MHA Advisory Board Meetings. These groups often recommend changes or additions to knowledge areas of the curriculum. Information and feedback gleaned from these meetings is considered by the Program Director and core faculty and shared between these groups to further the vetting process. Additionally, MHA 6500 Field Work projects often point attention to emerging knowledge areas and

provide additional opportunities to hear from industry stakeholder and alumni. Field work projects were discussed in regards to involvement of the MHA Advisory Board by Dr. Cory Moss in the 2022 MHA Advisory Board meeting, for example (attached agenda and minutes).

During the MHA Strategy and Quality Improvement meetings core faculty review each course for currency and relevance (agendas attached) at least once a year and also ensure the correct mapping to the MHA Competency Matrix. Ongoing conversations also occur with core faculty through informal collaborative conversations when there is an idea or concern for improvement.

4) In concert with what has been provided above, throughout the year faculty engage in informal discussions and formal discussions during

departmental and program meetings and advisory board meetings regarding course content and curriculum structure. These issues are then incorporated into formal action within MHA Faculty Meetings. MHA core faculty then discuss, confer and agree on changes to curriculum and program content as needed. This is preferably done on a consensus basis, but if there is strong disagreement, a vote may be taken. Faculty meeting and Advisory Board agendas and minutes are attached (refer to 1.A.3 for more details).

Though these discussions and our direct and indirect assessment of courses and the coursework within all courses and via our course and syllabus design and our curriculum mapping and assessment, we ensure the adequate coverage of essential healthcare system and healthcare management content.

Lastly, all curriculum decisions are agreed upon by the MHA faculty, approved by the MHA Program Director, Dean of the College, by curriculum committees at both the college and university levels, and also by Faculty Senate.

#### **IV.A.4**

##### **Requirement**

Core Program faculty will participate in defining faculty needs and in recruiting faculty to teach in the Program in accordance with University policy.

##### **Response**

Decisions to add faculty lines are done in collaboration with MHA Program Director and the Dean, and ultimately approved by the Provost. The MHA Program Director and core faculty regularly discuss course coverage, and the need for faculty, either full-time academic or adjunct. If, in this consultation, it is determined that additional MHA faculty are needed, an additional line is requested, or the hiring of a new faculty member into an existing line.

Once a faculty position is authorized for hire, the program prepares a position announcement, including specific desired criteria, which is processed by Human Resources (HR) and posted as an open position on the HR website: <https://jobs.weber.edu>. All applications must be submitted online through Weber State's online jobs website. The position is advertised nationwide, such as the AUPHA Job Board and The Chronicles of Higher Education.

A search committee is formed, chaired by a the Program Director or a full-time faculty member and including other faculty members from the department, local practitioners, students, or alumni as deemed appropriate. Each search committee member reviews and evaluates each applicant by the established criteria within the university applicant search and rating system. Applications are screened and prioritized for potential phone or Zoom interviews. Second level screening is done following first interviews and decisions are made regarding who will be selected for face to face interviews. The face to face campus interview is arranged by the search committee chair and includes interviews with, at the least, the search committee, department members, and the Dean. Campus candidates are asked to prepare a short presentation of their teaching to the search committee. The interview often includes time spent with program students, a tour of campus, a visit to HR, the Dean, and time with a local Realtor, if the candidate desires. Final selection recommendations are presented to the Dean. If the Dean approves, the recommendation is sent to the provost for final approval. The Provost confers with the Affirmative Action/Equal Opportunity Officer before final approval is granted and the Dean is released to offer the position to the candidate.

The determination for tenure or non-tenure track faculty is determined by the role, educational level of the individual, and program needs. All tenure track appointments shall be so specified in the initial contract. There is a probationary period in which faculty will be subject to the review policy. In all appointments not specifically described as tenure track, faculty appointments will be non-tenure track. Initial appointments will be for one year and subsequent appointments will be for a maximum of three years. The hiring procedures quite similar, the contract is what differentiates these types of appointments when hiring.

#### **IV.B.1**

##### **Requirement**

Core faculty will demonstrate a record of research, scholarship and /or professional achievement appropriate to their career stage, role and responsibilities associated with the Program, and the Program's mission and goals.

##### **Response**

All Faculty CV's are attached (core faculty and adjunct) for reference, but highlights for core faculty are shared below.

The mission of Weber State University, and the Dumke College of Health Professions, is primarily that of a teaching institution. Requirements are not made of faculty to publish on a regular basis; the requirement is that faculty must achieve a quantity and quality of scholarly work to earn tenure within our college. That said, academic faculty are active in scholarly work.

Darcy Carter, DHSc, MHA, RHIA, Associate Professor, MHA Program Director has co-authored a textbook and book chapter in two widely used texts. The textbook (2 editions): Quality and Performance Improvement in Healthcare; Theory, Practice, and Management; chapter (two editions) in the Health Information Management Technology, An Applied Approach Chapter 18 Performance Improvement, both through AHIMA. She also has authored more than 10 editions of the RHIA and RHIT Exam Prep books also for AHIMA. Additionally, she has published in the Journal of Health Administration Education and is working on three research projects with faculty colleagues that she plans to publish within the next year. Two of the recent research projects that are being prepared for publication involve a significant increase in diversity within the MHA Program student population and its relation to the GRE/GMAT as well as leadership simulation experiences partnered with industry to improve student competency. Dr. Carter and two faculty colleagues, Dr. Moss and Dr. Palmer, recently were awarded 2nd place at the AUPHA Annual Meeting for their research poster, Engaging Industry Professionals to Increase Student Competency Attainment, that looked at student competency growth based on exposure to re-imagined moderated panel discussions with industry experts in differing areas of competency. She also has served AUPHA as on the Annual Meeting Planning Committee for the past three meetings. She will be serving on the Gary L. Fillerman Prize for Educational Leadership Committee for AUPHA for 2021-2022. She also serves as a current reviewer for the Journal of Health Administration Education. During the self-study time frame, she also served on the Ethics Board of Ogden Regional Medical Center. These activities are indicative of a tenured Associate Professor and inform and support her role of MHA Program Director.

Ann Millner, Ed.D., Professor, has a distinguished background in education, community service, and leadership. She has been part of a long-running multidisciplinary research team examining various topics including provider burnout. This research has delved into the difference between the primary care physicians who thrive versus those who are challenged by the changing healthcare environment; there is a gap in understanding the work conditions that enable primary care physicians to thrive in high value practices and the attributes and behaviors of the individual physicians that thrive. A Utah State Senator for Senate District 18 and Senate Majority Whip, Senator Millner Chairs the Senate Ethics Committee and serves on the following committees: Senate Education Committee, Government Operations, Economic Development and Workforce Services, Public and Higher Education Appropriations and Executive Appropriations. She also serves on several the board of several large healthcare organizations, including

Intermountain Healthcare Inc. Board of Trustees, Merit Medical Inc. Board of Directors, as well as several other boards outside of healthcare. She has received numerous awards for her work in education, leadership, as a community leader. She is also sought after for her skills in strategic planning. Finally, Dr. Miller is also the past President of Weber State University. These activities are indicative of a Professor and inform and support her role as and MHA faculty member and program advocate.

Steve Bateman, MBA, Executive in Residence and Instructor, has a 30 year history as a hospital CEO for HCA in the Mountain Division. He also serves as a consultant and expert witness for healthcare related litigation. Mr. Bateman served on the Board of AUPHA from 2019-2022, recently rotating from service. He provided valuable insight and collaborated on many key initiatives during his service. He has recently been involved in research with faculty colleagues related to the incorporation of leadership simulation into an MHA program. He, and his colleagues, collaborated with a local healthcare organization to design, create, and implement scenarios for simulation that increase student competency in areas that need improvement. He is also actively engaged in the HAS Department Case Competition through the creation of the cases used and in educating judges on their role in the experience. He recently created a case published in a case studies text by Health Administration Press. He has served on a wide variety of boards and has received many recognitions, including Distinguished Healthcare Executive Award from the Utah Hospital Association as well as Teacher of the Year (2021-2022) from the Dumke College of Health Professions. These activities are indicative of his appointment as the Executive in Residence and instructor, his roles and responsibilities in this position, as well as his move to academia after a distinguished career in industry.

Ken Johnson, Ph.D., Professor and Associate Dean, is the AUPHA past Chair of the Board. His body of work addresses his abiding interest in leadership, organizational behavior, and the healthcare workforce, including recent textbooks he co-authored: Organizational Behavior and Theory in Healthcare and Healthcare in the United States: Clinical Financial, and Operational Dimensions both through Health Administration Press. Dr. Johnson has numerous publications and presentations. He has also served on numerous boards and is a CAHME and ASAHP Fellow. These activities are indicative of a Professor and support his role of MHA faculty member and inform his teaching.

Cory Moss, DHA, Associate Professor, has co-authored one article on empathy and learning in the classroom as well as two articles on the topic of IT adoption and use, all in refereed journals. He is currently working on a research team within the department on three research projects, two of which are planned for publishing this year. Dr. Moss and two faculty colleagues, Dr. Carter and Dr. Palmer, recently were awarded 2nd place at the AUPHA Annual Meeting for their research poster, Engaging Industry Professionals to Increase Student Competency Attainment, that looked at student competency growth based on exposure to re-imagined moderated panel discussions with industry experts in

differing areas of competency. Dr. Moss also currently serves on the Utah DOPL Board. In addition held several leadership positions in the industry prior to coming to academia including: Hospice CEO, Home Health and Hospice Regional Director, and Hospital Administrator. His combination of academic and professional achievement make him a vital member of the MHA faculty.

Miland Palmer, PhD, MPH, RHIA, Assistant Professor, was a contributing author to numerous publications prior to transitioning to academia. He is also working on a research team within the department on three research projects, two of which are planned for publishing this year. He co-authored a book chapter in the textbook (2 editions): Health Information Management Technology, An Applied Approach, Chapter 18 Performance Improvement, through AHIMA. He also has recently been instrumental in a \$100,000 gift from Intermountain Healthcare to bring the award-winning NUHOPE suicide prevention program to the department. This is a community-based organization that was administered by Intermountain Healthcare that will now be administered at WSU in the HAS Department. This work aligns with his dissertation and other community work around suicide prevention. His activities make him a valued contributor to the MHA program.

3) Weber State University is not a research university. Although research is mentioned in its mission and the administration is supportive of research, teaching is emphasized. The scholarly and professional activities and achievements of faculty are thus very appropriate to the mission, vision, and goals of the MHA program and the University. Faculty are deeply committed to, and involved in, their disciplines and their scholarly work supports and enhances those disciplines and informs their teaching. Despite the lack of emphasis on research, faculty publish in refereed journals and are authors of chapters and text books. Academic faculty are active in professional organizations and have held leadership roles. As part of our mission, the Program is focused on providing a comprehensive learning experience for students as well as the knowledge and skills for career progression. Faculty scholarship and professional achievement activities are consistent with this mission and allow them more than sufficient backgrounds to provide this type of education to students.

Again, although the University is a teaching focused institution, the Program and faculty do value scholarship and research. This is reflected in their work in these areas and also in the goals and objectives of the program which include goals for healthcare industry service and also research/scholarship involvement. The Program Director and core faculty understand the importance of these types of activities and recognizes this work in faculty evaluations and looks for opportunities to facilitate and collaborate on research and service.

One upcoming change, is that Dr. Cory Moss will be full-time in the MHA Program moving forward which will expand the reach of core faculty in the program even further. He has been recently recognized both by the department, college and university for his teaching excellence. This, along with his academic and professional experience, will



further contribute to the mission, goals and objectives of the program. Dr. Moss is also involved in with several research groups at this time and his dedicated move to the Program will likely increase research and scholarly work.

## **IV.B.2**

### **Requirement**

The Program will ensure that there is a systematic plan for, and investment in, individual faculty research and scholarship.

### **Response**

1 & 2)

Weber State University is primarily a teaching university that requires lesser research activities in its promotion and tenure policy than larger research universities. Faculty are not under pressure to “publish or perish”. That being said, there is strong support for scholarly activity and incentives are in

place to support scholarly work. For example, our Dean's office awards a \$3,000 stipend for successful publication of an article in a scholarly refereed journal. This will be awarded up to each academic year for publication.

In addition to the funds in our department budget, all faculty in our college have access to Marriott grant funding for travel to scholarly meetings and conferences. All faculty have been fully funded from the department for attendance at the AUPHA annual meeting since the inception of the program. In addition to the AUPHA annual meeting all faculty applying for funding have been fully funded to attend a second meeting of a professional association of their choosing through a faculty development gift from the Marriott Family. Thus support is also there as faculty present at professional meetings or wish to increase their own knowledge and scholarship. Tuition support was also provided to many faculty through the D. Wade Mack Fund that allowed for faculty pursuing a doctorate degree to receive financial support in this endeavor. Each faculty member can awarded up to \$2,500 a year in Marriott Funds and \$4,000 (\$16,000 "lifetime from this fund) a year in D. Wade Mack funds. Finally, faculty are provided up to \$500 a year to pay for memberships to relevant professional associations. They are also encouraged and supported to be involved in these local and national component associations, boards, and industry through meeting attendance, volunteering and other types of activities.

Although research is not the driving force at the University, MHA faculty value research both through textbook and article publication. With the large majority of faculty with a doctorate degree, the Department and Program are now in a position to be more heavily involved in research. As part of the HAS Department Strategic Plan; and also part of the research goal of the MHA program, a faculty research committee was created in the

Department to support increased faculty research. Faculty expressed that having research become a priority and setting time aside for it allows for progress to occur. The committee includes both tenured and junior faculty that are committed to conducting research and working together to publish. The Department has put increased focus and efforts into supporting research by providing lunch and other tools needed to support these research meetings, typically held over lunch. Two MHA faculty members lead this initiative and the team has completed research for three different projects during the 2021-2022 academic year and is positioned to publish two articles this year. The Program also is dedicated to providing a research poster for the AUPHA Annual Meeting and MHA faculty have submitted a poster four years in a row, winning 2nd place in June 2022.

Faculty are made aware and have direct access to LinkedIn Learning, Training Tracker (a WSU program that provides a variety of professional development resources that including resources used for research) and the University Teaching and Learning Forum offers faculty development courses on campus throughout the academic year <http://www.weber.edu/tlf> and the college has, in the past, offered instructional methodology training and certification for online teaching (which all but one core MHA faculty member has completed) as well as support and instruction in the use of our online course management system, CANVAS. Canvas, our online course management system, and Cat Tracks, our electronic advising, grades, and course tracking system are strong and user friendly tools for faculty and students. Both of these technologies are strongly supported by University IT personnel. In addition to the help desk available to everyone, there are specific personnel dedicated to helping and supporting faculty.

WSU Online provides an instructional designer dedicated to the Dumke College of Health Professions. The program also has added a MHA Course/Competency Assistant to support faculty and the program director. This is not an exhaustive list of the resources available for faculty development, but a solid sampling.

Along with some of the examples of resources provided for faculty development (provided above), ongoing discussions about resources and monitoring of individual faculty development also occur. Two ways in which this is systematically planned and tracked is through the MHA Program Director's MHA Faculty Development Tracking Form (attached for 2020-2022) and also through the Faculty Evaluation and Goal Setting Form. The MHA Faculty Development Tracking Form allows the MHA Program Director a way to track each core faculty's progress and plan for continued development in regards to tenure, rank, research and scholarship, service, and teaching.

The Faculty Evaluation and Goal Setting Form is also used each academic year as a tool for faculty reflection and and evaluation/discussion with the MHA Program Director. Faculty self-evaluate in the areas of Teaching, Scholarship, and Service and provide detailed documentation to support their accomplishments and work in these areas. Specific information is collected about research and scholarship activities, as well as teaching and service activities. After this self-evaluation, each faculty member meets

with the MHA Program Director for a discussion each of the items from the self-evaluation. A discussion about areas in which the faculty member exceeded or met expectations as well as areas that need improvement are discussed. Opportunities for the faculty member to increase their performance in these areas is also part of the conversation as well as the manner in which the program/department can support them. Goals are then set in each area Teaching-Scholarship-Service to provide another systematic approach to monitoring and development of faculty.

#### **IV.C.1**

##### **Requirement**

The Program will ensure that there is a systematic plan for, and investment in, individual faculty pedagogical improvement.

##### **Response**

The MHA Program is dedicated to providing high quality education through pedagogical improvement. The HAS Department, in which the MHA Program is housed, also has a focus on pedagogical improvement. This is systematically tracked through the MHA Faculty Development Tracking (attached) and the Annual Faculty Evaluation and Goals Setting Process (attached) as well as through monitoring of course evaluations, Canvas access, trainings, and conversations with faculty by the Program Director. Some of the processes in place in relation to this focus are:

Pedagogy is discussed in faculty meetings and as faculty attend workshops, meetings and conferences, they are encouraged to share information, techniques, and websites that they have found useful in their classes. One such example of this is a Department initiative. One of the ongoing strategic initiatives of the Department is continue to offer high-quality education. This initiative is led by an MHA faculty member. The following was accomplished during the 2021-2022 academic year in Department meetings with all faculty:

1. During department meetings this year offer at least five, 5-10 minute mini-training sessions dedicated to online teaching. Topics for these mini-trainings will be on a variety of topics that are easy and quick to implement into online teaching.
2. Faculty provided feedback a pedagogical teaching topic that in-depth training was needed. Topics were chosen and a 20-30 minute in-person training with a WSU Online Instructional Designer or WSU Technology Specialist was presented during a department meeting.

The Program Director reviews each MHA faculty member's course evaluations from the previous semester and corresponds with that professor to discuss the evaluation results and/or suggest pedagogical training.

The Program Director has access to all courses in Canvas and she has regular discussions with faculty and provides guidance on enhanced teaching methods and competency integration in their courses. She is actively engaged with all faculty, especially adjunct faculty, to ensure they have the knowledge and tools for pedagogical improvement. The Program Director also works directly with the College specific contact with WSU Online to help faculty make the connection to these services. She also connects faculty with the Program's MHA Course/Competency Assistant, (which is a recently retired faculty member with a doctorate degree in online education), that supports all faculty in pedagogical and Canvas support. Beginning in 2020, the MHA Program Director also created a Faculty Resources course in Canvas. Access is granted to all core and adjunct faculty. The course provides faculty with resources on Canvas, Zoom, teaching tools and tips, MHA Competency Model documents and how-to's for course integration, student bios, and more. This was introduced to all faculty during the MHA Faculty Meeting (with adjuncts) in Spring 2021 and discussed further at the MHA Faculty Meeting (with adjuncts) in Spring 2022 as more tools had been added since the previous meeting. This "course" provides a way for the Program Director to readily provide faculty access to these resources.

WSU Online also provides a semester long e-learning certificate program for faculty (formerly Master Online Teacher) that the majority of our core faculty have completed. Other asynchronous and synchronous training is also provided on pedagogy through WSU Online as well as through the robust WSU Teaching and Learning Forum Workshops and tools (both mentioned previously in the self-study).

Outside of the resources listed above and the support provided for faculty to attend meetings such as AUPHA to learn of pedagogical best practices in the industry, WSU offers a variety of courses for faculty to enhance their skills. These are in specific areas such as Tableau, leadership, etc. that are found in Training Tracker through the faculty WSU portal. The University also provides free access to LinkedIn Learning for all faculty. Adjunct faculty also have yearly training made available by the University that is specific to adjuncts and the Program Director shares this information with adjunct faculty to encourage them to attend.

The MHA Program Director also performs annual performance reviews of core faculty (form attached). As part of these reviews teaching goals are set. The Program Director also meets with each adjunct faculty member at least once a year to discuss their course, pedagogy, competencies, and opportunities for improvement.

## **IV.C.2**

### **Requirement**

The Program Faculty will demonstrate that they draw on current and relevant research and scholarship in their teaching activities.

## Response

Some examples of how core faculty stay current and incorporate research and evidence-based management into their courses are included below:

Dr. Ann Millner is a Utah State Senator which provides her an excellent foundation for the discussion of economic, policy, and political issues in the classroom. In addition, she is on the Intermountain Healthcare Board of Directors where she is a member of the Executive Committee. This service provides an up close perspective of the hands-on side of healthcare and this informs her teaching. Her service on numerous community, legislative, and organizational boards, along with her highly sought after strategy developments skills, are incorporated into her leadership and strategy courses as she mentors, provides guidance on coursework and facilitates discussions in her courses.

Dr. Darcy Carter has published two textbooks and two chapters related to quality and performance improvement. Based on the research and connections made in the industry with leaders and professional groups working in these areas, she is able to incorporate this evidence-based research and learning into her teaching. This is specifically found while teaching PI tools and quality fundamentals to students through discussion, activities, real-life case studies, and working to identify and improve a PI gap. She has a background in health information management, revenue cycle and data analysis which informs other aspects of her teaching to adequately share valuable information to students through discussion and assignment creation on insurance, reimbursement, data analysis, and privacy and security of health information. Along with her work with AUPHA, she continues her work with AHIMA as an author, both in quality and PI, and also preparing students for certification on these topics and others.

Mr. Steve Bateman has a long affiliation with industry, as a hospital CEO at HCA for 30 years prior to coming to the MHA Program in 2017. He remains current through consulting, serving on the AUPHA Board of Directors, and keeping his professional connections current through career development, fellowship support, case competition, etc. One example is that he has been highly involved in the leadership simulation work that the MHA Program has been working on since 2019. He has included learning opportunities in his courses through role-playing to begin to prepare students for simulation experiences. He has also written scenarios for our simulation activities, been an actor in our practice simulations, and served as a debrief facilitator. He has researched leadership simulation and provided articles and insight to improve and inform the process. He is connected, actively engaged in consulting, has a background in healthcare policy, and is a life-long learner that remains consistently informed. He also incorporates this learning and research into his courses.

Dr. Johnson has used his discussions on various boards or professional organizations to bring to class timely and recent topics. Dr. Johnson's work with ACHE and the Utah Hospital Association, plus his previous work in the healthcare industry, has created relationships with many of the local hospital

leaders. Serving on several boards, including the Healthy People Curriculum Taskforce (Washington, D.C.) since 2008, as a Board member for the Weber-Morgan Board of Health, provides an opportunity to stay current on the research and issues in the industry. He continually brings workforce and wellness issues into the classroom discussions and activities, which stem from his interest in population health.

Dr. Cory Moss has spent the last several years on a multi-disciplinary research team doing qualitative and quantitative research on burnout. He has a distinct focus on leadership and how healthcare administrators can improve the culture and environment for those they lead. This integration in the classroom occurs through mentoring, discussions, engaging students with local leaders and alumni in the program, and informing his coursework to better prepare students in these areas. Dr. Moss has extensive connections in the industry and maintains these relationships as another avenue to stay current.

Dr. Miland Palmer is focused on community health and mental health as well as the use of IT and data to solve the problems faced today. Dr. Palmer has taught a section of MHA 6450 Healthcare Informatics in the past and will teach this course again in Spring 2023. He is the "unofficial IT guy" in the department and spends countless hours determining how data and IT applications can be used to enhance the learning experience for students. He also has experience working with community groups, such as Ogden CAN (improving the health and education of inner city Ogden) and is the new director of NUHOPE (a community based suicide prevention education and awareness entity) as it transitions into our Department through the financial and all-around support of Intermountain Healthcare. These experiences also inform his teaching and help him to remain current.

#### **IV.D.1**

##### **Requirement**

Core Faculty will participate in health-related community and professional activities and will draw upon their experience, as appropriate, in their teaching.

##### **Response**

Service to community and one's profession is a required facet of our College's tenure and promotion process.

It is discussed in detail at:

[http://www.weber.edu/FacultyAndStaffResources/hp\\_tenure.html](http://www.weber.edu/FacultyAndStaffResources/hp_tenure.html) under Category III: Administrative and/or Professionally Related Service

In addition, service is part of faculty's annual evaluation. Refer to the annual Faculty Evaluation and Goals Setting Form (attached). Core (and even adjunct) MHA faculty are active in the community in a variety of ways, primarily by creating and maintaining

close relationships with local organizations for MHA Field Work projects and service on community Boards. One of our MHA faculty members serves as a State Senator.

These activities also align with program goals and objectives a specific goal is for faculty involvement in healthcare industry service. As mentioned above, this is tracked and evaluated during the Annual Faculty Evaluation where it is also valued and recognized by the Program Director. This service is also recognized during the College's tenure and promotion process.