UNLV MHA CAHME Self-Study

Criterion I

Criterion I.A.1.1. Program's Mission

Criterion
The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement efforts.

Interpretation
The mission, vision, and value statements should define the focus of the healthcare management program in terms of the target audience to be served and the career field(s) for which students will be prepared. A mission statement defines the purpose and direction and any unique aspects of the Program. A vision for the program is a statement that communicates where the Program aspires to be, and serves to motivate the Program to move towards this ideal state. The Program's values are an abstract generalized principle of behavior to which the Program feels a strong emotionally-toned commitment and which provides a standard for judging specific acts and goals.

The mission, vision and values will provide the basis for reviewing the Program and for assessing Program effectiveness. In addition, these statements will provide direction for student selection, curriculum design, and scholarly activity of the faculty and will be considered in relation to the mission of the University regarding graduate education, research and service. Program mission may be encompassed in those of a larger unit, such as department or center, and the program should describe and demonstrate how the Program mission relates to the mission of the University and of the parent College/School.

Requirement
Provide the Program's mission statement.

Response
Mission of the MHA Program at UNLV:

The mission of the UNLV Master of Health Care Administration program is to provide high quality, competency based education to prepare diverse entry-level and mid-management health care professionals from Nevada and the surrounding western region. Our curriculum provides the knowledge, skills, and practical experiences to become health care management leaders who will improve the future delivery of health care in the region. Our faculty will conduct research to further the field of health care administration and provide service within and outside of the university that supports the needs of the profession and community.

NO SUPPORTING DOCUMENTS

Criterion I.A.1.2. Program's Vision

The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement efforts.

Interpretation
The mission, vision, and value statements should define the focus of the healthcare management program in terms of the target audience to be served and the career field(s) for which students will be prepared. A mission statement defines the purpose and direction and any unique aspects of the Program. A vision for the program is a statement that communicates where the Program aspires to be, and serves to motivate the Program to move towards this ideal state. The Program's values are an abstract generalized principle of behavior to which the Program feels a strong emotionally-toned commitment and which provides a standard for judging specific acts and goals.

The mission, vision and values will provide the basis for reviewing the Program and for assessing Program effectiveness. In addition, these statements will provide direction for student selection, curriculum design, and scholarly activity of the faculty and will be considered in relation to the mission of the University regarding graduate education, research and service. Program mission may be encompassed in those of a larger unit, such as department or center, and the program should describe and demonstrate how the Program mission relates to the mission of the University and of the parent College/School.

Requirement
Provide the Program's vision statement.

Response

Vision of the MHA Program at UNLV:

With a commitment towards education and research, we strive to become a recognized leader in the development of a new generation of health care administration professionals who are dedicated to improving the performance of the health care system in the region and beyond.

NO SUPPORTING DOCUMENTS

Criterion I.A.1.3. Program's Values

The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement efforts.

Interpretation
The mission, vision, and value statements should define the focus of the healthcare management program in terms of the target audience to be served and the career field(s) for which students will be prepared. A mission statement defines the purpose and direction and any unique aspects of the Program. A vision for the program is a statement that communicates where the Program aspires to be, and serves to motivate the Program to move towards this ideal state. The Program's values are an abstract generalized principle of behavior to which the Program feels a strong emotionally-toned commitment and which provides a standard for judging specific acts and goals.
The mission, vision and values will provide the basis for reviewing the Program and for

assessing Program effectiveness. In addition, these statements will provide direction for student selection, curriculum design, and scholarly activity of the faculty and will be considered in relation to the mission of the University regarding graduate education, research and service. Program mission may be encompassed in those of a larger unit, such as department or center, and the program should describe and demonstrate how the Program mission relates to the mission of the University and of the parent College/School.

Requirement

Provide the Program's values statement.

Response

Values of the MHA Program at UNLV:

- Excellence: We are committed to offering the most up-to-date and cutting-edge knowledge to our students.
- Diversity: We embrace different backgrounds and value different perspectives and approaches in order to create optimal learning experiences for our students and faculty.
- Innovation: We create new ideas to further the field of health care administration.
- Professionalism: We strive to integrate academic integrity, ethical behavior, service and professional development to further the education of our students.
- Lifelong learning: We commit to lifelong learning for the continuous development of knowledge and skills required by the dynamic and ever-changing health care sector. This value is demonstrated by our Alumni Association and Student Association (HCASA), and the Program affords many opportunities to its graduates to demonstrate this commitment, including participation as a Preceptor, Health Care Advisory Board Member, guest speaker or Part-time Instructor in the classroom or participating in career events.
- Community Partnership: We create community partnerships that serve to address the workforce challenges of the ever-evolving health care environment.

Realizing Our Values:

The program partners with local industry leaders to provide operational experiences for students through their interactions in course work, the internship and capstone which provides a real-world education by working on relevant health care projects. The leadership of the HCAP Advisory Board assists the department in realizing these values through their continued input into program development. Students are exposed to our values across the spectrum. They work in diverse environments in the classroom, within health care companies at site visits and during their culminating experiences (internships and capstone) at local health care organizations. Our students are expected to come up with innovative solutions during their capstone projects that also align with an organization's strategic plan. Students are evaluated by both their instructors and internship preceptors on their professionalism both in the classroom environment (online and in the classroom) and at their internship and capstone sites. By working with senior level executives while on assignment, students are expected to assimilate into the health care

organization and emulate their preceptor's organization leadership. The faculty reinforce professional ethics throughout the program**.** The HCAP department evaluates its program with surveys, self-analysis, and refreshes its curriculum to incorporate the latest industry changes. Students are encouraged to join the Alumni Association and professional organizations which promote professional development and lifelong learning. Community partnerships continue to grow and are well documented through guest lecturers, internships, site visits, capstone projects, and through the HCAP Advisory Board.

NO SUPPORTING DOCUMENTS

Criterion I.A.1.4. Statements of University and College/School mission

The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement efforts.

Interpretation
The mission, vision, and value statements should define the focus of the healthcare management program in terms of the target audience to be served and the career field(s) for which students will be prepared. A mission statement defines the purpose and direction and any unique aspects of the Program. A vision for the program is a statement that communicates where the Program aspires to be, and serves to motivate the Program to move towards this ideal state. The Program's values are an abstract generalized principle of behavior to which the Program feels a strong emotionally-toned commitment and which provides a standard for judging specific acts and goals.
The mission, vision and values will provide the basis for reviewing the Program and for assessing Program effectiveness. In addition, these statements will provide direction for student selection, curriculum design, and scholarly activity of the faculty and will be considered in relation to the mission of the University regarding graduate education, research and service. Program mission may be encompassed in those of a larger unit, such as department or center, and the program should describe and demonstrate how the Program mission relates to the mission of the University and of the parent College/School.

Requirement
Provide statements of the University and College/School missions and provide the relevant URLs.

Response

UNLV's Top Tier Vision (https://www.unlv.edu/about/mission)

By 2025, UNLV will be recognized as a top tier public university in research, education, and community impact.

The UNLV Top Tier Initiative is an extension of our vision of entering the top 100 American research universities, as designated by the Carnegie Foundation as a Highest Research Activity (R1) University (https://www.unlv.edu/toptier).

UNLV's Top Tier Mission (https://www.unlv.edu/about/mission)

UNLV's diverse faculty, students, staff, and alumni promote community well-being and individual achievement through education, research, scholarship, creative activities, and clinical services. We stimulate economic development and diversification, foster a climate of innovation, promote health, and enrich the cultural vitality of the communities that we serve.

We will evaluate our success as a leading research university by our progress on these key measures:

- Impact of our research, scholarship, and creative activities.
- Student achievement of learning outcomes.
- Placement into preferred employment or post-graduate educational opportunities.
- Student, faculty, and staff diversity, including maintaining UNLV's Minority Serving Institution (MSI) status and Hispanic Serving Institution (HSI) status.
- Intellectual activity, patents, and entrepreneurial activity fostered by UNLV.
- Quality and impact of our clinical services.
- Alignment of our physical infrastructure and organizational effectiveness with our Top Tier mission.
- A deeper engagement of UNLV with Las Vegas and our region to ensure ongoing alignment with our diverse community's needs and interests.
- Carnegie Classification criteria (research expenditures; doctoral degrees granted per year; number of non-faculty research staff, such as postdocs; and Carnegie Community Engagement status).

As a measure of overall university effectiveness and progress, UNLV will prepare, implement, and disseminate a progress card.

UNLV's Core Themes (https://www.unlv.edu/about/mission)

The core themes of UNLV, the objectives, and their indicators of achievement express the mission of the university. The core themes describe in broad statements what UNLV plans to accomplish and reflect the values that are shared by faculty and staff. Evaluation of the metrics associated with the indicators of achievement will demonstrate how effectively UNLV is carrying out its mission.

- Advance Student Achievement
- Promote Research, Scholarship, Creative Activity
- Create an Academic Health Center
- Foster Community Partnerships

School of Community Health Sciences' Mission (http://www.unlv.edu/publichealth/about)

The mission of the School of Community Health Sciences (SCHS) is to advance the science of public health, improve the health and quality of life of people in our communities, and work to eliminate health disparities in Nevada, the nation, and the world by providing leadership in quality education, research, and service. This mission statement also serves as the mission for the MPH and other SCHS degree programs.

SUPPORTING DOCUMENTS
UNLV Top Tier Vision, Mission, Goals, and Strategies

Screenshots of Website URLs

Criterion I.A.1.5. Relation of Program mission to College/School mission

The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement efforts.

Interpretation
The mission, vision, and value statements should define the focus of the healthcare management program in terms of the target audience to be served and the career field(s) for which students will be prepared. A mission statement defines the purpose and direction and any unique aspects of the Program. A vision for the program is a statement that communicates where the Program aspires to be, and serves to motivate the Program to move towards this ideal state. The Program's values are an abstract generalized principle of behavior to which the Program feels a strong emotionally-toned commitment and which provides a standard for judging specific acts and goals.
The mission, vision and values will provide the basis for reviewing the Program and for assessing Program effectiveness. In addition, these statements will provide direction for student selection, curriculum design, and scholarly activity of the faculty and will be considered in relation to the mission of the University regarding graduate education, research and service. Program mission may be encompassed in those of a larger unit, such as department or center, and the program should describe and demonstrate how the Program mission relates to the mission of the University and of the parent College/School.

Requirement
Comment and demonstrate how the Program mission relates to the mission of the University and of the parent College/School.

Response
The University of Nevada, Las Vegas is a public research institution committed to rigorous educational programs and the highest standards of a liberal education. UNLV's diverse faculty, students, staff, and alumni promote community well-being and individual achievement through education, research, scholarship, creative activities, and clinical services. We stimulate economic development and diversification, foster a climate of innovation, promote health, and enrich the cultural vitality of the communities that we serve.

The mission of the School of Community Health Sciences (SCHS) is to advance the science of public health, improve the health and quality of life of people in our communities, and work to eliminate health disparities in Nevada, the nation, and the world by providing leadership in quality education, research, and service. This mission statement also serves as the mission for the MPH and other public health SCHS degree programs

The mission of the UNLV Master of Health Care Administration program is to provide high quality, competency based education to prepare diverse entry-level and mid-management health care professionals from Nevada and the surrounding western region. Our curriculum provides the knowledge, skills, and practical experiences to become health care management leaders who will improve the future delivery of health care in the region. Our faculty will conduct research to further the field of health care administration and provide service within and outside of the university that supports the needs of the profession and community.

The program's mission aligns with the University and School in its commitment to teaching, research and service and to developing a workforce that promotes health and reducing health disparities through the improvement of the health care delivery system in our region. The program's mission further supports the university's mission in its effort to focus on the local geographical surroundings with a dedication to supporting the communities we serve. As an example, new partnerships are being established with local health care partners to provide paid fellowships for MHA graduates. Healthcare Partners, Optum, and Fundamental are local/regional/national healthcare companies that have pledged their participation, with launches planned for January 2018.

NO SUPPORTING DOCUMENTS

Criterion I.A.2.1. Ongoing evaluation of the program

The Program will establish goals, objectives and performance outcomes that are action-based, observable, and measurable.

Interpretation
CAHME will seek evidence that specified goals and objectives and expected performance outcomes provide direction and criteria for evaluating ongoing program and curriculum enhancement. Goals must support the mission, vision and values statement by identifying specific areas of emphasis within the Program. Objectives serve to operationalize the goals and should include separate educational, research, service, and other appropriate subcategories of goals and objectives.

Requirement
Prepare a narrative describing how the on-going evaluation of the Program is carried out considering its mission, goals and objectives. The narrative should demonstrate how the various constituencies of the Program, e.g., students, graduates, faculty, preceptors, and advisory groups, relate to this process. Briefly describe the results of the ongoing evaluations in the last two years and note what improvements, if any, have resulted from the evaluation results.

Response

The mission of the MHA program includes not only the dissemination of knowledge but also stresses the value of a professional degree program that engages community and stakeholders in the process in order to maintain relevancy as well as transparency. This is accomplished by actively involving all stakeholders in our iterative assessment process.

The program pursues many types of evaluation that focus on the program's goals and objectives. Ongoing evaluation of the program is part of our strategic plan and includes an iterative assessment cycle as seen in Appendix I.A.2.1.1.1. An accreditation committee composed of SCHS administrators, faculty, staff, and students was established in 2013 to maintain an ongoing assessment cycle. This committee, has evolved to a standing accreditation committee in the by-laws and meets weekly to update assessment tools (internship surveys, exit survey, etc.), provide key data to committees or departments so that the committee can formalize reports, discuss events (job fair, career night, etc.), and make recommendations.

The strategic plan for the committee includes six iterative levels of evaluation and assessment:

1. An Assessment Committee, guided by the SCHS Strategic Plan, is tasked with ensuring annual data collection as well as implementation of meaningful, data-driven changes identified by the process.

2. A series of assessment tools (surveys, evaluations) routinely used for data collection; and the frequency and purpose of each tool.

3. A series of committees or individuals who review and evaluate the collected data, and includes Accreditation Committee members and select faculty, staff and students.

4. Formal reports from six unique committees highlighting strengths, weaknesses, and opportunities for improvement are noted in minutes.

5. Dissemination and critical review of the summary reports by key stakeholders, which includes faculty, staff and students.

6. An annual assessment meeting highlighting and prioritizing specific ways to improve the program. These data are featured biennially at our Assessment Summit.

The final step of the assessment process is to identify a manageable number of action items, implement the appropriate changes, and then begin the assessment cycle again. This process is completed on an annual basis. The minutes of the committee are distributed to faculty and staff, archived on a shared drive, and used as a tool to alert all school committees about forthcoming deadlines as well as provide them with compiled or summarized data needed to evaluate and improve the quality of the SCHS.

Much of the data used for assessment is from students. Students are surveyed many times during the program to evaluate competency attainment, progress, career planning, preceptors, etc. At

orientation, students are surveyed on their background knowledge of the MHA competencies. The Student Engagement, Assessment, Research, and Development (SEARD) survey is given during the first week of classes each semester. This survey includes questions about the degree program, courses the student is taking, demographic information, the timing of application and admission, if students have obtained other degrees prior to matriculating in program, and if the student is receiving a graduate assistantship. Recent SEARD surveys revealed that the UNLV website was difficult to navigate. This information was presented to the SCHS Assessment committee and the communications director conducted follow-up focus groups with students and meetings with the department chair and program manager in order to make changes to the website to increase effectiveness. Students also complete course evaluations, assessment of preceptors, and an exit survey. One constructive result from the MHA exit survey was that students ranked risk management and policy formulation as the lowest ranked business knowledge and skills content areas. While this ranking did improve the following semester, the concern was placed on the agenda for a faculty meeting where coverage of this content was examined and documented. No significant changes were made to this content area in curriculum as faculty believed that it was adequately covered. It was determined by faculty that they can more effectively highlight risk-related and policy-related topics in their courses, since the program has no entire courses covering these topics. (Note: HCA 701 spends more than 1/3 of the course covering policy, but students may forget as this course is offered at the beginning of the program, which may justify the feedback.) This will continue to be monitored in future student surveys to check if this feedback was more than an anomaly.

Program alumni are also part of our iterative assessment cycle. Alumni are asked to complete a survey annually to see if their education has affected their professional lives through increased career opportunities, program satisfaction, they are asked to provide any comments or concerns, and to participate in alumni activities in the future. Recent alumni surveys revealed that while most students are working in the health care field, more internship hours would be beneficial for those without health care experience. The feedback from this survey helped to initiate a redesign of the internship experience. The Assessment Summit is another formal opportunity to get feedback from alumni. Focus groups held during the daylong event provide valuable information for the program. Alumni are always invited to events such as job fairs, career nights, and seminars. Many alumni are working in facilities that participate in our internship for current students, which serves to enhance our partnership with their respective organizations.

Community partners are also a valuable source of feedback for our program. The Advisory Board meets at least annually to discuss the program's goals and objectives as well as new community needs. These individuals are also invited to the SCHS Biennial Assessment Summit and provide feedback through focus groups at that event. Other community partners that work closely with the program are internship site preceptors. The preceptors act as supervisors during student internships and evaluate student success. The preceptor survey tool indicates preceptors believe that students are performing well but through evaluation of this measure, a new need was recognized and discussed during the annual assessment meeting. A mechanism for remediation was developed for those students who got off track and will be evaluated mid-internship. The plan for this is currently in development, and interventions will be formalized for 2017-18 AY, as needed.

Faculty are also actively involved in evaluation of the program and the effectiveness of our assessment. The annual assessment meeting is an example. Every faculty member plays a part in this meeting by presenting survey results or data, providing an update on the program, expounding on competencies, or providing details about the internship. Most of the surveys used were developed by faculty and are implemented by faculty. Results of the surveys are analyzed, reported upon, and discussed. Weekly assessment meetings include most of the full time faculty and in these meetings faculty provide feedback on the program in general, curriculum, their particular area (internship), and events. Faculty also regularly attend faculty meetings where program changes are discussed and accreditation work is conducted. A faculty retreat was held in August of 2016 to get feedback on issues such as workload, competency development, course sequencing, etc.

Another example of how our iterative assessment cycle informs our programs can be seen in the data collected at the SCHS Biennial Assessment Summit. Alumni, students, faculty, and community partners all reported that graduates need more guidance in navigating the job market. After this need was acknowledged, a plan was developed in our weekly assessment meetings. Annual career nights and job fairs are held in which students were able to meet future employers, participate in mock interviews, and submit resumes, as well as participate in small group sessions with HR professionals. Career advising was also added to faculty advising forms so that career advising is addressed with every student. Courses where career advising is appropriate were discussed and instructors were made aware of this growing need in order to facilitate this change.

SUPPORTING DOCUMENTS
2016 Assessment Committee Strategic Plan

SCHS Annual Assessment Meeting Recommendations 2.24.17

SCHS Committee Assignments 2016-17

HCAP Meeting Governance

Criterion I.A.2.2. Goals, objectives and expected performance outcomes

The Program will establish goals, objectives and performance outcomes that are action-based, observable, and measurable.

Interpretation
CAHME will seek evidence that specified goals and objectives and expected performance outcomes provide direction and criteria for evaluating ongoing program and curriculum enhancement. Goals must support the mission, vision and values statement by identifying specific areas of emphasis within the Program. Objectives serve to operationalize the goals and should include separate educational, research, service, and other appropriate subcategories of goals and objectives.

Requirement
Program response is not required for this Criterion. An attachment should be uploaded as support.

SUPPORTING DOCUMENTS
UNLV MHA Program Goals and Objectives 7.26.17

Criterion I.A.2.3. Strengths and weaknesses of evaluation process

The Program will establish goals, objectives and performance outcomes that are action-based, observable, and measurable.

Interpretation
CAHME will seek evidence that specified goals and objectives and expected performance outcomes provide direction and criteria for evaluating ongoing program and curriculum enhancement. Goals must support the mission, vision and values statement by identifying specific areas of emphasis within the Program. Objectives serve to operationalize the goals and should include separate educational, research, service, and other appropriate subcategories of goals and objectives.

Requirement
Assess the Program's evaluation process highlighting strengths and/or problems. Suggest desired changes in the process and identify steps and a timeframe for making changes

Response

The evaluation of the program is a multi-stage process. The SCHS Strategic Plan guides the assessment of the program through an iterative cycle that allows for implementation, analysis, feedback, and revision. This process gives stakeholders a chance to be involved and share their expertise. Weekly Academic Assessment Committee meetings (initiated in 2014) also facilitate progress and help with the dissemination of important assessment related information. The SCHS Annual Assessment meeting provides input into issues that were identified in that year's data analysis. This data provides feedback on issues related to students, faculty, alumni, and other stakeholders. The issues are prioritized and addressed weekly in the accreditation meetings until they are resolved, revised, or assigned to a committee. While a formal cycle that lasts a year may hinder quick action to concerns raised in assessments, faculty, staff, and stakeholders bring concerns directly to the assessment committee throughout the year. This system supports growth and critical analysis of the program at the operational and strategic levels. Examples of this process include enhancement to the student advising process, changes in course sequencing and curriculum, and Capstone/Internship sequence and rigor.

Currently the data used comes from multiple sources across campus and can take time tom retrieve and reconcile. Fortunately, the university has made systems analysis a priority and data collection should improve. Data not collected by the university is addressed and collected by the school and the program. This allows for faculty and staff to have greater input on the measures used to assess the goals and objectives of the program. Many of the current assessments were

revised during the self-study year as a result of these processes. Some of these changes include new or updated competencies, goals, and objectives. The SEARD survey is very effective but relies on faculty and staff to administer to face-to-face classes as it is a paper and pencil survey, which requires manual data entry as well. This is time consuming and often delays results. It has been suggested that the survey be placed online for easier administration and analysis but may lower the response rate.

Alumni surveys are also plagued with low response rate. This can occur due to invalid contact information, other university entities soliciting for financial support, and decreased loyalty post-graduation. The university discontinues student email addresses six academic semesters after graduation, which is something to be discussed at the university level. We have tried using incentives but this did not improve the response rate. As a result of these challenges, an alumni association has recently been established to try to reactivate the involvement and loyalty of alumni.

Job placement rates have also presented a challenge. Exit surveys are given at the end of the program and are time-consuming manual assessments. These assessments do not always capture graduates' employment potential accurately as they are just graduating. Faculty ask students to join social media sites to keep in touch. An easily accessed database was recently developed to track graduates' information in order to help alleviate this challenge. Participation in this new data tracking method is high and seems to be easier to maintain, which will alleviate this data problem in the future.

SUPPORTING DOCUMENTS
SCHS Strategic Plan 2.13.15

Criterion I.A.3.1. Monitoring and review process for health systems and University environments

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

Interpretation
Utilization of market research of the health system and strategic planning assessment tools will enable the Program to identify the changing needs for essential competencies in graduates. This should include appropriate strategic plans, five-year academic plans and evidence of external stakeholder input into the curriculum. Programs will be expected to demonstrate a big picture examination of the market, including population served and demonstrate changes effected in response.

Requirement
Describe the process for monitoring the health system and University environments, such as strategic plans, and the process for incorporating this information into the process of Program review and change.

Response

The program uses a variety of activities to monitor the local, state, and national health system and the university environment. From the health system perspective, faculty are engaged in ongoing discussions at the program, local and national levels. Examples would include regular faculty meetings, meetings with the program's Advisory Board which is made up of senior level managers from area hospitals, managed care organizations, ACOs, long term care organizations, and information technology professionals (as well as student representatives) from our local health systems. Faculty participate in workshops and conferences at the local, state and national level and have regular interaction with professionals from the health care delivery and payment systems.

Adjunct faculty who have recently or are currently working in the local health care system and students employed in the health care field also provide insight about the changes occurring in our community. These are used to help guide our classroom discussions and learning. We also frequently use guest speakers who bring years of health care leadership experience into our classrooms.

At the University level, faculty participate in a variety of decision making activities. One of the priorities of UNLV at this time is the top tier initiative. UNLV's primary objective is that "By 2025, UNLV will be recognized as a top tier public university in research, education, and community impact." A link and document of the current strategic planning process for meeting this objective is included under "Supporting Material". HCAP and SCHS faculty have been significantly involved in the development of UNLV's Medical School by helping to draft the bylaws, being involved in faculty search committees, and identifying potential course and research collaborations along with future co-curricular programs.

At the School level, the program participates in the SCHS strategic planning process. This process is ongoing and includes working through all of the School's advisory boards and committees, student clubs, and annual school-wide academic assessment process. We also have a Biennial Assessment Summit in which the school invites all school faculty, current students and alumni, and other stakeholders such as local providers and advisory board members to assess the SCHS's academic programs.

At the department level, the program reviews its academic needs and program and curricular changes through regular faculty meetings and HCAP Advisory Board meetings. The program also participates in strategic planning at the department, school and university level. Faculty participate in numerous academic and professional organizations and networks to interact with colleagues from across the country and to discuss ongoing changes in the health care industry and curricular needs. The program also monitors programs from other CAHME accredited universities to identify trends in curriculum and instruction. The student club also provides valuable input and holds an annual career night to give students the opportunity to hear from health care professionals about changes in the field. Individual faculty serve on boards throughout the community which have influenced classroom discussions and topics. Dr. Cochran, for example, serves on the board for the State of Nevada Public Employees Benefits

Program which provides background on overall industry benchmarks and changes in the health insurance market.

SUPPORTING DOCUMENTS
UNLV Top Tier Vision, Mission, Goals, and Strategies

MHA Alumni Survey Summary 2.26.2017

MHA Alumni Survey Summary 2017

SCHS Strategic Plan 2.13.15

2016 SCHS Biennial Academic Summit Stakeholder Recommendation List

Criterion I.A.3.2. Examples from monitoring process

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

Interpretation
Utilization of market research of the health system and strategic planning assessment tools will enable the Program to identify the changing needs for essential competencies in graduates. This should include appropriate strategic plans, five-year academic plans and evidence of external stakeholder input into the curriculum. Programs will be expected to demonstrate a big picture examination of the market, including population served and demonstrate changes effected in response.

Requirement
Provide examples of findings from the monitoring process, and how these findings have been utilized for planning programmatic changes.

Response

In an effort to meet the goal of being the program of choice for the region, the program has developed new marketing tools and updated its website. The website update has been instrumental in providing information to potential students as well as resources to our current students. This has been part of an overall UNLV website update and the program is still making improvements based on the new platform.

Based on all the activities described in criterion I.A.3.1, course and program content is routinely updated. This can also result in the adoption of new courses for the program. An example of this led to changes in the program curriculum in which the program changed criteria from 45 required credits (15 courses) to 42 required credits (14 courses) plus three credits that can be used as an elective. As part of this, the program added three new courses to be used as electives: Fundamentals of Quality Management in Health Care Organizations (HCA 631, first offered Fall 2017), Health Politics and Policy (HCA 652), and Organization and Management of Long Term

Care Services (HCA 680). Research Methods (HCA 715) was changed from a required course to an elective beginning Fall 2017.

Through the iterative assessment cycle, action items are identified and addressed. For example, better academic advising was mentioned in student exit surveys at the annual assessment meeting as well as at the Biennial Assessment Summit. This was identified as an action item by the Assessment Committee, the data was examined from all sources, and the Assessment Committee acted on that information to refine advising. Students are now assigned a faculty advisor upon admittance to the program and an advising plan is created. One result from these activities was the reassignment of student advising from the Graduate Coordinator to departmental faculty. Documentation of advising activities has improved and are now maintained on a central drive to track frequency of sessions.

Improving the students' professional growth has also been identified as a key area for meeting the mission. To this end, the program has undertaken changes in two important courses, the Internship (HCA 793) and the Capstone course (HCA 779). Students will be required, effective Fall 2017, to complete the internship prior to completing the capstone and the capstone course will build upon internship activities by creating ongoing group projects for students. In order to facilitate internship site-selection all MHA students are invited to attend all health care site visits so students can learn about internship projects. Students are required to attend at least three site visits, selected based on student interest areas, the semester prior to their internship. This has also been added to advising activities to assist students in their career choices and provide recommendations for students. The program is continually working to improve this process.

The HCAP Department also presented the Advisory Board a plan that includes providing post-graduate residencies for a limited number of MHA graduates. Participating organizations will agree to provide full-time placements for graduating candidates for up to one year. Paid residencies are being coordinated and are projected to start January 2018.

Another departmental change that came from recommendations by the HCAP Advisory Board was the development of an Executive MHA program, which began officially in January 2017. As a result of this program, four existing MHA students were eligible to transfer to the EMHA program which better fit their career goals and experience level.

The School and Department routinely conduct strategic talent management analyses of our programs. The last formal submission was the school's response to strategic hiring needs submitted to UNLV administration in Spring 2017. This document was undertaken by school faculty to assist UNLV administration on its Top Tier University mission. In that report, the HCAP program's growth was mentioned with resources requested to enable the program to meet accreditation by CAHME. In that report, the program requested additional resources including one additional tenure track faculty to be hired for Fall 2018 and two additional Faculty in Residence Positions (FIRs)/Visiting Lecturers.

The program realigned its competencies beginning in Fall 2016 based on competency surveys, input from the Advisory Board, and a programmatic analysis of competencies covered in the program. This process initially began in 2014 and also utilized feedback from student exit

surveys on their assessments of which competencies they felt were adequately covered in the program. Based on that input, the program changed its competency matrix from five domains to four domains and realigned competencies.

NO SUPPORTING DOCUMENTS

Criterion I.B.1.1. Special resources available to the Program and barriers to utilization

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

Interpretation
As guided by the framework of the University's rules and regulations, Program faculty and administration should have sufficient prerogatives to assure the integrity of the Program and facilitate achievement of the Program's mission goal and objectives. Program faculty should have formal opportunities for input in decisions affecting admissions and progress, resource allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements.
This criterion requires an assessment of the Program's ability to meet its stated objectives in light of its current resources, identification of the most significant current resources and the most critical resource needs. Included should be the Program's ability to make recommendations for future resource development, identify steps planned to implement these recommendations, and describe the likely timeline for implementation.

Requirement
Identify special resources such as people, facilities, and university support available to the Program and indicate the nature and extent of utilization, as well as any barriers to utilization

Response

The HCAP department is allocated an annual general funds budget that includes faculty salaries and fringes, student worker wages, and operating funds. Part-time Program Instructors are funded with state monies provided by the Provost through an account set up for the School. The Department Chair approves all department budget expenditures. The department's general funds budget and PTI budget are based on the number of student FTEs that its undergraduate and graduate program generate. The department budget is used to fund both the undergraduate and graduate programs. Funding for the graduate program is based on the following factors: 1) number of faculty/PTIs needed to teach the MHA courses so students can complete the program, 2) necessary number of full time faculty to meet the graduate program mission, goals and objectives, 3) resources needed for operating the department. In addition to university allocated operating budgets, the department receives revenue, including indirect cost allocations from external and summer school revenue. These funds are used to enhance operating budgets, including travel allocations for faculty to participate in scholarly proceedings.

Program Director:

The Department of HCAP began recruiting a Program Director in 2016, and appointed Jennifer Bonilla, FACHE, MHI, MBA, to the position in September of 2016. Recognizing the importance of having a dedicated position committed to the departments' graduate programs, the university has provided the necessary funding for this role. The Program Director works collaboratively with the Department Chair and Graduate Coordinator to effectively support students. The Program Director participates in all faculty and assessment meetings, and is engaged in all facets of the program from initial advising of applicants to participating in faculty discussions relative to program and course modifications, including the recent revamp of the Capstone and Internship course. The Program Director is initiating the planning for paid residencies with community partners for a January 2018 roll-out.

Faculty Resources:

Due to its importance, faculty are engaged in all aspects of the program. They provide feedback on applicants prior to admission, advise current students to ensure retention and progression, have opportunities to participate in faculty screening and selection process, and engage in program development, including curriculum development, research and degree requirements.

When new faculty are hired they are generally provided start-up funds, in the range of $10,000-$50,000 The funds are to be used for additional research needs (i.e. software, data, equipment); travel expenses for additional travel that the department is unable to provide through its operating budget. The department's goal is to provide travel to at least one conference per year per faculty. Faculty can also request travel funds through the SCHS and the University.

One critical area is that the Graduate College has only allocated seven GAs to the SCHS and faculty submit proposals for these limited resources. However, faculty can also hire student workers with their start-up funds or through external funding.

Support Personnel:

The SCHS currently has a business manager who reports directly to the Dean, along with three administrative assistants and one student worker. The third administrative assistant is a recent addition and was considered a priority based on faculty and student input. This position is now dedicated to the HCAP department as of July 2017.

Facilities:

Office and classroom space shortages have become critical areas for the School and the Program. The growth of SCHS and Health Care Administration has compounded facility shortages. The HCAP has faculty and staff in two separate facilities and the SCHS has faculty and staff in over ten different locations on campus. Due to the growth in student enrollment at UNLV, classroom space can be a premium depending on the time that the class is offered. Most of the MHA courses are taught on evenings during the week, as are some of the required MPH courses. This can create scheduling challenges for students. Increasing online offerings over time should help

alleviate these problems. Online classes are still minority offerings, and in no way create challenges relative to meeting student contact hours.

Barriers to Utilization:

The budget allocation is centrally controlled in the Dean's office and supports multiple programs, creating competing interests. The Departments, via their Chairs, are asked to submit their program needs in terms of faculty and other resources (GAs, scholarships, etc.) and the Dean makes the final recommendation to the Provost.

NO SUPPORTING DOCUMENTS

Criterion I.B.1.2. Relation of non-accredited activities to the program regarding allocation of resources

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

Interpretation
As guided by the framework of the University's rules and regulations, Program faculty and administration should have sufficient prerogatives to assure the integrity of the Program and facilitate achievement of the Program's mission goal and objectives. Program faculty should have formal opportunities for input in decisions affecting admissions and progress, resource allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements.
This criterion requires an assessment of the Program's ability to meet its stated objectives in light of its current resources, identification of the most significant current resources and the most critical resource needs. Included should be the Program's ability to make recommendations for future resource development, identify steps planned to implement these recommendations, and describe the likely timeline for implementation.

Requirement
Identify Program activities other than those being reviewed (e.g., undergraduate, other master's, doctoral, extension, management development, etc.), and indicate their relation to the Program with regard to allocation of resources (funds, faculty, space, etc.).

Response

The Department of Health Care Administration and Policy is housed in the School of Community Health Sciences (SCHS). The SCHS offers the MHA, MPH, Ph.D. in Public Health, Bachelor of Science in Health Care Administration, Bachelor of Science in Public Health, a certificate in Infection Control and a Certificate in Public Health.

The HCAP programs include the following:

- Master of Health Care Administration (MHA)

- Executive Master of Health Care Administration (EMHA)
- Bachelor of Science in Health Care Administration and Policy (HCA Undergraduate)
- Master of Public Health – Health Care Administration Concentration (MPH/HCA)
- Ph.D. in Public Health (Health Care Administration Track) (Ph.D.)

Instructors for all of the programs are a combination of HCAP full time faculty and instructors, SCHS faculty and instructors from the Department of Environmental and Occupational Health (EOH), and Adjunct/Part-time faculty. All MHA courses are taught by HCAP core faculty except Biostatistics (EAB 703) and Epidemiology (HCA 702/EAB 705) which are taught by SCHS faculty and Health Care Law and Ethics for Managers (HCA 761) taught by an adjunct faculty expert in health care law. HCAP core faculty may also teach in other academic programs including the HCA undergraduate program, the EMHA and the Ph.D. (Health Care Administration Track).

During the middle of the Fall 2016 semester, the program experienced an unexpected departure of one of its tenure track faculty members. MHA courses (HCA 703) assigned to that faculty member for the balance of the self-study year were re-assigned to a visiting lecturer providing that individual with extra compensation for teaching an overload to complete the semester. The UNLV Office of the Executive Vice President and Provost gave immediate approval to hire a replacement for the faculty departure. The department successfully completed a search and the new tenure track faculty will begin August 1, 2017.

Another full-time lecturer for the department announced her retirement at the end of the self-study year, but the program has been able to hire her replacement effective August 1, 2017 as well.

The program is assisted by the Office of the Dean, the SCHS Business manager, and three Administrative Assistants. These resources are shared among other programs and faculty in the SCHS. The SCHS was able to add a new AA during the self-study year.

The major challenge for expanding faculty in the program will be faculty office space. This is an issue for the entire SCHS. The university and the SCHS are working to identify additional space resources for new SCHS hires.

Currently, the program is able to provide instructional facilities required for the program, including computer lab classrooms for courses that use hands on teaching for accounting, finance and biostatistics. All of the program's courses are taught in the evening or online and the program is able to meet classroom resources.

NO SUPPORTING DOCUMENTS

Criterion I.B.1.3. Budgetary allocation administrative procedures

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

Interpretation
As guided by the framework of the University's rules and regulations, Program faculty and administration should have sufficient prerogatives to assure the integrity of the Program and facilitate achievement of the Program's mission goal and objectives. Program faculty should have formal opportunities for input in decisions affecting admissions and progress, resource

allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements.

This criterion requires an assessment of the Program's ability to meet its stated objectives in light of its current resources, identification of the most significant current resources and the most critical resource needs. Included should be the Program's ability to make recommendations for future resource development, identify steps planned to implement these recommendations, and describe the likely timeline for implementation.

Requirement

Describe the administrative procedures involved in determining budgetary allocation to the Program.

Response

Academic programs within UNLV are funded primarily on the use of State funds. These funds are allocated based on number of FTEs of the school/department including salary and fringe benefits and the overall operating budget. The operating budget is based primarily on historic data for expenditures and resources and has not increased proportionally with additional faculty and staff. Other discretionary university funds are available to new faculty, typically in the form of startup funds which should be used to enhance that faculty member's research needs.

The program also is eligible for state funded resources for specific positions such as graduate assistants. In this instance, a limited number of state-funded GAs is available for the entire school. Typically, GA positions open only when an incumbent graduates. Each spring, the school reviews the available positions and faculty submit proposals for GA support. The school's graduate committee determines the best proposals and assigns the GA accordingly. There are no guarantees that a faculty member will receive a state funded GA. It should be noted that this process only applies to state GA lines. Additional GAs funded through research activities and extramural funding are left to the discretion of the individual faculty member with the award.

The process for further participation in the budgetary process is based on needs documented in the School's strategic plan or new identified priorities. During the UNLV budgetary cycle, which begins in February, the Dean of the School asks each department to submit priorities for new funds. Departments meet to discuss their needs and the departments' recommendations are submitted to the Dean. The Dean has discretion for selecting which priorities merit the most attention based on strategic needs and current priorities. These recommendations are then submitted to the Office of the Vice President and Provost for UNLV by the end of March. The Dean and Business Manager for the SCHS meet with the Provost and staff in early April to discuss their request. The budget decisions for the school and the department are typically not announced until late May or June, based on final approval at the state level. The final state biennium budget is approved by the Nevada Legislature and signed by the Governor. The Nevada legislature typically recesses by the first week in June. The process may be further delayed based on biennium allocations by the Nevada State Legislature which must be made before the beginning of the fiscal year on July 1.

Once the School receives its operating annual budget, it is allocated to the department to implement. Because funds are limited, allocation towards specific individual faculty needs (e.g., travel, equipment and other major purposes) are submitted to the department chair by the faculty. The department strives to provide funding for all requests, but because of limited funding, decisions are made based on extenuating circumstances. For example, if a faculty member has significant reserves in his/her start-up funds, the chair may either:

- Deny the request (typically based on the aging start-up)
- Partially pay for the request through a combination of department funds/start-up/indirect cost allocation
- Approve the request based on priority and/or existing funds

During the course of the fiscal year, the department also receives other allocations through summer term funds. These funds are also used to pay for employee travel for conferences. It is the school's policy that travel funds are allocated for faculty making presentations at conferences or other important venues such as accreditation training/meetings. These types of events are given priority for travel.

Individual faculty can also request funds for other needs such as data, software, equipment, but these requests are typically approved only to the level that the department/school can afford the request or that it serves to meet the mission of the program. For example, the HCAP department and SCHS provided an all-day workshop for Teaching the Case Study method in 2014. In this case, the department worked with the school and the university to develop a training workshop for all school faculty and on a first-come, first-served basis for faculty from other UNLV departments.

The school also receives endowments and gifts that are used for specific purposes such as scholarships. The program currently is in the early development of two such scholarship endowments that can be used for both graduate and undergraduate students. These scholarships are awarded during the spring semester. Awardees are selected by program faculty.

NO SUPPORTING DOCUMENTS

Criterion I.B.1.4. Program expenditures

Interpretation
As guided by the framework of the University's rules and regulations, Program faculty and administration should have sufficient prerogatives to assure the integrity of the Program and facilitate achievement of the Program's mission goal and objectives. Program faculty should have formal opportunities for input in decisions affecting admissions and progress, resource allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements.
This criterion requires an assessment of the Program's ability to meet its stated objectives in light of its current resources, identification of the most significant current resources and the most critical resource needs. Included should be the Program's ability to make recommendations for

future resource development, identify steps planned to implement these recommendations, and describe the likely timeline for implementation.

Requirement

Program expenditures should be recorded below. The purpose of this figure is to present both the amount of financial support received by the Program being accredited and the form in which this financial support is tendered. Items should be recorded as exactly as possible. If estimates must be used, please indicate this below. Include all items for instruction, community service, research and operations.

Data should be presented for the Self-Study year, and one year prior to the Self-Study year. (If the fiscal year is defined differently than the academic year, please indicate below.) Absolute dollar amounts and percent of total budget should be indicated.

The first column is for sums which are allocated to the Program as a separate department or unit with its own budget; if the budget of the Program is spread among the budgets of several departments or units, this column should not be used. If activities of the Program are supported by a mixture of separate budget and items on other budgets, then combinations of columns should be used. Thus, if a Program has one person full-time on its faculty and his/her salary is derived entirely from a separate budget for the Program, this salary figure should appear in the first column. If he/she is supported one-third through a separate program budget, one-third from a position in another department, and one-third from a position as an official in a separately organized health facility, the salary should be allocated accordingly among all three columns of the budget.

◉ Academic Year

○ Fiscal Year

Academic year end date ⎸ 06/30/2017

Budget Type

○ Actual Budget

◉ Estimated Budget

Bottom of Form

Self-Study AY (2016-2017)

Please enter whole dollar amounts (decimals, non-numeric characters and zeros are not allowed)

	(a) Dollar amounts in budget of primary unit	(b) Dollar amounts in other Univ. budgets	(c) Dollar amounts in other budgets (specify)	Sum of a, b, c (read-only)	Sum of a, b, c as percentage of Grand Total (read-only)
Program faculty	737,551	16,378	0	753,929	72.8%
Joint faculty	0	0	0	0	0%
Adjunct faculty	0	132,972	0	132,972	12.84%
Secretarial and clerical personnel	0	58,796	0	58,796	5.68%
Teaching/research assistants	0	14,952	0	14,952	1.44%
Consumable supplies	0	0	0	0	0%
Faculty travel	14,542	4,047	0	18,589	1.79%
Prof. activities of faculty (dues,tuition,etc.)	0	0	0	0	0%
Library acquisitions	0	0	0	0	0%
Other Major Items (wages)	2,623	7,200	0	9,823	0.95%
General Operations (supplies,	36,999	9,561	0	46,560	4.5%
Totals	791,715	243,906	0	1,035,621	100%

Year One Prior Self Study AY (2015-2016)

Please enter whole dollar amounts (decimals, non-numeric characters and zeros are not allowed)

	(a) Dollar amounts in budget of primary unit	(b) Dollar amounts in other Univ. budgets	(c) Dollar amounts in other budgets (specify)	Sum of a, b, c (read-only)	Sum of a, b, c as percentage of Grand Total (read-only)
Program faculty	686,111	0	0	686,111	75.17%
Joint faculty	0	0	0	0	0%

Adjunct faculty	0	107,474	0	107,474	11.77%
Secretarial and clerical personnel	0	55,235	0	55,235	6.05%
Teaching/research assistants	0	14,952	0	14,952	1.64%
Consumable supplies	0	0	0	0	0%
Faculty travel	1,986	12,670	0	14,656	1.61%
Prof. activities of faculty (dues,tuition,etc.)	0	0	0	0	0%
Library acquisitions	0	0	0	0	0%
General Operations (supplies, ▲)	11,023	18,862	0	29,885	3.27%
Other Major Items (wages)	4,470	0	0	4,470	0.49%
Totals	703,590	209,193	0	912,783	100%

NO SUPPORTING DOCUMENTS

Criterion I.B.1.5. Program revenues

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

Interpretation
As guided by the framework of the University's rules and regulations, Program faculty and administration should have sufficient prerogatives to assure the integrity of the Program and facilitate achievement of the Program's mission goal and objectives. Program faculty should have formal opportunities for input in decisions affecting admissions and progress, resource allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements.
This criterion requires an assessment of the Program's ability to meet its stated objectives in light of its current resources, identification of the most significant current resources and the most critical resource needs. Included should be the Program's ability to make recommendations for future resource development, identify steps planned to implement these recommendations, and describe the likely timeline for implementation.

Requirement
Program revenues should be recorded below.

Self-Study AY (2016-2017)

	$	**% of Total**	
Federal grants	25,000	2.4%	
State/provincial government	841,103	80.65%	
Local government	0	0%	
Internal University funds (for a state university, this refers to funds from sources other than the state)	50,000	4.79%	
Endowments	116,500	11.17%	✕
Summer Term Returns	10,000	0.96%	✕
IDC Revenue	300	0.03%	✕
Totals	1,042,903	100%	

Year One Prior Self Study AY (2015-2016)

	$	**% of Total**	
Federal grants	14,477	1.79%	
State/provincial government	696,339	85.93%	
Local government	0	0%	
Internal University funds (for a state university, this refers to funds from sources other than the state)	53,000	6.54%	
Endowments	40,000	4.94%	✕

Summer Term Returns	6,400	0.79%	✕
IDC Revenue	174	0.02%	✕
Totals	810,390	100%	

Criterion I.B.1.6. Administrative support available

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

Interpretation
As guided by the framework of the University's rules and regulations, Program faculty and administration should have sufficient prerogatives to assure the integrity of the Program and facilitate achievement of the Program's mission goal and objectives. Program faculty should have formal opportunities for input in decisions affecting admissions and progress, resource allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements.
This criterion requires an assessment of the Program's ability to meet its stated objectives in light of its current resources, identification of the most significant current resources and the most critical resource needs. Included should be the Program's ability to make recommendations for future resource development, identify steps planned to implement these recommendations, and describe the likely timeline for implementation.

Requirement
Describe the extent and adequacy of administrative support services available to the Program, such as secretarial, clerical and graduate research assistants. Indicate whether these positions are supported by the Program budget, grants or other sources.

Response

The administrative support for the MHA program is shared as part of the SCHS. This consists of the Dean's Assistant/Business Manager, three administrative assistants, one student worker, and one graduate assistant, which are all state funded. The SCHS recently added one of the administrative assistant positions to maintain the level of quality expected as we grow.

The SCHS Dean's Assistant/Business Manager is responsible for the financial management of the school's research awards, contracts, self-supporting accounts, gift accounts, state-appropriated funds, and UNLV Foundation/outreach accounts. She works closely with UNLV's

Office of Sponsored Programs (pre-award and post-award), the Budget Office and the Office of the Controller to ensure compliance with the terms and conditions of all awards, as well as federal, state, and local regulations. This position is also responsible for assisting the Dean with activities sponsored by the school, arranging and facilitating university and community meetings, and serving as a liaison between the Dean and faculty, staff and other campus units.

There are currently three administrative assistants. One of the administrative assistants is in a supervisor capacity. Her duties include assisting faculty with grant budgets, completing monthly budget reports, and working with faculty to determine allocable expenses; assisting the Dean's office with university wide initiatives, special event coordination, school accreditation, and recruitment activities including the development of training manuals and training new classified and student staff. The other administrative assistants' duties include assisting students, coordinating the six degrees offered in the school including the PhD, MPH, MHA, EMHA, HCA, and BSPH, supporting the academic faculty, instructors, and advisors associated with those programs, as well as the externally-funded research programs and awards. The student worker assists the SCHS with filing, delivering items to other campus units as needed, keeping track of equipment inventory, assisting faculty and staff with various projects as needed, including administration, organization, and answering phones. There is one graduate assistant working in the MHA program. She is working with faculty on health services research projects.

NO SUPPORTING DOCUMENTS

Criterion I.B.1.7. Program's ability to meet objectives as related to current resources

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

Interpretation
As guided by the framework of the University's rules and regulations, Program faculty and administration should have sufficient prerogatives to assure the integrity of the Program and facilitate achievement of the Program's mission goal and objectives. Program faculty should have formal opportunities for input in decisions affecting admissions and progress, resource allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements.
This criterion requires an assessment of the Program's ability to meet its stated objectives in light of its current resources, identification of the most significant current resources and the most critical resource needs. Included should be the Program's ability to make recommendations for future resource development, identify steps planned to implement these recommendations, and describe the likely timeline for implementation.

Requirement
Provide a summary assessment of the Program's ability to meet its stated objectives in light of its current resources and most critical resource needs. Include recommendations for future resource

development, identify implementation steps for these recommendations, and describe the likely time line for implementation

Response

The program has done a good job of meeting its goals and objectives given its current resources. Much of this has been achieved in the past two years, particularly with the addition of the Program Director, Jennifer Bonilla, and Erin Rosenberg, HCAP Project Manager, and additional SCHS resources including the following full-time roles: Assessment Director, Communications Director, Community Partnership Director, and Development Director.

HCAP faculty are involved in all major decision-making activities for the program. The program has experienced growth in faculty, though there has been some turnover. In addition, most of the faculty in the program are tenure track assistant professors. Only Dr. Shen and Dr. Cochran are tenured faculty (full professor) at the present time. The junior faculty have been significant contributors to the program and its future direction.

Department faculty are also involved in recruitment of new hires. For the recruitment of new faculty, the program uses a departmental search committee. Most tenured and tenure track faculty are involved in the recruitment for faculty lines, typically based on experience. All faculty participate in the hiring process and in making recommendations when candidates visit the campus.

Each faculty member is given the opportunity to assist in the review of prospective students. While much of the responsibility of student recruitment falls to the Program Director and Graduate Coordinator, faculty have the opportunity to review student applications and make recommendations. Because of the small number of faculty over the years, this work has been completed by the faculty as a whole. The department is considering that future admission decisions will be made by an admissions committee. Currently this is performed by an informal committee comprised of the Program Director, the Graduate Coordinator, the Department Chair and the Associate Dean. However, up until the Spring of 2017, those decisions were made by the faculty as a whole.

Each faculty member is assigned a minimum of two courses to teach per semester unless they have a course release as a result of grant funding or additional administrative responsibilities. Faculty are also regularly involved in any strategic planning decisions for the department and school. Much of the work for the self-study goals and objectives portion of this document was crafted by a self-study committee, composed of select subject matter experts, and was shared with all faculty for their input.

Service goals and objectives are met by involving all departmental faculty. They all serve on at least two school committees and three faculty serve on at least one university committee. School-wide faculty meetings are held at least once per semester. Matters related to tenure and promotion, merit, workload, and major school changes are recommended by appropriate SCHS committees, but must be voted on by the faculty as a whole before being adopted. The SCHS has made many significant changes in those matters in the past year requiring faculty approval.

As covered in I.B.1.6 the resources for the program also include the SCHS Dean's Assistant/Business Manager, three administrative assistants, and one student worker, whom are all resources for the program. These individuals comprehensively support students, faculty, and administration.

The most critical resource needs include SCHS providing a long-term commitment to funding the Program Director position so the program can continue to be maintained and enhanced over time. Additional needs include more tenured faculty. Currently, Dr. Shen is the SCHS Associate Dean and Dr. Cochran is the Department Chair. As such, a more senior faculty member in the program would be beneficial to assist in the mentoring of junior faculty and to take on departmental responsibilities at a coordinator level. Also, junior faculty and the Program Director are located in a different building on campus, making informal communication with tenured faculty difficult, and the junior faculty do not have an administrative assistant housed in their location. Finally, the department's operating budget needs to be enhanced. As the program has grown in terms of student enrollment, the operating budget has not kept pace.

NO SUPPORTING DOCUMENTS

Criterion I.B.2.1. Authority and responsibilities of Program Director

Program leadership will have the authority to ensure the integrity of the Program.
Interpretation
This criterion evaluates the authority of the personnel responsible for the program. It determines oversight of the Program, and autonomy of the Program Director as opposed to that of the Program Chair or Dean. The Program Director may have delegated authority for program matters. These include (at minimum): evaluation of faculty, admissions, curricular review and modification, schedule development, student advising and placement, leadership of students, residency placements, and academic affairs of students.
Requirement

Provide a description of the extent of authority the Program director has in leading the Program and determining its strategic direction. Your description should cover the following areas:

- ☑
- Primary responsibility for curriculum development

- ☑
- Admission standards

- ☑
- Faculty selection and retention

- ☑

- Fiscal planning

Check each box when the area is addressed.

Response

Curriculum Development

The Program Director, along with faculty, are able to develop new courses including more specialized courses. These courses must be approved by the department and are then forwarded to the SCHS Curriculum Committee. Upon approval by the SCHS Curriculum Committee, the Dean must then approve and the course request is routed through the UNLV Librarian, the Graduate College Curriculum Committee members and the Graduate College. Changes to existing courses must follow a similar path.

The Department Chair has primary oversight for the Department of Health Care Administration and Policy. The Program Director for the MHA program supports the Dept. Chair by leading activities related to MHA curriculum development, and admission standards, in cooperation with faculty. The Program Director provides feedback to the Chair relative to the selection and retention of faculty and has a limited role in fiscal planning, which is predominantly the Dean's responsibility. Feedback for the program's strategic direction includes the HCAP Advisory Board. Strategic planning is completed in conjunction with School and University planning activities.

Admission Standards

Admission standards are set by the Department with approval of the UNLV Graduate College for administrative purposes. Standards are reviewed annually to determine any changes necessary to improve the quality of students. In 2014, the program initiated the requirement of the GRE or GMAT as part of the admissions process. The effects of this new requirement on admissions are currently under review.

Program specific requirements can be found in the Graduate Catalog.

Faculty selection and retention

Selection of faculty is a multi-step process. For tenure track and Faculty in Residence (FIR) positions, approval must be given by the Vice President and Provost of UNLV before advertising for any open positions. Faculty searches must adhere to a seven-step process including the following:

1. Obtaining a search number
2. Posting the position
3. EEO Stage 1 - Tenure Track, Academic Faculty Only
4. Non-Tenure Track or Professional Positions — Consensus Access Requests
5. Consensus Utilization & Level Maintenance

6. EEO (Stage 2) Request for On-Campus Interviews
7. EEO (Stage 3) Approval to Make an Offer
8. Making an Offer
9. Finalize the Search

Promotion

Annual reviews of faculty performance are conducted during the second month of the calendar year for the previous calendar year. During this process, faculty are advised as to their performance and their progress towards tenure. Periodically, UNLV has a merit process that rewards faculty with outstanding performance. Evaluations for annual review and merit are done by the Department Chair, the SCHS Faculty Review Committee and the Dean of the School of Community Health Sciences. Recommendations are then forwarded to the Vice President and Provost at UNLV.

During the middle of the third year for untenured, tenure-track faculty, the department and the school conduct a mid-tenure review to give feedback to the faculty member on their progress towards tenure.

An assistant professor is normally considered for promotion in the sixth year but may be considered earlier in exceptional circumstances. Assistant professors must be considered for promotion after a period of not more than six years in this rank.

According to UNLV guidelines:

SCHS Requirements: SCHS Candidates for promotion to Associate Professor are required to demonstrate excellence in teaching and/or research. If excellence is demonstrated in only one of these two areas, the candidate must demonstrate commendable or satisfactory performance in the remaining area. Candidates must also demonstrate at least satisfactory performance in service.

Assessment of these criteria reflects an expected 5-year average at the point of application for tenure and promotion to Associate Professor. The evaluation period for promotion to Associate Professor and/or Tenure includes years at UNLV and years of credit awarded at the time of hire. Although NSHE requires an excellent rating in one category and a satisfactory rating in the other, applicants should strive for excellence in all three categories to ensure their best chance for approval by the SCHS, the UNLV Faculty Senate and the Provost. Department Chairs and the Promotion and Tenure Review Committee will consider the full scope of accomplishments in rendering a decision.

Fiscal Planning

As stated in the UNLV Bylaws Chapter 2, Section 7, each Department/School (Program Director, in this case) prepares and submits budget request recommendations via administrative channels when requested by the Executive Vice President and Provost. The Dean of the SCHS has the final responsibility and authority in determining specification of requests for the final SCHS budget request, as well as related requests (i.e., for new faculty FTEs). The dean involves

the Chairpersons, Directors and other appropriate administrators in the budget building and resource request activities within the SCHS. In turn, the Chairs and Directors involve program coordinators, area lead persons and general faculty in the budget planning and resource request process at the unit level.

The Dean of the SCHS has the responsibility and authority to work with the Controller's Office and/or Director of the Budget in determining the final budget and other allocations for each fiscal year, once final figures become known. The Dean considers the recommendations emanating from the individual units of the SCHS, and the Executive Committee regarding the budget, the mission, and long-range plans accepted by the faculty. Similar principles of decision making apply in the case of allocation of other resources, such as new faculty FTE, year-end monies and special funds for equipment, travel or materials that become available.

SUPPORTING DOCUMENTS
Program Director Job Description (UNLV PDQ)

Criterion I.B.2.2. Organizational Chart

Program leadership will have the authority to ensure the integrity of the Program.

Interpretation
This criterion evaluates the authority of the personnel responsible for the program. It determines oversight of the Program, and autonomy of the Program Director as opposed to that of the Program Chair or Dean. The Program Director may have delegated authority for program matters. These include (at minimum): evaluation of faculty, admissions, curricular review and modification, schedule development, student advising and placement, leadership of students, residency placements, and academic affairs of students.

Requirement
Program response is not required for this Criterion. Prepare an organizational chart(s) locating the Program within the University and attach file named as Organizational Chart. Please upload attachment.

Supporting Material
  SCHS Organizational Chart

  UNLV's Organizational Chart

Criterion I.B.2.3. Organization of the Program and its relationships

Interpretation
Requirement

Describe the organization of the Program and its relationships with the primary academic unit in which it is located. Your description should cover the following areas:

- ☑
- The part of the University to which the Program is most closely related

- ☑
- The program organization as a separate department or as part of another administrative entity

- ☑
- Faculty appointments in the Program or in other elements of the University

- ☑
- Any other information relevant to understanding how the Program fits into the structure of the University.

Check each box when the area is addressed.

Response

The Department of Health Care Administration and Policy is located in the School of Community Health Sciences (SCHS) in the Division of Health Sciences at UNLV. The Division of Health Sciences includes Allied Health Sciences, Community Health Sciences, Dental Medicine, and Nursing. Although the SCHS is located in the Division of Health Sciences, there is no administrative direction provided by the Division in overseeing the School's or the Department's activities. The Dean of the SCHS reports to the Executive Vice Provost. The Health Care Administration and Policy department is supervised by the Department Chair who reports directly to the Dean of SCHS.

The department is comprised of six full time tenure/tenure track faculty, one Programs Director, one full time Faculty in Residence, and one full time Visiting Lecturer. The department has requested one additional full-time tenure track faculty member to be added in Fall 2018. In addition, two other faculty from the SCHS teach two graduate courses, Epidemiology and Biostatistics as part of the MHA program. The HCAP also has eight part-time instructors who supplement teaching responsibilities for the department including the instruction of the Health Care Law and Ethics for Managers (HCA 761) course, Health Care Politics & Policy (HCA 652), and the new Quality Management in Health Services (HCA 631). Faculty members are selected according to the Faculty and Professional Staff Search Guidelines. A Faculty Search Committee is formed in the department and members are appointed by the Department Chair or Program Director with appropriate input by faculty and with clearance by the Dean. Adjunct faculty appointments are recommended by the Department Chair to the Dean of the SCHS, following committee evaluation which includes the Program Director, and must also have approval by the Office of the Vice President and Provost of UNLV. The Faculty Review Committee manages tenure recommendations.

The Department Chair serves on the University Academic Leadership Council and is involved in university decision making as well as serving as a board member of the Nevada Public

Employees Benefits Program (PEBP). Faculty members are required to serve on various departmental, SCHS, and university wide committees. Examples of this at the university level include membership in the Advisory Board of Faculty Mentoring Program, Faculty Mentors, and Graduate Council Curriculum Committee.

Criterion I.B.2.4. Suitability of Structural location

Program leadership will have the authority to ensure the integrity of the Program.

Interpretation
This criterion evaluates the authority of the personnel responsible for the program. It determines oversight of the Program, and autonomy of the Program Director as opposed to that of the Program Chair or Dean. The Program Director may have delegated authority for program matters. These include (at minimum): evaluation of faculty, admissions, curricular review and modification, schedule development, student advising and placement, leadership of students, residency placements, and academic affairs of students.

Requirement
Assess the suitability of the structural location of the Program in the university and in relation to the Program's current and projected development. Include projections of future support and/or problems. Identify any recommendations for desired change in the setting, steps planned to implement these recommendations and the timing of these steps.

Response
The program currently has resources to meet current staffing needs. However, as the program has grown, faculty and staff have been spread around campus. The tenure/tenure-track faculty are currently located in the Bigelow Health Sciences (BHS) building with four offices on the 5th floor and one office on the 3rd floor. Administrative assistants for the department are also located in BHS 5th floor. The Program Director and ancillary staff are located in the White Hall Annex which is closer to the main BHS building. The Program Director is housed in the Health Services Advising Office because it improves her access and visibility to under-grad health students contemplating a MHA. The Program Director and Director of Assessment are housed together so that they can regularly collaborate on program evaluation and accreditation projects. As the program grows, including adding at least one additional tenure/tenure-track position and possibly two new full-time instructors, office space will be a challenge for the department. The Dean of the School of Community Health Sciences and University officials are aware of the space issues and are working on securing new space, including a permanent facility for the School of Community Health Sciences to house all faculty and staff. However, to date there is no firm solution to space needs. Ideally, all faculty in the department will be housed together, however that is not likely to happen in the near term.

With regard to classroom space, the program has been able to provide space and resources, including technology and computer lab classrooms, to meet the needs of students.

NO SUPPORTING DOCUMENTS

Criterion I.B.3.1. Resources and accommodations associated with large classes

Program and University leadership will ensure that the resources available to faculty are commensurate with workload.

Interpretation
CAHME recognizes that large class sections, blended and online instruction place additional demands on course faculty and requires that the quality of instruction should not be compromised. CAHME will seek evidence that faculty are supported with additional resources and that the majority of instruction is with the faculty of record who is a qualified content expert.

Requirement
Describe the accommodations made for, or resources available to, faculty to handle the additional workload associated with classes of 30 students or more.

Response

During the self-study year, no MHA classes had more than 25 students.

SCHS Policy Related to Faculty-Student Ratios:

Guidelines for 600-700 level classes: Cap = 25 students; >40 students = 1.5 load (or 0.5 overload) >50 students = 2.0 load (or 1.0 overload). Distance education classes follow the same guidelines as normal classes.

NO SUPPORTING DOCUMENTS

Criterion I.B.3.2. Additional resources for online or blended instruction

Program and University leadership will ensure that the resources available to faculty are commensurate with workload.

Interpretation
CAHME recognizes that large class sections, blended and online instruction place additional demands on course faculty and requires that the quality of instruction should not be compromised. CAHME will seek evidence that faculty are supported with additional resources and that the majority of instruction is with the faculty of record who is a qualified content expert.

Requirement
For programs with online or blended instruction, describe the additional resources available to faculty.

Response

Online Education Resources:

UNLV's [Online Education](#) department partners with the HCAP department to design student-centric online courses for the MHA and EMHA Programs. Faculty are assigned a dedicated Instructional Designer, who holds an MHA degree, which allows faculty to concentrate on course content and student communication without worrying about navigating course set-up and assessment inputs within the online learning platform. Detailed information on OE's support is provided in the attached.

Library Resources:

MHA students and faculty are supported by a [Health Sciences Librarian](#) who assists with curriculum design, research support and other inquiries. Xan Goodman, is assigned by the Dean of Libraries to the Program, and also conducts anti-plagiarism training.

See [Health Sciences Library website](#) for additional information.

SUPPORTING DOCUMENTS
MHA Faculty Support Provided by Online Education

Criterion I.B.3.3. Policies for TA's and co-teaching

Program and University leadership will ensure that the resources available to faculty are commensurate with workload.
Interpretation
CAHME recognizes that large class sections, blended and online instruction place additional demands on course faculty and requires that the quality of instruction should not be compromised. CAHME will seek evidence that faculty are supported with additional resources and that the majority of instruction is with the faculty of record who is a qualified content expert.
Requirement

Describe the policies governing the use of Teaching Assistants (TA's) and co-teaching in the program.

Response

The MHA program did not use any Teaching Assistants or have any faculty co-teaching any courses in the self-study year. Grad Assistants typically assist faculty in their research projects, but do not teach in the program. The Graduate College offers resources for Teaching Assistants on their [website](#).

The Office of Information Technology provides [ten different training sessions](#) in the Fall for both faculty and teaching assistants to become more fluent in WebCampus in addition to the 365 days

of IT Help Desk support they offer. They continue to provide open labs on Fridays throughout the entire school year for faculty and teaching assistants to come ask questions and get help in their WebCampus courses.

NO SUPPORTING DOCUMENTS

Criterion I.B.3.4. Majority of instructional time and qualified faculty

Program and University leadership will ensure that the resources available to faculty are commensurate with workload.

Interpretation
CAHME recognizes that large class sections, blended and online instruction place additional demands on course faculty and requires that the quality of instruction should not be compromised. CAHME will seek evidence that faculty are supported with additional resources and that the majority of instruction is with the faculty of record who is a qualified content expert.
Requirement

For programs with online or blended instruction, describe methods the Program uses to ensure that qualified faculty have responsibility for the majority of instructional time.

Response

Faculty Selection:

Online courses offered in the MHA program are offered predominantly by doctorally-prepared faculty, with some master-degreed faculty (professionally qualified) who have substantial health care industry experience. The MHA program does not use Graduate Assistants to teach MHA classes, ensuring that all instruction is provided by the faculty of record for each class.

Rigorous processes are used to select MHA faculty for the program; processes are the same for both on-campus and on-line course formats. Faculty selected are subject matter experts with education and research interests, and who maintain their relevance through research and community partnerships to teach effectively.

Additional Support:

MHA faculty utilize qualified guest speakers from local health institutions, enhancing the quality of instruction, and serving to act as additional resources to faculty. Guest speakers hold leadership roles in the area of operations, quality, law, human resources, strategy, risk management, and policy. They represent local, regional and national health care providers and payers.

NO SUPPORTING DOCUMENTS

Criterion I.B.4.1. Availability of University wide academic resources

The organization of the Program and its relationship to other academic units will enable students to draw broadly on academic resources throughout the University.

Interpretation
CAHME recognizes that the educational goals of programs can best be met if students have access to and utilize, to the greatest extent possible, the resources of the entire University for courses, independent study and research

Requirement

Assess the availability of University wide academic resources (e.g. courses, student activities) and describe how they are made available to the student in the Program.

Response
Students have access to many university wide resources including the Graduate and Professional Student Association (GPSA), SCHS events and opportunities, Health Care Administration Student Association (HCASA), courses outside the program, writing center, and Lied library. The GPSA is a source of information for graduate and professional students regarding conference and research funding, social activities, community service, and more. The GPSA maintains the Graduate Student Commons located in the Lied Library, which includes a working office equipped with a copier, fax, flatbed scanners, color laser printer, office supplies, and computers with printers and a small kitchen area. The SCHS offers many events for students in the MHA program including seminars, job skill sessions, job fairs, and volunteer opportunities. The HCASA facilitates events such as Career Night and involves students in school wide events. Students have access to resources such as the writing center, which work with students to improve their writing efficiency and the library, which is available on and off campus. There is a dedicated health sciences librarian, Xan Goodman, and a dedicated page for health care administration students. Students may also take relevant courses outside of the program with advisor approval. These courses can be online or traditional.

Criterion I.B.4.2. Barriers to access

The organization of the Program and its relationship to other academic units will enable students to draw broadly on academic resources throughout the University.
Interpretation
CAHME recognizes that the educational goals of programs can best be met if students have access to and utilize, to the greatest extent possible, the resources of the entire University for courses, independent study and research

Requirement

Describe any barriers to access for students in the Program and options that have been considered for addressing those barriers.

Response
Four barriers exist to pursuing an advanced degree; financial, physical location and transportation, technology issues, and time constraints. The Graduate College offers a guide to financing graduate education, including FAFSA instructions, Graduate Assistantships and Fellowships, and the "Graduate Access Emergency Retention" grant, a one-time award to students who have exhausted all financial means and meet certain criteria. The MHA program is offered mainly on campus, which mitigates risk relative to contact hours, however there is a significant emphasis to offering more online classes to reduce barriers to students. Students must attend five courses in the classroom but have an option, depending on the year as classes rotate, of taking some classes online. Some faculty, in conjunction with Online Education, offer students the option of meeting via WebEx when meeting in person is not essential.

NO SUPPORTING DOCUMENTS

Criterion II:

II.A.1.1.

Criterion

The Program will make available full and accurate information regarding its application process; the competencies that form the basis for its curriculum; the curriculum; teaching, learning and assessment methods; and student achievement.

Interpretation

The Program will provide sufficient information to allow prospective students to make informed decisions prior to entering the program, and to allow other interested parties to understand the program and its purpose. This information typically includes recruiting, admissions criteria and practices, academic calendars, grading policies, degree requirements, and student outcomes including completion rate and the percent of students employed within three months of graduation. Since competencies define the nature and content of a program and establish student expectations, information about them should be widely available to students and prospective students.

Accredited programs with multiple tracks must clearly differentiate between accredited and non-accredited offerings in their formal and informal communications.

Requirement

Describe how **students** receive information about your program (e.g. website, brochures, etc.) Provide relevant URLs, and brief descriptions of what these pages contain as appropriate. Copies of print materials not available via the Internet should be available for the site visit team during the site visit. Include in this section a description of how information about competencies, teaching, learning and assessment methods are made available to students and prospective students.

Response:

The program's main information source is through its website: https://www.unlv.edu/hca. Students are also able to review the program's competencies via the Student Handbook which is posted on the UNLV website.

The MHA Student Handbook, available on the MHA website contains information about program requirements, thesis versus/ non-thesis programs of study, internship and capstone requirements among other things.

Representative syllabi are located on the website and show program competencies, teaching, learning and assessment methods.

Student Club - more information on this organization is on its Facebook page.

UNLV Alumni Association - more information is located at: https://www.unlvalumni.org

National Conventions - ACHE Congress is attended by the Program Director and Department Chair. In 2017, UNLV's MHA and EMHA Programs were represented at the ACHE Congress for the first time.

SUPPORTING DOCUMENTS:
MHA Student Handbook
UNLV MHA Brochure
Academic Calendar 2017-2018
Academic Calendar 2018-2019
Academic Calendar 2019-2020

II.A.1.2.

Criterion
The Program will make available full and accurate information regarding its application process; the competencies that form the basis for its curriculum; the curriculum; teaching, learning and assessment methods; and student achievement.

Interpretation
The Program will provide sufficient information to allow prospective students to make informed decisions prior to entering the program, and to allow other interested parties to understand the program and its purpose. This information typically includes recruiting, admissions criteria and practices, academic calendars, grading policies, degree requirements, and student outcomes including completion rate and the percent of students employed within three months of graduation. Since competencies define the nature and content of a program and establish student expectations, information about them should be widely available to students and prospective students. Accredited programs with multiple tracks must clearly differentiate between accredited and non-accredited offerings in their formal and informal communications.

Requirement
Describe how **other stakeholders** (the public, employers, preceptors, and other interested parties as defined by your Program) receive information about the program. Copies of print materials not available via the Internet should be made available to the site visit team during the site visit.

Response:

The program's other stakeholders include alumni, officials, HCAP Advisory Board, health care professionals, potential employers, and members of the public. They receive information in numerous ways:

- Directly through our website which directs people to the Program Director if they have questions.
- HCAP Advisory Board Meetings
- SCHS Biennial Academic Summit
- Media
    - UNLV Today
    - UNLV News Center
- Professional organizations
    - Memberships
    - Networking
- SCHS Alumni Association
- Social media
- SCHS Director of Communication

- Program invitations to community members (Internship & Capstone Presentations)
- Guest speakers/lecturers
- Internship Coordinator

NO SUPPORTING DOCUMENTS

II.A.1.3.

Criterion

The Program will make available full and accurate information regarding its application process; the competencies that form the basis for its curriculum; the curriculum; teaching, learning and assessment methods; and student achievement.

Interpretation

The Program will provide sufficient information to allow prospective students to make informed decisions prior to entering the program, and to allow other interested parties to understand the program and its purpose. This information typically includes recruiting, admissions criteria and practices, academic calendars, grading policies, degree requirements, and student outcomes including completion rate and the percent of students employed within three months of graduation. Since competencies define the nature and content of a program and establish student expectations, information about them should be widely available to students and prospective students.

Accredited programs with multiple tracks must clearly differentiate between accredited and non-accredited offerings in their formal and informal communications.

Requirement

Provide the URL from the Program's website that shows the publication of measures of student achievement including, at a minimum: completion rate for the last graduating class; the percent of these students employed within three months of graduation.

Response:

Much of the program admission and completion criteria are available on the program website and through the Graduate College. Potential applicants can arrange for advising appointments with either the Program Director or the Graduate Coordinator either by phone or in person. Differences in academic offerings (MHA and EMHA), along with the student handbooks are posted on the program's website.

www.unlv.edu/degree/master-hca

SUPPORTING DOCUMENTS:

MHA Handbook

II.A.2.1.

Criterion

The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.

The program's admission criteria should be derived from its mission and serve as metrics by which the Program monitors its performance.

Describe the target applicant market, annual recruitment goals, and the activities involved with pursuing those goals.

Response:

The program's goal is to recruit high performing students who show potential for becoming leaders in the health care industry. In 2014-15, the program implemented a requirement for the Graduate Record Exam (GRE) or the Graduate Management Admissions Test (GMAT) to improve the quality of admitted students. The MHA program admits students in Fall and Spring semesters. The program aims to admit up to 20 students for the fall semester and 10 students for the spring semester. The target market for the UNLV MHA program is primarily Nevada, with secondary markets focusing on Southern California and other western states including Utah, California, Arizona, and Idaho. Marketing in secondary areas and beyond is typically done through the UNLV and program website materials. Many of the program's students have come from the HCAP undergraduate program as well as other UNLV undergraduates.

In the past year, the region has seen expansion in graduate education in this area with the addition of online non-accredited programs. The HCAP department is evaluating the effects of these new programs on its enrollment and is working with the HCAP Advisory Board to improved referrals from the local health care organizations.

The expectation is that with accreditation, applications from high quality students will increase. Our reference is the MPH program, which was accredited in Summer 2013, and had a significant increase in enrollment in that program following accreditation. Accreditation will also help the program recruit from programs that traditionally require the designation for its employees such as the Veterans Administration and the armed services. The VA Southern Nevada Health System is a major presence in the community and opened a 90-bed hospital in 2012. Nellis Air Force Base in North Las Vegas operates the Mike O'Callaghan Federal Medical Center. The facility employs about 1,400 staffers who care for 22,000 active-duty members and their relatives in addition to over 40,000 retirees. It's one of eight major hospitals operated by the Air Force.

The program has also worked to improve its marketing to individuals working in the health care field and conducts outreach to these groups based on its relationships with local providers, the program's Advisory Board, and through local networking. The SCHS hired a full-time communications director and has revamped its marketing materials and the SCHS and program websites. The program also hired an Executive Director of Community Partnerships to target minority serving organizations.

The Director of Graduate Outreach, located within the Graduate College, manages the recruitment of graduate students. Each fall, the Graduate College holds an annual recruitment fair to help potential graduate students to learn about UNLV and other university graduate

programs. The MHA Program Director represents the MHA program at this event to recruit potential students and discuss the admissions process. Students also lead campus tours for those who are interested in attending UNLV. In addition, the MHA Graduate Coordinator, Program Director and Department Chair promote the program to local health care providers and at local community and business events. Dr. Cochran, Department Chair, also serves on the local ACHE Board. In 2017, the Board provided one MHA graduate student and one undergraduate student with a scholarship. The Nevada ACHE chapter has endowed the program with a scholarship to be used for graduate and undergraduate students. This will help in recruitment efforts.

In addition to local recruitment efforts we are beginning to market both of our graduate programs (MHA and EMHA) nationally, specifically at the annual ACHE Congress meeting and in national and regional publications. The Department also feels that CAHME accreditation will improve our national recognition, with particular impact on regional status, and assist in our recruitment efforts.

Another incentive offered by the Graduate College during the self-study year was the addition of six state-funded GAs given to the department. The state-funded GAs allow students to work with faculty members on their research while providing the students with tuition payments and monthly stipends.

CAHME Comment: As described, it appears that the Program targets undergraduate students and those who may work in local/regional health systems. They have recently added the GRE or GMAT as an admission requirement.

NO SUPPORTING DOCUMENTS

II.A.2.2.

Criterion
The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.

Interpretation
The program's admission criteria should be derived from its mission and serve as metrics by which the Program monitors its performance.

Requirement
Describe recruitment activity outcomes below (% minority not applicable to programs outside the US)

Response:

DEGREE PROGRAM:	SELF STUDY AY (2016-2017)		PRIOR AY (2015-2016)	
	TOTAL	% MINORITIES*	TOTAL	% MINORITIES*
1. Total applications received:	65	49.09%	36	55.83%
a) incomplete	33	55%	6	100%
b) complete	32	43%	30	47%
2. Total complete applications:	32	43%	30	47%
a) applicants offered admission	25	50%	24	38%
b) applicants not offered admission	6	0%	6	83%
3. Total applicants enrolled	20	50%	13	23%

*Calculated as percent of total number of self-reporting minority students to total number of students reporting race or ethnicity. Foreign citizens are not counted as minority members, regardless of race.

NO SUPPORTING DOCUMENTS

II.A.2.3.

Criterion

The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.

Interpretation

The program's admission criteria should be derived from its mission and serve as metrics by which the Program monitors its performance.

Requirement

Describe the characteristics of entering students for the self-study year, the year prior to the self-study year and the following the self-study year (if available)

Response:

	YEAR FOLLOWING SELF STUDY AY (2017-2018)			SELF STUDY AY (2016-2017)			YEAR PRIC (2015-2016)
	1ST QUARTILE	MEDIAN	3RD QUARTILE	1ST QUARTILE	MEDIAN	3RD QUARTILE	1ST QUARTILE
Entering GPA	3.08	3.31	3.76	3.22	3.5	3.75	2.9
GMAT	0	0	0	0	0	0	475
GRE Verbal	143	145	146	145	148	149	151
GRE Quantitative	145	146	147	144	147	150	144

NO SUPPORTING DOCUMENTS

II.A.2.4.

Criterion
The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.

Interpretation
The program's admission criteria should be derived from its mission and serve as metrics by which the Program monitors its performance.

Requirement
Provide an assessment of the recruitment and admissions process with respect to the Program's effectiveness in meeting its goals and objectives.

Response:

Recruitment Process:

See Criterion II.A.2.1

Graduate College Application Requirements:

See Criterion II.A.2.6 for specific application requirements

Masters in Health Care Administration Application Requirements:

See Criterion II.A.2.6 for specific application requirements

Assessment of the Recruitment and Admissions Process:

In relation to General Program Goal I, the faculty have updated the program's website, developed new informational materials regarding all HCAP programs and sent those out to 12 local HCOs to increase local program recognition. The program has also been marketed at local, regional and national conferences, including Las Vegas Heals, Nevada Health Care Forum, ACHE Annual Congress, APHA Annual Meeting, SCHS Job Fair and the HCASA Career Night. The faculty have also recognized that closer monitoring of local events will increase our advertising opportunities in the future.

Educational Goal III aims to admit a highly qualified student body. In order to attract these students and guide them through the admissions process, the department hired Jennifer Bonilla as Program Director (PD) in the Fall of 2016 with the intention to redistribute that role from the Graduate Coordinator to the PD. The PD has developed a proactive admissions outreach protocol to ensure communication with all applicants to make sure the they all meet admission stipulations. As part of this goal the PD also evaluates the qualifications of the graduating seniors from the HCA undergraduate program.

Under the same Educational Goal, Objective III.A was intended to create an admissions requirement that required students to complete the GRE or GMAT. **The program required the**

GRE/GMAT for the AY 2014-15 requirement following the lead of the MPH program which experienced a sizeable increase in applicants, including MPH-HCA track, following its accreditation by CEPH in Spring 2013. The program considers the requirement necessary to improve the quality of students admitted into the program. The program has not set a threshold for GRE/GMAT scores and this is under evaluation. The new standardized testing requirement is a possible deterrent to applicants and will be evaluated if enrollment does not improve following accreditation. We are confident that, pending a successful accreditation effort, these same requirements will help to qualify an increasing number of applicants. Applicant queries have consistently asked about the accreditation standing of the program.

NO SUPPORTING DOCUMENTS

II.A.2.5.

Criterion
The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.
Interpretation
The program's admission criteria should be derived from its mission and serve as metrics by which the Program monitors its performance.
Requirement
Provide distribution of enrolled students

Response:

It has not been the historical practice of the department to require students to self-identify as full-time or part-time students when they apply to UNLV's MHA Program, and based on course availability and student bandwidth, their course load fluctuates from semester to semester. Regardless of whether a student is f/t or p/t, they are required to adhere to the department's Advising and Course Sequencing Policy.

Since this information has now been requested by CAHME, an MHA application change has been submitted to the Graduate College, to have F/T or P/T status included on the admissions applications of MHA students. Once the programming change has been made, this data will begin to be documented. For Spring 2018 semester and beyond, we will have a breakdown of F/T vs. P/T students, based on how they self-identified when initially applying.

NO SUPPORTING DOCUMENTS

II.A.2.6.

Criterion
The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.

Interpretation
The program's admission criteria should be derived from its mission and serve as metrics by which the Program monitors its performance.

Requirement
List the criteria used in student selection. Include any specific rules or guidelines concerning previously earned grade point averages, standardized test scores, previously earned degrees, prerequisite courses, prerequisite majors, work experience, career objectives, and/or assessments made by interviewers.

Response:

Graduate College Application Requirements:

Applicants must meet the following academic requirements:

1. Hold a four-year baccalaureate degree from a regionally accredited institution or an approved equivalent.
2. Have a minimum overall undergraduate grade point average of 2.75 (4.00=A), or a minimum 3.00 GPA (4.00=A) for the last two years (60 semester credits) of study.

Masters in Health Care Administration Application Requirements:

To be considered for admission, an applicant must meet Graduate College standards and:

1. Hold a bachelor's degree or recognized equivalent from a regionally accredited institution. A criterion for admission is at least a B (3.0) grade point average, or equivalent in work completed after the first two years of a bachelor's degree program, and in all post-baccalaureate course work. An applicant who does not meet this academic criterion may request special consideration.
2. Submit the following documents as part of the online application for admission:
   1. A one to two-page personal essay describing why they want to pursue a career in health care management (may include career objectives).
   2. A resume.
   3. Unofficial transcripts from all post-secondary institutions attended.
   4. Contact information for three references who will upload letters of recommendation on your behalf.
3. Submit official GMAT or GRE scores.
4. All domestic and international applicants must review and follow the Graduate College Admission and Registration Requirements.

In addition, a satisfactory score on the Test of English as a Foreign Language is required for applicants whose first language is not English.

Applicants can expect to receive an admission that is full, provisional, conditional, provisional and conditional, or be denied admission. Provisional admission applies to applicants with a low GPA, a marginal application package, or no work experience. Conditional admission is for students who have not submitted all materials (e.g. GRE scores) or who have course deficiencies.

The program does not have specific undergraduate degree requisites, but adds conditions for students without coursework in financial accounting or micro-economics and they must complete those courses prior to taking HCA 716 and HCA 718.

The program does not require prior health care work experience; however, the admission committee does give extra consideration for applicants with health care experience.

The admissions criteria were approved by the HCAP faculty. The Program Director (PD) is the point of contact for all pre-matriculation inquires. The Graduate Coordinator (GC) is the point of contact for students enrolled in the program. The GC schedules a meeting of the HCAP admissions committee for final application decisions. While all faculty are invited to participate an admissions committee is comprised of at least four HCAP faculty, including the GC and PD. The GC may ask committee members to review applications as they are completed in order to offer early admission to strong candidates. All other candidates are reviewed after the application deadline. During the review committee members have the opportunity to speak to the strengths and weaknesses of specific candidates. The PD and the GC interview prospective applicants either in person or through teleconference. Denied applicants can appeal the committee's decision to the Department Chair who will then meet with the GC to review the candidate's application.

NO SUPPORTING DOCUMENTS

II.A.2.7.

Criterion
The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.
Interpretation
The program's admission criteria should be derived from its mission and serve as metrics by which the Program monitors its performance.
Requirement
Explain policies and procedures allowing for exceptions in the Program's selection criteria, and describe the extent to which these exceptions are made, including the percentage of students admitted based on exceptions to your criteria.

Response:

In cases where students do not meet the minimal requirements, the program provides for conditional, provisional and conditional/provisional enrollments. Conditional admission can include undergraduate degree completion, or completion of specific course requirements needed as pre-requisites for MHA coursework including financial accounting or microeconomics (course specific requirements must be completed in the first year of the program with a grade of "C" or better), or incomplete application requirements, but based on other demonstrated strengths the applicant is admitted conditionally until those omissions are complete. The Graduate College stipulates that it is the students' responsibility to meet those conditions. The program is working on a method to better monitor completion of these conditions through improved advising.

Provisionally admitted students include those who may not meet the minimum academic requirements, but who demonstrate the potential to be successful in the program. Provisional students may have job related experience, may have earned a degree in a field considered more academically challenging, or may have shown a pattern of academic improvement through their undergraduate progression (e.g., higher GPA in their major or in last two years of their undergraduate degree). These students must maintain a "B" average or better during their first year and are usually required to take specific courses that faculty consider essential to determine whether they are acceptable candidates. In these cases, students will be required to take three graduate level courses and maintain a B or better to meet the provisions.

Conditional/Provisional students are those who do not meet pre-requisites or minimum GPA requirements. These students usually have health care administration experience.

It is not unusual for the program to have a large volume of conditionally admitted students based on the time their application was submitted (i.e. undergraduate degree not yet completed or GRE scores not yet received). For example, in the self-study year, only one student (5%) was a provisional admit, two (10%) were admitted conditional/provisional, and the rest (85%) were all conditional admits.

NO SUPPORTING DOCUMENTS

II.A.2.8.

Criterion
The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.

Interpretation
The program's admission criteria should be derived from its mission and serve as metrics by which the Program monitors its performance.

Requirement
Describe recruitment efforts directed at and evaluate the success of the recruitment of a diverse student population, and the commitment to giving full opportunity for admission regardless of minority status.

Response:

US News and World Reports ranked UNLV as the second most diverse campus in the United States. Southern Nevada is one of the most diverse communities in the country. Thus, the program is successful in attracting diverse students. In the self-study year, 50% of the students who matriculated were minorities, which was an increase from 23% the prior year. Recruiting is addressed in two ways. The university recruits students through forward thinking media presence and dynamic engagement in the community. The program and the SCHS adds to this by maintaining a high profile on social media, the school's website, and through the Program Director. The school recently hired a full-time communications director to improve these efforts. The website clearly indicates the school's mission statement, which includes reducing health disparities. A booklet of all academic and research faculty with their photos, research interests, current projects and recent publications has been compiled with a planned roll-out in Fall 2017.

The SCHS hired an Executive Director for Community Partnerships, José L. Meléndrez. He formerly served as the Assistant Vice President in the Office of Diversity Initiatives where he was responsible for Community Engagement and Title III & Title V programs. He is now responsible for coordinating and building partnerships that promote internships for student experiential learning and success. José works with the Center for Health Disparities and the American Indian Research and Education Center doing research and development. José supports the development of new recruitment strategies to increase the diversity of students enrolling in the MHA program. On behalf of the School of Community Health Sciences, José is the liaison for Title III and Title V initiatives. This includes service within UNLV and the Nevada System of Higher Education (NSHE) Hispanic Serving Institutional initiatives.

NO SUPPORTING DOCUMENTS

II.A.3.1.

Criterion
The Program will ensure that students are provided appropriate advising and support services, and that these services are evaluated regularly as a basis for continuous improvement.

Interpretation
Program advising and support services will include those provided at the Program level such as mentoring, academic advising, career planning and counseling by faculty and preceptors. University-wide resources may include counseling, dispute resolution, and financial aid advisement.

Requirement
Describe the system of academic and career advising.

Response:

The MHA Graduate Coordinator makes the initial contact to admitted students to assist them with course selection for their first semester. After matriculating, MHA students are assigned a faculty advisor. While these assignments may not be enduring, as interests between faculty and student may differ, the assigned faculty advisors are required to reach out to students early in their first semester to schedule advising. They provide the student with a contact within the department that can act as a resource for both academic and career advising, which includes discussing the student's goals (personal, academic, and career) and healthcare interests. The program advises new students to meet with their faculty advisor in their first semester in person to complete the Degree Audit Worksheet and the Degree Audit Companion Form. The program has found compliance with this requirement challenging and is working with the Graduate College to facilitate compliance with advising. Subsequent advising sessions are encouraged each semester when convenient for both parties, most often during office hours or by phone. Located within the student file is a contact form which documents when students and faculty are meeting for academic or career advising. Faculty advisors ensure that students are meeting all program requirements such as courses, internship, and capstone, as well as forms and procedures. Faculty are given a checklist for each student that includes important milestones such as attending orientation, acknowledging the program handbook, and forms to be completed for both the program and the graduate college; including degree audits and the faculty advisor contact form, which documents communication between the student and faculty member. The checklist outlines requirements for each semester of the program so that students do not fall behind. The Department Chair and Graduate Coordinator of the program are also available to students who have questions.

The program maintains a three-year course rotation schedule on its website to help students know when courses are scheduled. However, events may prevent a course from being offered in its normal rotation so there is some flexibility in scheduling. Low enrolled courses can be subject to cancellation. Students are expected to participate in program advising actively for this reason. They are expected to attend orientation, which provides both a general overview of the program

and its requirements as well as highlights faculty research areas, program resources, program events, SCHS events, and student clubs. This also gives students an opportunity to meet core faculty, program administrators, and peers.

Career advising usually becomes more varied as students advance in the program; as their involvement deepens to include pre-internship visits to area facilities, the internship, and the capstone course. Career advising also takes place during the Internship and Capstone Courses. During the pre-internship phase students are encouraged to seek out internship opportunities that would complement their career goals. The program's internship coordinator plays an important role in student's professional advising, helping to match students to organizations that fit students' career goals. During the internship, the preceptor also plays an important advising role for the student, providing career advice and direction. In the Capstone course, the instructor takes time to discuss each student's career goals and interests with the intention to prepare them for their future careers and to increase awareness of networking opportunities.

Students are also invited to the SCHS Annual Job Fair and the Health Care Administration Student Association (HCASA) Career Night. At the Career Night, students interact with industry leaders and program alumni. A major objective of the Career Night is to learn from industry leaders how to prepare to be a leader in the health care industry. The HCASA also invites health care professionals to present to students during other club events and discuss career development. For example, during the Spring 2016 semester the invited speaker discussed resume development. The program is currently working on enhancing career development activities.

UNLV Office of Career Services also provides resources that educates, prepares, and assists students and alumni in their pursuit of career development and the search for job possibilities.

NO SUPPORTING DOCUMENTS

II.A.3.2.

Criterion
The Program will ensure that students are provided appropriate advising and support services, and that these services are evaluated regularly as a basis for continuous improvement.

Interpretation
Program advising and support services will include those provided at the Program level such as mentoring, academic advising, career planning and counseling by faculty and preceptors. University-wide resources may include counseling, dispute resolution, and financial aid advisement.

Requirement
Describe the mechanisms for evaluating the effectiveness of the Program's approach to advising and how changes are made.

Response:

The main source for assessing the effectiveness of advising is the student exit survey in which students are asked about their advising experience. School faculty have discussed the importance of advising during the SCHS Biennial Academic Summit and the weekly Academic Assessment Committee meetings. With input from the graduate student on the committee, graduate level faculty, staff, and administrators, developed a plan to address advising issues. As a result of information obtained from these sources, the SCHS revised the advising process by shifting the responsibility from the Graduate Coordinators to all program faculty. In this realignment, the Graduate Coordinator assigns newly admitted students to individual faculty members with the expectation that an initial advising meeting take place during the first semester. The advisor's contact information is given to students immediately, so that they have a contact within the department, with whom they can discuss any issues prior to school starting. Faculty advisors are asked to reach out to incoming students proactively. All program faculty document on a common shared drive file their attempts to contact their advisees. During the self-study year, in addition to new students, current MHA students were assigned to faculty members for advising. Students have the opportunity to request a change in their advisor. This is usually done if a student decides to complete a thesis or professional paper instead of the capstone course. In these instances, students will want to select an advisor that can best assist them with their research interests.

This advising revision included the development of a new advising packet. The packet is put in each students' file in order to document their progress and communications. The packet includes: the MHA Handbook Acknowledgement Form, the Faculty Advisor Student Contact Log, the MHA Graduate Program Progress Form (i.e. student orientation, conditional requirements of admittance, core courses completed, internship completed, capstone enrollment and completion, culminating experience completed, any scholarly activity, and overall status), the Degree Audit Companion Form, the Degree Audit Worksheet, Prospectus Approval Form (if applicable), the

MHA Student Exit Survey Form, and Culminating Experience Results (applies only to Thesis and Professional Paper). Faculty are expected to use the contact log to document their meetings with students, including discussing career goals and any issues and concerns.

The Graduate College also requires documentation of advising through the completion of the Degree Audit Worksheet and the Degree Audit Companion Form. Documentation of student progress through the Graduate College is provided through MyUNLV.

This plan has been effective thus far but will take some time to see if students in the program receive these changes positively. Data will continue to be evaluated from exit surveys collected each semester.

NO SUPPORTING DOCUMENTS

II.A.3.3.

Criterion
The Program will ensure that students are provided appropriate advising and support services, and that these services are evaluated regularly as a basis for continuous improvement.

Interpretation
Program advising and support services will include those provided at the Program level such as mentoring, academic advising, career planning and counseling by faculty and preceptors. University-wide resources may include counseling, dispute resolution, and financial aid advisement.

Requirement
Describe how financial aid information is systematically made available to students in the Program. Provide an assessment of the adequacy of financial resources available and describe steps being taken to address any inadequacies.

Response:

Potential applicants and current students needing financial aid are referred UNLV's Office for Financial Aid and Scholarships.

Financial aid information is systematically made available to all students using phone counseling, front desk counseling, Skype video counseling, and through a comprehensive website. The website describes how to apply, priority deadlines, scholarships, grants, loans, work programs, VA benefits, has all necessary forms, contact information, and college costs. Students can now use FinAidQ, a virtual waiting line, to begin the process. The office provides on- and off-campus financial aid outreach for current students and prospective Clark County students. In 2015 and 2016, approximately 250 events were held that assisted about 18,000 people. Financial aid counselors have been added to the recruiting and admissions teams and also to the Center for Academic Enrichment and Outreach team. This center is the home to 21 federally funded TRIO, GEAR UP, and Title III programs and has significant impact in the local community.

The PeopleSoft student information system provides students the following information:

- Online award letters in PDF format
- Revised online award letters in PDF format
- E-mail communications to notify a student a FAFSA has been received
- E-mail communications to notify a student an award letter has been created
- E-mail communications to notify a student an award letter has been revised
- E-mail communication to notify a student of missing information
- Online checklists to visually demonstrate to a student information is outstanding and the due date
- Mandatory federal consumer information is provided to students
- Online accepting or declining of federal student loan offered
- Automatic acceptance of scholarships and grants
- Reminder e-mail communications and important dates are regularly sent to students
- Annual information regarding federal student loans previously borrowed and estimated monthly payments upon graduation

In addition, a third-party call center now assists with answering the overflow calls during peak times of the semester for the Cashiering and Student Accounts Offices. The request for additional financial aid staffing is still under consideration as the recommendations came at a time when the institution was still (and is still) operating under severe budget cuts implemented by the state in response to the economic recession.

Efforts are underway to utilize available tools to communicate with students more effectively in several areas:

- Relate Salesforce to PeopleSoft in order to better manage communication with students
- Send earlier emails regarding non-payment of fees
- Contact students with outstanding balances to find out if they actually plan to attend UNLV
- Improve verbiage on statements of money owed to enable students to understand what they are paying for.

Many of the above efforts to communicate with students earlier in their application process will shorten lines and lower the number of phone calls into Financial Aid because students will have a better understanding of what they need to do and by when. The University is also considering a more centralized approach toward scholarship awarding.

In our self-study year, we had 10 students admitted into the program. Five (50%) of those students submitted a FAFSA for the 2016-17 academic year. All five students were awarded loans but only one (10%) student accepted the loans. All students who were offered loans, were offered $13,712 in loans for the 2016-17 academic year. Scholarships are also awarded in the program through the Office for Financial Aid. In AY 2016-17, the HCAP department received two endowed scholarships to provide ongoing scholarships for outstanding students in the department. Two MHA students received school funded scholarships for AY 17-18.

Students can also apply for Graduate Assistant positions and should do this when they submit their applications for admission. State funded GAs are administered through the UNLV Graduate College. These GA positions are limited and competitive, but offers students a GA that provides full-tuition reimbursement as well as monthly stipend paid at an hourly rate not to exceed 20 hours per week. The Graduate College recently expanded the number of GAs available to program students through the Health for Nevada Initiative. As a result, all tenure/tenure track faculty in the program will have a GA. MHA students who receive these GAs must have completed the appropriate financial aid information. These funds will be used to provide research GAs to faculty on a competitive basis to support their research and grant-writing initiatives. The Graduate College website displays Financial Aid and other financial assistance information on their web link Financing Graduate Studies.

NO SUPPORTING DOCUMENTS

II.A.3.4.

Criterion
The Program will ensure that students are provided appropriate advising and support services, and that these services are evaluated regularly as a basis for continuous improvement.

Interpretation
Program advising and support services will include those provided at the Program level such as mentoring, academic advising, career planning and counseling by faculty and preceptors. University-wide resources may include counseling, dispute resolution, and financial aid advisement.

Requirement
Describe any other programmatic or university-wide support services (e.g. counseling, tutoring) available to Program students.

Response:

Academic Advising/Career Planning:

MHA students are assigned a faculty member/advisor as soon as they are admitted.

Tutoring Services:

The UNLV Academic Success Center provides tutoring.

Internship/Capstone:

MHA students have preceptor guidance with formal evaluations.

Financial Aid Services:

UNLV's Financial Aid Office is located centrally on-campus, and also provides telephone services. Students can receive guidance on financing options for their education, including accessing student loan funds, applying for scholarships, etc.

Mentoring:

The UNLV Alumni Association is in the early stages of launching a mentoring program, with informal mentoring relationships already launched. MHA Students can participate in this program on a voluntary basis.

Counseling:

University-wide Student Counseling and Psychological Services for students.

NO SUPPORTING DOCUMENTS

II.A.4.1.

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

Interpretation
Student, alumni and practitioner involvement in such areas as evaluation of courses, instructors, curriculum, career and academic advising, decisions on student recruitment and admission and selection of new faculty is critical to ensuring the ongoing relevance of the Program to the changing needs of the profession, and will be evaluated in the context of overall University policy.
Successful programs have used these stakeholders creatively to demonstrate currency and relevancy of their Programs. Some examples include: Advisory Groups, Executive in Residence programs, Annual Program Retreats, students serving on program related committees, and Strategic Planning sessions.

Requirement
Describe how students, alumni and practitioners are involved in appropriate areas of Program decision-making and evaluation, including the frequency of involvement
The Program should have substantiating documentation available for onsite review by the site visit team or could upload these as attachments below. Examples include meeting minutes, survey instruments and results etc.

Response:

Students, alumni, and practitioners are involved in appropriate areas of program decision-making and evaluation on a regular basis. Involvement from practitioners is obtained through the MHA Advisory Board, the Biennial Academic Summit, and preceptor evaluations of students. Alumni are also invited to the Biennial Academic Summit and are also included in the annual alumni survey.

The MHA Advisory Board consists of leading health care professionals and meets at least annually to discuss the program and relevant competencies graduates should acquire through the program as well as needs of the community and the healthcare field. During the self-study year, the Advisory Board met more frequently to review specific areas such as competencies, goals and objectives, and updating of the internship/capstone projects.

Alumni surveys are used to maintain connection with alumni, gauge how their education has supported their professional goals, and determine what new trends they are seeing in the workplace that the SCHS can address in its programs. These surveys are used to inform the program of changing needs and often lead to changes such as adding courses or publishing a three-year course rotation.

The school also conducts a SCHS Biennial Academic Summit to obtain feedback from all of the school's stakeholders. The Summit includes undergraduate and graduate students, alumni, faculty and staff, emeritus faculty, community and state partners, and university officials. During the summit, focus groups discuss and identify information regarding community needs. Everyone has the ability to contribute and it is documented on charts, individual questionnaires, and an exit survey. After the summit, the data are gathered, analyzed, and presented to the Academic Assessment Committee (ACC) for evaluation. Recommendations made during the summit have led to changes in the school's programs, including the MHA. For example, during the most recent biennial summit, alumni, students, and community partners reported that graduates need more guidance in navigating the job market. As a response, the ACC worked with students and faculty to implement a job fair. It also updated the HCAP Career Night. These activities enabled students to meet potential employers, participate in mock interviews, and submit resumes

Input from all of the stakeholders are reviewed during the meetings of the ACC or discussed in faculty meetings for program changes. The AAC meets weekly to discuss the SCHS programs' need, including the MHA. Results of these activities have led to updating assessment tools (internship surveys, exit survey, etc.). This information is collected and shared to the school faculty during the annual academic assessment meeting held each spring. Other information is acted upon directly through school programs, including program or course changes. The AAC meets weekly and monitors progress to see that changes are facilitated.

NO SUPPORTING DOCUMENTS

II.A.5.1.

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

Interpretation
In a Program's efforts to monitor graduate achievement, the career paths of graduates will be tracked for at least three years (two years for programs undergoing initial accreditation). The Program will provide information on program completion rates, employment status, and other indicators such as preparedness for functioning in the workplace and student satisfaction with their education.

Requirement
Describe any assessment techniques or other indicators used to measure graduate's career achievements.

Response:

The SCHS Dean's office facilitates many surveys in order to measure career achievements. The Student Engagement, Assessment, Research, and Development (SEARD) survey, SCHS Biennial Academic Summit, and annual alumni survey are a few of these measures. The SEARD survey is given to current (?) students on the first day of class and measures their employment status when entering the program, as well as other information.

Alumni surveys are sent from the dean's office annually via e-mail to all graduates from the program, with all responses collected using an online survey engine (Qualtrics). The alumni survey asks alumni about their current employment status and if their degree helped them achieve a higher paying job and/or a higher-ranking position within their organization as well as to provide input on their overall program satisfaction. The alumni survey is meant to inform the success of the program as a whole and its relevance to the job market. Data analytics are also used to examine the success of the program such as graduation rates. Job placement rates, which includes reconnecting with graduates and finding out about their career achievements, are also examined.

The university also facilitates an annual award for distinguished alumni. The Alumni of the Year award is a prestigious honor and celebrates alumni career achievement. The recipient is selected from nominations by faculty and administrators and honored at an awards banquet.

Alumni are also featured in the biannual UNLV Magazine. Often, alumni are featured in articles, but accomplishments and life milestones are also noted in the section titled "Class Notes". The UNLV Alumni Association has a great webpage with alumni accomplishments featured.

NO SUPPORTING DOCUMENTS

II.A.5.2.

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

Interpretation
In a Program's efforts to monitor graduate achievement, the career paths of graduates will be tracked for at least three years (two years for programs undergoing initial accreditation). The Program will provide information on program completion rates, employment status, and other indicators such as preparedness for functioning in the workplace and student satisfaction with their education.

Requirement
Provide a self-assessment and present results from any external assessments of the preparedness of graduates to pursue careers consistent with the Program goals.

Response:

In the first semester, students are required to meet with their faculty advisor to discuss curricular and career goals, this is a new program initiative. Students are also asked to indicate their work status in the first day of class survey. This helps identify students currently working in health care. They are asked this question again in the exit survey which is useful in determining how students both with and without health care experience progress in their careers as a result of completion of the program.

The exit survey also asks students to assess how well they have attained the program's stated competencies. Since this is a self-report, it is not necessarily verifiable. Therefore, we will be surveying other stakeholders in an effort to build a more comprehensive, multifactorial competency portfolio. In the past, the program has informally asked students to describe which competencies they believe are most important and which other topics they would like to see covered in the program. Based in part on this feedback, the program has redesigned its culminating experiences and have removed Research Methods as a program requirement.

The SCHS conducts an annual alumni survey to get updates on graduates and recommendations for the program. This survey has program specific questions for MHA alumni. Each biennium, the program participates in the SCHS academic summit to get input from current students, alumni, advisory boards and local providers.

SUPPORTING DOCUMENTS:

HCA 793 Preceptor Evaluation of Student

HCA 793 Student's Assessment of Preceptor's Competency Facilitation

MHA Alumni Survey Results 2.1.2017

II.A.5.3.

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

Interpretation
In a Program's efforts to monitor graduate achievement, the career paths of graduates will be tracked for at least three years (two years for programs undergoing initial accreditation). The Program will provide information on program completion rates, employment status, and other indicators such as preparedness for functioning in the workplace and student satisfaction with their education.

Requirement
Provide information on completion rates over the past three years (two years for programs undergoing initial accreditation).

Response:

SELF STUDY AY (2016-2017)	YEAR PRIOR TO SELF STUDY AY (2015-2016)	
Completion Rate	96%	100%

NO SUPPORTING DOCUMENTS

II.A.5.4.

Criterion

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

Interpretation

In a Program's efforts to monitor graduate achievement, the career paths of graduates will be tracked for at least three years (two years for programs undergoing initial accreditation). The Program will provide information on program completion rates, employment status, and other indicators such as preparedness for functioning in the workplace and student satisfaction with their education.

Requirement

a. Employment Settings of Program Graduates

For the past three (for initial accreditation, two) graduating classes, describe by category the employment settings of Program graduates.

Response:

a. Employment Settings of Program Graduates

For the past three (for initial accreditation, two) graduating classes, describe by category the employment settings of Program graduates.

	1 YEAR PRIOR TO SELF STUDY AY (2015-2016)	SELF STUDY AY (2016-2017)
EMPLOYMENT/ EMPLOYMENT SETTING	**# OF GRADUATES**	**# OF GRADUATES**
Postgraduate Fellowship	0	0
Pursuing further education (including medical school)	0	0

	1 YEAR PRIOR TO SELF STUDY AY (2015-2016)	SELF STUDY AY (2016-2017)
EMPLOYMENT/ EMPLOYMENT SETTING	# OF GRADUATES	# OF GRADUATES
International Students returning home without seeking US employment	0	0
US students employed overseas	0	0
Hospital or Health System	6	2
Medical Clinic or Physician Practice	3	2
Military or VA Facility	0	0
Association, foundation or voluntary agency (ACHE, AHA, W.K. Kellogg, etc.)	0	0
Insurance	2	0
Long-term Care or Home Health Agency	0	0
Consulting	0	1
Bio-tech / Medical Device /Pharmaceutical Company	1	0
Employed outside the healthcare sector	1	0
Other	0	1
Unknown	1	3
Totals	14	9

b. Positions Currently Held by Program Graduates

For the past three (for initial accreditation, two) graduating classes, complete below table to detail the positions held by Program graduates.

POSITIONS BY TYPE	# OF GRADUATES (2015-2017)
Executive Office (e.g. CEO, President, Chief Medical Officer, Chief Information Officer, Partner, Owner etc.)	1
Chief Operating Officer/Vice President of Operations (e.g. Assistant Administrator, Division Director, Facility/Regional Administrator, etc.)	6
Management Staff (e.g. Manager, Unit Administrator, Practice Manager, etc.)	5
Senior Staff (e.g. Senior Analyst, Senior Consultant, Financial Officer, Information Officer, etc.)	0
Staff Specialist, Staff Support (e.g. Management Analyst, Medical Records Administrator, Consultant, etc.)	7
Physician	0
Associate Professor	0
Registered Nurse	0
Pharmacist	0
Unknown	4
Other	0
Totals	23

provide the URL for the alumni directory (Optional).
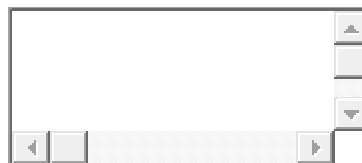
c. For the past three (for initial accreditation, two) graduating classes, provide job placement rates within the first three months after graduation

	1 YEAR PRIOR TO SELF STUDY AY (2015-2016)	SELF STUDY AY (2016-2017)
Job placement rate	93%	TBD

SUPPORTING DOCUMENTS

MHA Job Placements Fall 2015 - Spring 2017

II.A.5.5.

Criterion
The Program will ensure that graduates' career preparedness is monitored, documented and used for continuous improvement.
Interpretation
In a Program's efforts to monitor graduate achievement, the career paths of graduates will be tracked for at least three years (two years for programs undergoing initial accreditation). The Program will provide information on program completion rates, employment status, and other indicators such as preparedness for functioning in the workplace and student satisfaction with their education.
Requirement
Comment on the relationship between the employment settings/positions of Program graduates listed in Criterion II.A.5.4 and the Program's educational goals and objectives. **If job placement rates in health care services or related fields for program graduates are less than 80 percent over the last three years, provide an explanation.**

Response:

During the self-study year and the year prior the HCAP had a total of 23 graduates. Eighteen of these 23 graduates (78%) were employed within the health care sector within three months of graduation. One is in executive level leadership, six hold Director or Assistant Administrator positions, five are in management, and six are in staff specialist or support roles. Of the remaining five graduates, one took employment outside the health care sector working as a project analyst for an airline. Only four graduates are currently unemployed, with three of those actively pursuing employment within health care; the fourth decided to stay home with her children. The other students graduated in May 2017 and a three-month follow-up will be made available during the site visit.

Based on these figures the HCAP is confident that students are getting the education necessary to be competitive in the health care administration job market which is a reflection on our program's competencies, curriculum, faculty, networking abilities, and community partnerships. Based on pursuing this advanced degree the HCAP reports that 19 (86%) of our recent graduates seeking employment were able to secure employment in general, whether in the healthcare field or otherwise.

In the self-study year, the program's job placement rate was 66% (6/9). One student graduated in the Fall of 2016 (December) and due to health issues could not begin applying for jobs after graduation. In our latest graduating class (Spring, May 2017) we have two students who will begin job hunting in May. Internships and graduate assistantships prevented them both from looking for or taking employment prior to graduation. The HCAP's job placement rate is expected to go up for the self-study year within three months of graduation pending those three

graduates, who are actively looking for employment, as they gain employment in the health care sector. The rate should become closer to the year prior, which was 93%.

In regard to Program Goal II, Objective II.B which is to create opportunities for students to obtain placement in health care careers the HCAP held a Job Fair on April 24, 2017 and a Career Night on May 2, 2017. All students were encouraged to attend, especially those looking for employment or a change in employment after graduation. This also helps the program to meet its professional networking benchmark and employment rate goals of at least 80% employed within three months of graduation. This also continues to enhance our community partnership relationships.

The program continues its commitment to high job placement rates which begins with the orientation session scheduled each semester. At this event students are introduced to internship and capstone requirements and advised of the numerous community partner organizations so that they can begin contemplating employment opportunities post-graduation.

NO SUPPORTING DOCUMENTS

Criterion III:
III.A.1.1.

Criterion
The Program will adopt a set of competencies that align with the 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.

Interpretation
Student learning is a central focus of graduate education and is driven by each Program's unique mission and the varied employment settings of its graduates. Therefore, it is important that programs be able to articulate the expected competencies of program graduates. These competencies should be driven by the mission; form the basis of the programs curriculum; serve to link course content in pursuit of competencies; and foster appropriate levels of teaching and methods of assessment.

Requirement
Provide a list of the competencies used by the program, and describe how these competencies align with the program's mission and the types of jobs graduates enter.

Response:

Knowledge of Health Care Environment:

1. Health Care Issues and Trends (Demonstrate a broad knowledge of the health care industry and trends involved in provision, coverage, and access to care)
2. Standards and Regulations (Identify standards, laws, regulatory and accreditation criteria applicable to health care organization)
3. Populations' health and status assessment (Identify basic theory, concepts and models of health promotion, disease causation and prevention; analyze trends using primary and/or secondary community and health status data)
4. Health Care Personnel (Define and assess clinical and nonclinical roles and practice; related to human resources management in health care)
5. Health Care Payment System (Develop a strong understanding of the reimbursement process for health care in the United States including the private and public-sector payers)

Communication and Relationship Skills:

1. Effective written, oral and presentation skills (Be able to communicate in a clear and logical manner within both formal and informal groups)
2. Interpersonal Communication and working in teams (Build collaborative relationships, create, participate in and lead teams)

3. Work effectively in a culturally diverse environment

Leadership, Professionalism, and Ethics:

1. Personal and Professional Ethics (Adhere to ethical personal and business principles; exhibit ethical behaviors)
2. Professional & Community Contribution (Participate in community service; balance professional and personal pursuits)
3. Participate in and lead team activities that demonstrated collaborative group effort and effective group processes, including the ability to hold team members accountable individually and collectively.
4. Assess Individual Strengths and Weaknesses (Evaluate personal and professional values; participate in continuing education and lifelong learning)
5. Systems Thinking (Broad systems connections -- potential impacts and consequences of decisions in a wide variety of situations)
6. Planning and Implementing Change (Promote and manage change)
7. Ability to assess needs of communities and have a visionary perspective for the own organization

Business Knowledge and Skills:

1. Health Economics (Analysis and application of economic theory and concepts to business decisions)
2. Organizational Dynamics and Governance (Apply organizational theory and behavior to develop, assess, design or redesign health care organizations)
3. Problem-solving and Decision-making (Formulate questions and apply models to address issues and problems
4. Time Management (Ability to balance multiple tasks and responsibilities; set and meet deadlines)
5. Financial Management (Ability to compile and analyze financial data; develop capital, operating and cash flow budgets; analyze investment data; pro forma development)
6. Strategic Planning (Ability to perform environmental analysis; discern competitive strategy; formulate business strategy based on evidence)
7. Information Management/Understanding and Using Technology Skills (Apply techniques and methods to plan, design, implement and assess information flow and communication)
8. Risk Management (Assessment of risk exposure; apply methods to ensure patient and staff safety; resolution of ethical and legal issues)
9. Quantitative Skills (Analyze data and interpret quantitative information)
10. Legal Principles Development, Application and Assessment (Analyze managerial issues related to the law governing health care; compliance; fiduciary responsibility)
11. Marketing (Analysis and assessment of markets, market segmentation, strategy, change and innovation)
12. Quality Improvement/Performance Improvement (Define and assess quality and performance)
13. Planning and Managing Projects (Able to design, plan, implement and assess projects related to performance, structure and outcomes of health services)

14. Health Policy Formulation, Implementation and Evaluation (Identify policy issues and key stakeholders; design and evaluate policy strategies)
15. Human Resources (Apply methods and techniques related to the management of health care organization employees and professional staff)

Alignment with the Program's Mission:

The mission of the UNLV Master of Health Care Administration program is to provide high quality, competency-based education to prepare diverse entry-level and mid-management health care professionals from Nevada and the surrounding western region. Our curriculum provides the knowledge, skills, and practical experiences to prepare students to become health care management leaders who will improve the future delivery of health care in the region. Our faculty will conduct research to further the field of health care administration and provide service within and outside of the university that supports the needs of the profession and community.

Our competency development was based on a review of existing models used by CAHME accredited programs. Once a model and competencies were developed by the department the HCAP Advisory Board reviewed and gave their feedback. This board, comprised of local industry leaders and alumni, has helped ensure that our students can become health care management leaders by gaining the necessary knowledge and skills employers demand.

Alignment with Jobs that Graduates Enter:

The program's competencies are organized into four domains: Knowledge of Health Care Environment, Communication and Relationship Skills, Leadership, Professionalism, and Ethics, and Business Knowledge and Skills. Knowledge of the current health care environment is essential for our students to find job placement. Professionals in the health care field should be expected to understand health care issue and trends, have a working knowledge of standards and regulations, be able to explain population and community health, and how this all relates to diversity issues in health care. In addition, knowledge of health care personnel and their roles in health care are critical in order to be a successful leader. Knowledge of the health care payment system is essential for managers in order to prepare for any changes in the reimbursement models for health care.

The program identifies three competencies under Communication and Relationship Skills. Effective written, oral, and presentation skills have been continuously identified by our community partners and advisory board as essential work requirements. In addition, the health care delivery system is all about working in diverse teams. Successful health care professionals must be able to show collaborative traits in working with others in the organization. Developing these competencies has allowed several of our recent graduates to step into management roles, working in diverse teams on consulting and strategic management projects related to health care.

Developing leadership, professionalism, and ethics is an evolving process for students. They need to understand how these traits are affected both personally and professionally and must demonstrate these principals in order to obtain employment. Students should also be prepared to contribute to their field and to their community, and to self-assess their strengths and weaknesses

in order to advance in the profession. Community leaders and the advisory board have also discussed the importance of promoting and managing change for health care professionals. Ultimately, students must be able to assess community needs in order to help their organizations be successful in an evolving health care environment. Without question, health care is constantly changing and students need to be able to adjust to those changes for themselves, for their organization, and for their community. This set of competencies has served several graduates as they moved directly into health care director positions following graduation, two in local hospitals, one in Oklahoma, and another in California.

A large portion of the program's competencies are in the category of business knowledge and skills. Students are exposed to all of these competencies throughout the program. However, students may have interests in specific competencies that they wish to develop during their internship and capstone experiences in order to find employment in those areas that they most enjoy. For example, a recent graduate was promoted from accountant to senior accountant with a local health system upon graduation from our program.

Based on the job placement rate (as identified in the previous criterion) and the types of roles our students have been able to obtain; the program administrators feel that the program is meeting its mission of preparing health care management leaders who will improve the future delivery of health care in the region.

NO SUPPORTING DOCUMENTS

III.A.1.2

Criterion
The Program will adopt a set of competencies that align with the 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.

Interpretation
Student learning is a central focus of graduate education and is driven by each Program's unique mission and the varied employment settings of its graduates. Therefore, it is important that programs be able to articulate the expected competencies of program graduates. These competencies should be driven by the mission; form the basis of the programs curriculum; serve to link course content in pursuit of competencies; and foster appropriate levels of teaching and methods of assessment.

Requirement
Describe the process by which the program's competencies are developed and periodically reviewed with faculty for relevance. Include information on any faculty or committee approval needed for changes to program competencies.

Response:

The process for competency development and review has several components, including faculty meetings and retreats, SCHS academic assessment meetings, SCHS annual assessment meeting, and review and input from the HCAP Advisory Board.

The development of a competency based model began at a retreat with all the faculty in July of 2014. This process included reviewing competencies from several of the top CAMHE accredited programs. As a result, the program developed 32 competencies spread across five domains. During the AY 2014-15, faculty met regularly to review the competencies as they related to specific courses. The instructor for each course described the competencies covered in the course and how they were assessed. In addition, the program undertook a matrix evaluation of all courses to evaluate how well the competencies were being covered. This allowed the program to evaluate which competencies were deficient in program content. The faculty regularly review competencies each academic year to assess how well they are implemented. In the summer of 2016, the faculty met to revise the competencies, condensing the number of domains from five to four, and covering 30 competencies. This did not require any committee approval, but the revised competencies were sent to the Advisory Board for review.

The HCAP Advisory Board meets at least annually to solicit committee members' input. A survey implemented at this meeting included questions regarding relevant competencies graduates should acquire through the program, as well as needs of the community. A HCAP Advisory Board competency sub-task force was created in February of 2017. They reviewed the

competencies and developed a list of questions and comments to initiate a revision of the competencies in the 2017-18 year with faculty and advisory board support.

The students' competency self-assessment is completed at the end of a student's graduate program. Students and faculty evaluate competency mastery at the end of the program as part of the culminating experience, and as a means to examine if the needs of the students are being met in courses and throughout the program. These assessments help to determine if the competencies are being adequately addressed in the program. The program is also actively working on developing stronger competency based rubrics for each course and a pre-and post-comprehensive competency assessment, to be implemented in AY 2017-2018 (Educational Goal I, Objective I.D).

NO SUPPORTING DOCUMENTS

III.A.1.3

Criterion
The Program will adopt a set of competencies that align with the 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.

Interpretation
Student learning is a central focus of graduate education and is driven by each Program's unique mission and the varied employment settings of its graduates. Therefore, it is important that programs be able to articulate the expected competencies of program graduates. These competencies should be driven by the mission; form the basis of the programs curriculum; serve to link course content in pursuit of competencies; and foster appropriate levels of teaching and methods of assessment.

Requirement
Illustrate competency coverage across the required core courses and other required components of the program.

Response:

Matrix provided by domain; competency to course mapping. 2 level assessment.

Course syllabi also included.

HCA 721 Advanced Healthcare Finance

EAB 703 Biostats for Public Health

HCA 702 Epidemiology in Health Services Mgmt.

HCA 779 Capstone

HCA 793 Internship

HCA 718 Healthcare Economics

HCA 716 Healthcare Finance and Acct

HCA 761 Healthcare Law and Ethics for Managers

HCA 652 Health Policy and Politics

HCA 715 Health Services Research Methods

HCA 717 HR in Healthcare Orgs

HCA 798 Independent Study

HCA 720 Info Systems

HCA 703 Mgmt. of Healthcare Organizations

HCA 719 Operations and Quality Management

HCA 680 Organization and Management of Long-Term Care Services

HCA 790 Professional Paper

HCA 701 US Healthcare Systems

III.A.1.4

Criterion
The Program will adopt a set of competencies that align with the 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.

Interpretation
Student learning is a central focus of graduate education and is driven by each Program's unique mission and the varied employment settings of its graduates. Therefore, it is important that programs be able to articulate the expected competencies of program graduates. These competencies should be driven by the mission; form the basis of the programs curriculum; serve to link course content in pursuit of competencies; and foster appropriate levels of teaching and methods of assessment.

Requirement
Describe the design, including sequencing, of the program courses including activities beyond the classroom, and their relationship to the competencies.

Response:

The MHA is designed with courses in sequential order. Students are admitted in either Fall or Spring semesters so there may be slight variation as to when students take certain classes, but there are pre-requisites for classes that must be taken prior to others (ex. EAB 703 is a pre-requisite for HCA 715).

Students generally begin the program by taking U.S. Health Care System, Programs, Politics and Policy (HCA 701). This course provides students an overview of the U.S. health care system including the programs, providers and payment systems. The course addresses current issues in health care services and provides a thorough survey of the policies and structures of the U.S. health care system. Students also study a historical analysis of the development of the current system and the organization and administration of health care services today and in the future. In that first semester, students also usually take Epidemiology and Public Health (HCA 702) which is an introduction to epidemiology, disease surveillance, and research study design. Biostatistical Methods for Public Health (EAB 703) was designed to prepare the graduate students to understand and apply biostatistical methods needed in the design and analysis of biomedical and public health investigations. The major topics covered include types of data, descriptive statistics and exploratory data analysis, probability, distributions, estimation, hypothesis testing, ANOVA, simple and multiple regression, basic multivariate techniques, and nonparametric methods. A full- time student would also take HCA 703, Management of Health Service and Organizations, which is intended for students interested in developing a systematic understanding of theories and practices of management in health care organizations and systems. While based on state-of-the-art organizational theory and research, the emphasis is on application. In particular, class participants will be analyzing and evaluating the management functions and roles, organizational

theories, behavioral perspectives and health care policy issues as they apply to health services management.

In the second semester of the program students generally take Health Services Research Methods (HCA 715), which becomes an elective in AY 2017-2018, Health Care Finance and Accounting (HCA 716), Human Resources Management in Health Care Administration (HCA 717) and Health Care Economics (HCA 718). HCA 715 exposes students further to research methods. Topics include writing a literature review, writing a research proposal, quantitative and qualitative research, data analysis, mixed-methods design, and writing the research report. This class builds on some of the concepts introduced in HCA 702 and EAB 703 with a more in-depth approach to guiding students through a research project of their own, should they choose to write a thesis (HCA 799). Health Care Finance and Accounting is the first course of the required two course series in health care financial management (Health Care Finance and Accounting, HCA 716 and Advanced Health Care Finance, HCA 721). The purpose of this course is to impart to generalist administrators, a knowledge of financial and managerial accounting necessary to manage in health care organizations. Three units are covered: financial accounting, managerial accounting, and sources of revenues. This first course will concentrate on the application of accounting and financial management principles and concepts for decision-making in health care organizations, and will integrate knowledge of these principles to specific case problems. Human Resources Management in Health Care Administration (HCA 717) is also taken in the second semester. This course introduces the technical and legal aspects of human resources management from a strategic business perspective and examines how HRM best practices can be applied to health services organizations. The course examines how to manage human resources effectively in the dynamic legal, social, and economic environment currently constraining health care organizations. Health Care Economics (HCA 718) develops conceptual and analytic skills and competencies in the application of principles of microeconomic theory to issues concerning the organization and delivery of health care services. Economic theory will be applied to the demand and supply of medical care, health insurance, payment mechanisms, and market structure. The importance of scarcity and incentives in the delivery of health care are explored, allowing for the unique differences that characterize the health care sector. Students will also gain a general understanding of health institutions, including Medicare, Medicaid, managed care, regulation, hospital and physician behavior, and pharmaceutical markets. Economic theory will be used to analyze the tradeoffs associated with alternative health care delivery systems. This course builds on the overview of U.S. health care programs and regulations introduced in HCA 701 but more with focus on the economic implications of these policies and programs.

In the second year of the program (for full-time students) students take HCA 719, Operations and Quality Management in Health Services. This course focuses on ways and means to improve healthcare operations, with specific focus on the use of analytical methods and techniques to improve healthcare processes. Topics include reducing patient wait times, measuring productivity, streamlining process flows, tracking outcomes and performance metrics, and generally improving health management processes. The level of analysis varies considerably, from operations strategy to daily control of business processes. The objective of this course is to assist students in building the skills necessary to participate actively in decision making involving healthcare management issues. The fundamentals of project management, evaluation of quality and quality measures and principles of quality improvement will be introduced to

students working in any aspect of health care or in health services research. In addition, the course provides participants an opportunity to integrate the knowledge and experience they have acquired in previous courses and health care organizational settings into a broad theory of management. This course starts to take the programs "Systems Thinking", "Planning and Implementing Change", "Quality Improvement/Performance Improvement" and "Planning and Managing Projects" to the interpretation and application level, which is an expectation for second year graduate students. In Information Systems in Health Services Management (HCA 720) prepares students for computer assisted management processes of the future. Students investigate the current status of management information systems in health care administration and examine systems applications, systems analysis and design, and technology assessment strategies. They will need to understand and apply strategic decision-making processes related to information technology in health care settings. By the end of the course, students must understand how health care organizations can use information technology to achieve better operational performance and strengthen their organization's market position. The Advanced Health Care Finance course (HCA 721) builds off the concepts introduced in HCA 716. This second course will concentrate on the application of financial management principles and concepts for decision-making in health care organizations, and will integrate knowledge of health care finance to specific problems. Students are expected to have a basic understanding of financial management, spreadsheet models, managerial and financial accounting prior to taking this course. This course culminates with a capital budgeting project as a test of their ability to apply their financial skills and competencies and along with their ability to work in groups. The final class students take in this semester is HCA 730, Strategic Management of Health Services. The overall goal of the course is to provide students with a framework for the development and application of strategic management theory and practice. Students will have an opportunity to develop a strategic plan for a health care organization. In addition, the course provides students an opportunity to integrate the knowledge and experience from previous courses and health care organizational settings into a broad theory of management. Class participants must demonstrate the ability to identify environmental threats and opportunities, expose organizational strengths and weaknesses, make well-thought-out decisions, create meaningful strategic plans, and formulate specific and realistic implementation tactics. As a small group, students work through eight assignments outside of class to develop a strategic plan for their fictitious organization demonstrating their ability to take the "Business Knowledge and Skills" competencies to a higher level.

The final semester of the program wraps up with Health Care Law and Ethics for Managers (HCA 761), Internship (HCA 793), and Capstone (HCA 779). Note: 793 and 779 will be required to be taken in subsequent semesters, rather than concurrently, beginning in AY 2017-2018. Health Care Law and Ethics for Managers is an overview of the legal issues facing the health care industry. It provides students with an intermediate working knowledge of health law. The Internship may have been taken the semester earlier depending on scheduling and moving forward with the redesign of the Capstone and Internship courses the Internship will be completed the semester prior to Capstone. The internship and capstone experiences require completion of a major project in a HCO. The competencies developed by those projects vary based on the scope of the project and the organization in which the projects take place. Competency assessment is performed by the faculty and the capstone site preceptor and will be

completed by the internship preceptor moving forward. The competencies being developed should be at the second level at this point of the program as students are close to graduation.

NO SUPPORTING DOCUMENTS

MHA Course Sequencing Document

MHA Competency Matrix

III.A.2.1.

Criterion
The program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management aligned with the mission.

Interpretation
The program should ensure mastery of the depth and breadth of knowledge required of graduates in the settings reflected by the Program's mission. CAHME anticipates that the equivalent of 40 semester hours is the minimum required to develop the set of competencies, not inclusive of the residency or internship component of the program. If a program is less than 40 semester hours or the equivalent, a detailed description of the implementation of the set of competencies is required. Programs must ensure that graduates are receiving an appropriate depth and breadth of knowledge of the healthcare system and healthcare management. Programs should articulate major content areas, describe how the program monitors appropriate content areas for inclusion, and identify how the curriculum design exposes students to these areas. Areas of focus will differ by program dependent on each programs mission and core requirements. Content knowledge may be provided to students through a single course, a field activity, or provided in an integrated manner across a series of courses or activities. During the site visit, faculty should be prepared to discuss the scope and depth of the course offerings, with particular reference to what they consider to be the key concepts and competencies provided by their particular course(s). Course syllabi should include session by session topics, and learning and assessment methods.

Requirement
Describe how the curriculum defines the healthcare management program by delineating the knowledge areas in healthcare management and of the healthcare system.

Response:

The MHA curriculum is delivered in 15 courses covering 45 credits (students who want to focus on research can complete a thesis or professional paper in lieu of the capstone course, which requires 48 credits for degree completion). Until 2016-17, all students took the same required courses. The program implemented a course change (effective 2017-18) that eliminated the Research Methods (HCA 715) requirement and made it an elective. The HCAP realized that the majority of students could benefit from taking a specialized health care management course as very few students are pursing research fields. In turn, the program also added three courses as electives (Quality Management in Health Services Organizations, Health Politics and Policy, and Organization and Management of Long-Term Care Services).

Students are expected to gain exposure to each competency in the program's four domains: Knowledge of the Health Care Environment, Communication and Relationship Skills, Leadership, Professionalism, and Ethics, and Business Knowledge skills. They should be able to interpret and apply the majority of the competencies by the time they complete the capstone course. Students build on these skills through a course sequencing process that exposes them to the current health care system, public and community health issues, and introductory knowledge to management related issues. First year courses are intended to offer more breadth to management knowledge, though some of the first-year courses provide more depth to concepts as the semester progresses. This is particularly true in the U.S. Health Care System: Programs and Policies course (HCA 701) in which students are expected to take concepts learned throughout the course and apply those concepts to a policy presentation. For example, competency A1, Health Care Issues and Trends, is expected to develop at the higher level in the writing of the policy paper. The paper asks for effects, advantages and disadvantages, and unintended consequences of a particular policy change. Management of Health Care Organizations (HCA 703) provides an introductory foundation for the profession and management issues related to the profession by introducing students to varying organizational structures, professions, and the different theories of management related to health care services. Students are expected to develop competency D2, Organizational Dynamics and Governance, by developing, assessing, and designing or redesigning HCOs. Students also learn financial and managerial accounting in the context of the health care industry laying the foundation for making financial decisions. Because students are expected to have exposure to accounting techniques before taking the Health Care Accounting and Finance course, more depth to financial management techniques (competency D5) is expected by the time the students complete the course.

Students build on the application of business skills through courses such as human resources management, operations management and health care information systems. Greater depth of concepts is expected in second year courses. Courses such as Advanced Health Care Finance (HCA 721) and Strategic Management of Health Care Services (HCA 730) expound on many of the concepts introduced during the students' first year and apply them to higher level learning. For example, competency D5, Financial Management, students are expected to progress from the ability to compile and analyze financial data in HCA 716 to actually using that information to make investment decisions in their capital budgeting project in HCA 721. In HCA 730, students are expected to develop competency C5, Systems Thinking, and D6, Strategic Planning, at a higher level than was previously attained in HCA 703 and HCA 717 respectively.

The majority of courses include competencies from the Communication and Relationship Skills domain. Throughout the program, students collaborate in diverse teams to demonstrate these skills including group projects, group presentations, and debates. Most of the courses involve one or more of these types of learning activities.

Since students are admitted in the Fall and Spring semesters and some students are part-time, it is not always possible to follow a strict sequencing process. The program does attempt to make sure that first year courses are taken by the students in their first year regardless of the semester in which the student was enrolled. The sequencing process is established in a way where certain prerequisites – or conditions of admission – can be met to allow students to complete those

requirements before they take their related courses (i.e., HCA 716 - Health Care Accounting and Finance, HCA 718 - Health Care Economics). Throughout the program students meet with their academic adviser to discuss course sequencing and identify their professional interests in health care. In this way, faculty can assist students to identify the types of projects they should consider for their internship experience. By the time students take their internship, they should have had exposure to most of the program competencies.

Future internships will require students to submit a proposal that includes the competencies that will be covered and their preceptor will evaluate them specifically on those competencies. While the project may include application of multiple business skills competencies, it is also expected that they will address competencies from the other domains as well. Students are expected to describe the internal and external environmental factors that relate to their project as well as the organizational makeup and governance of their internship site. As part of their assignment, students may be asked to present their findings to leadership (beyond their preceptor) at their internship site. At the end of their internship students also present the results of their project in a poster presentation in which preceptors, faculty and other students are invited to attend.

When students begin their capstone experience, they should have a solid foundation, as demonstrated by the internship experience, for working on a higher-level project. These may be arranged by a HCO to help find solutions to the organization's challenges within the context of that organization's environment. The capstone also helps to fortify their teamwork and leadership qualities and consider ethical and professional issues related to the health care environment. At the end of the program, capstone teams present their projects to the leadership of the organization along with any recommendations for improving services based on their results. The culminating presentation is attended by faculty, students, representatives of the HCAP advisory board and leadership from the participating organizations who provide feedback. The HCAP faculty assess students on the associated competencies.

During orientation attending students complete a competencies self-assessment. This process is new (effective Fall 2016) but plans are already in development to include the self-assessment in HCA 701 (effective Fall 2017) to ensure all students take the pre-program self-assessment which will allow the program to properly analyze the value students perceive the program added to their competency development.

SUPPORTING DOCUMENTS

Internship Proposal Template

III.A.2.2.

Criterion
The program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management aligned with the mission.

Interpretation
The program should ensure mastery of the depth and breadth of knowledge required of graduates in the settings reflected by the Program's mission.
CAHME anticipates that the equivalent of 40 semester hours is the minimum required to develop the set of competencies, not inclusive of the residency or internship component of the program. If a program is less than 40 semester hours or the equivalent, a detailed description of the implementation of the set of competencies is required.
Programs must ensure that graduates are receiving an appropriate depth and breadth of knowledge of the healthcare system and healthcare management. Programs should articulate major content areas, describe how the program monitors appropriate content areas for inclusion, and identify how the curriculum design exposes students to these areas. Areas of focus will differ by program dependent on each programs mission and core requirements. Content knowledge may be provided to students through a single course, a field activity, or provided in an integrated manner across a series of courses or activities.
During the site visit, faculty should be prepared to discuss the scope and depth of the course offerings, with particular reference to what they consider to be the key concepts and competencies provided by their particular course(s). Course syllabi should include session by session topics, and learning and assessment methods.

Requirement
Describe the process by which your program identifies essential healthcare system and healthcare management knowledge areas your curriculum is expected to cover and how the program ensures students are exposed to these areas.

Response:

The program's curriculum design was based on several factors. When the program was implemented in 2009 most of the courses were built on the foundation of the HCAP's undergraduate program, which has been certified by AUPHA since 1992. At the time, many of the students from the undergraduate program were working in the health care professions already and many had degrees in other areas, such as nursing. The program conducted a survey in 2003 to determine interest and need for a master' degrees in health care administration program. The local response to the needs assessment was overwhelmingly in favor of an MHA. Core areas

such as management, operations, health care accounting and finance, and strategic management were considered essential.

We continually evaluate our curriculum to make sure it is providing the latest content in health care management education. Since the program began, core health care management content included HCA 701 - U.S. Health Care System: Programs and Policies, HCA 702 - Epidemiology in Health Services Management, HCA 703 - Management of Health Service Organizations and Systems, HCA 715 - Health Services Research Methods, HCA 718 - Health Care Economics, HCA 716 - Health Care Accounting and Finance, HCA 730 - Strategic Management of Health Services, HCA 717 - Human Resources Management of Health Care Organizations, HCA 720 - Information Systems in Health Services Management, HCA 719 - Operations and Quality Management of Health Services, HCA 761 - Health Care Law and Ethics for Managers, and EAB 703 - Biostatistical Methods for the Health Sciences. In 2013, the program added HCA 721 Advanced Health Care Finance as a required course for the program and dropped HED 710 Fundamentals of Public Health as a requirement, based on input from community practitioners, students, and review of other health care administration programs.

In 2014 a new course numbering system was established to allow for sequential ordering of courses. Other changes made in 2014 included requiring undergraduate level experience in financial accounting and microeconomics before taking related graduate courses: HCA 716 Health Care Accounting and Finance and HCA 718 Health Care Economics. In addition, the format for the capstone course was changed, eliminating a comprehensive exam and requiring additional content in health care leadership and ethics. The HCAP also updated the culminating experience to group case studies that addressed competency attainment.

In preparation for seeking CAHME accreditation, the program reviewed CAHME's domains and evaluated consistencies throughout the curricula. During the CAHME candidacy application preparation, program faculty participated in CAHME Boot Camp webinars. Competencies from National Center for Healthcare Leadership (NCHL), the Healthcare Leadership Alliance (HLA) Model, and St. Louis University (SLU) competency model were considered as guidelines for helping to establish program competencies. The program conducted a two-day retreat in July 2014 to review which competency models best suited the program's mission and the needs of the local market. Ultimately, the program determined best fit with the HLA model. These new competencies were then shared with the HCAP Advisory Board for their input.

The following academic year, the program conducted a gap analysis and held a series of meetings whereby competencies for each course were reviewed and presented by the corresponding course faculty. Input from departmental faculty helped to shape the level of competencies included in the CAHME candidacy application. A matrix was created to determine which competencies were covered by which courses.

Obviously, many management competencies are shared by several courses. Specific business skill competencies were more likely to be covered in courses related to those skills (e.g., financial management, human resources). At the beginning of the self-study year, the program held another retreat and invited faculty, students, and the HCAP Advisory Board to review program content and competencies to prepare for the self-study year and to make any additional

recommendations in both the content of the program and any other changes considered important in program operations. During the self-study year, the program dropped the requirement for HCA 715 – Health Services Research Methods based on faculty and HCAP Advisory Board feedback, and included that course and three other existing graduate level courses as potential electives including HCA 631 – Quality Management in Health Care Organizations, HCA 652 – Health Politics and Policy, and HCA 680 – Organization and Management of Long Term Care.

NO SUPPORTING DOCUMENTS

III.A.2.3.

Criterion
The program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management aligned with the mission.

Interpretation
The program should ensure mastery of the depth and breadth of knowledge required of graduates in the settings reflected by the Program's mission.
CAHME anticipates that the equivalent of 40 semester hours is the minimum required to develop the set of competencies, not inclusive of the residency or internship component of the program. If a program is less than 40 semester hours or the equivalent, a detailed description of the implementation of the set of competencies is required.
Programs must ensure that graduates are receiving an appropriate depth and breadth of knowledge of the healthcare system and healthcare management. Programs should articulate major content areas, describe how the program monitors appropriate content areas for inclusion, and identify how the curriculum design exposes students to these areas. Areas of focus will differ by program dependent on each programs mission and core requirements. Content knowledge may be provided to students through a single course, a field activity, or provided in an integrated manner across a series of courses or activities.
During the site visit, faculty should be prepared to discuss the scope and depth of the course offerings, with particular reference to what they consider to be the key concepts and competencies provided by their particular course(s). Course syllabi should include session by session topics, and learning and assessment methods.

Requirement
Provide a complete list of required courses offered in the curriculum. **Courses Offered (self-study year)**

Response:

YEAR IN PROGRAM	COURSE TITLE-COURSE NUMBER	SESSION	DEPARTMENT	CREDITS	CREDIT HOURS	INSTRUCTOR(S) - FACULTY TEACHING IN THE SELF-STUDY YEAR	PR STU
			CORE/REQUIRED COURSES				
1	US Health Care System: Programs and Policies - HCA 701	Summer	Health Care Administration and Policy	3.0	3.00	Bhandari,Neeraj	10
3	Information Systems in Health Services Management - HCA 720	Fall	Health Care Administration and Policy	3.0	3.00	Shen,Jay	9
2	Health Care Economics - HCA 718	Spring	Health Care Administration and Policy	3.0	3.00	Bhandari,Neeraj	17
2	Advanced Health Care Finance - HCA 721	Fall	Health Care Administration and Policy	3.0	3.00	Epane,Josue Patien	14
2	Operations and Quality Management in Health	Fall	Health Care Administration and Policy	3.0	3.00	Sotero,Michelle	17

	Services - HCA 719						
1	Health Care Finance and Accounting - HCA 716	Spring	Health Care Administration and Policy	3.0	3.00	Epane,Josue Patien	6
3	Strategic Management of Health Services - HCA 730	Fall	Health Care Administration and Policy	3.0	3.00	Sotero,Michelle	7
3	Health Care Administration Internship - HCA 793	Spring	Health Care Administration and Policy	3.0	3.00	Hillegass,Bonnie	8
1	Management of Health Care Organizations and Systems - HCA 703	Fall	Health Care Administration and Policy	3.0	3.00	Liu,Darren	18
4	Health Care Administration Capstone - HCA 779	Fall	Health Care Administration and Policy	3.0	3.00	Shen,Jay	5
1	Human Resources Management of Health Care Organizations - HCA 717	Spring	Health Care Administration and Policy	3.0	3.00	Sotero,Michelle	18
3	Health Care Law and Ethics for	Spring	Health Care Administration and Policy	3.0	3.00	Stevens,Glen	20

	Managers - HCA 761						
2	Health Services Research Methods - HCA 715	Spring	Health Care Administration and Policy	3.0	3.00	Liu,Darren	0
1	Epidemiology in Health Services Management - HCA 702	Summer	Environmental and Occupational Health	3.0	3.00	Pinheiro,Paulo	10
1	Biostatistical Methods for Public Health - EAB 703	Fall	Environmental and Occupational Health	3.0	3.00		
	Professional Paper - HCA 794		Health Care Administration and Policy	3.0	3.00		
	Thesis - HCA 799		Health Care Administration and Policy	3.0	3.00		
ELECTIVES							
	Health Policy and Politics - HCA 652		Health Care Administration and Policy	3.0	3.00		
	Organization and Management of Long Term Care Services - HCA 680		Department of Health Care Administration	3.0	3.00		

Independent Study - HCA 798		Health Care Administration and Policy	3.0	3.00	

NO SUPPORTING DOCUMENTS

Independent Study - HCA	Health Care Administration		

III.A.2.4.

Criterion
The program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management aligned with the mission.

Interpretation
The program should ensure mastery of the depth and breadth of knowledge required of graduates in the settings reflected by the Program's mission. CAHME anticipates that the equivalent of 40 semester hours is the minimum required to develop the set of competencies, not inclusive of the residency or internship component of the program. If a program is less than 40 semester hours or the equivalent, a detailed description of the implementation of the set of competencies is required. Programs must ensure that graduates are receiving an appropriate depth and breadth of knowledge of the healthcare system and healthcare management. Programs should articulate major content areas, describe how the program monitors appropriate content areas for inclusion, and identify how the curriculum design exposes students to these areas. Areas of focus will differ by program dependent on each programs mission and core requirements. Content knowledge may be provided to students through a single course, a field activity, or provided in an integrated manner across a series of courses or activities. During the site visit, faculty should be prepared to discuss the scope and depth of the course offerings, with particular reference to what they consider to be the key concepts and competencies provided by their particular course(s). Course syllabi should include session by session topics, and learning and assessment methods.

Requirement
If required courses are taught outside of the Program, describe the procedures for incorporating healthcare management content, as appropriate, into those courses and ensuring integration across the curriculum.

Response:

All of the required courses for the MHA program are taught within the SCHS. Only one of the required courses is taught outside of the MHA program (Biostatistical Methods for Public Health, EAB 703), and one course (Epidemiology in Health Services Management, HCA 702) is a cross listed course with EAB 705, a core Masters in Public Health (MPH) course. Both courses are taught by SCHS faculty. These are core components in the SCHS's MPH program. The tools learned in these courses apply across disciplines. While health care management is not taught directly in EAB 703, five of the MHA competencies are addressed. For example, the final project for the course is to use statistical methods to address a public health problem, which requires students to conduct a population health and status assessment, utilize quantitative skills, problem

solving, and decision-making. These three competencies (A3, D9, and D3, see III.A.1.1) are covered at a higher level as students apply these principles to their selected public health problem. Other MHA competencies are covered at a lower level as well. The integration of healthcare competencies within the course is ensured by faculty and examined in SCHS faculty meetings in which both MPH and MHA faculty are present and through analysis of course syllabi.

NO SUPPORTING DOCUMENTS

III.A.2.5.

Criterion
The program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management aligned with the mission.

Interpretation
The program should ensure mastery of the depth and breadth of knowledge required of graduates in the settings reflected by the Program's mission.

CAHME anticipates that the equivalent of 40 semester hours is the minimum required to develop the set of competencies, not inclusive of the residency or internship component of the program. If a program is less than 40 semester hours or the equivalent, a detailed description of the implementation of the set of competencies is required.

Programs must ensure that graduates are receiving an appropriate depth and breadth of knowledge of the healthcare system and healthcare management. Programs should articulate major content areas, describe how the program monitors appropriate content areas for inclusion, and identify how the curriculum design exposes students to these areas. Areas of focus will differ by program dependent on each programs mission and core requirements. Content knowledge may be provided to students through a single course, a field activity, or provided in an integrated manner across a series of courses or activities.

During the site visit, faculty should be prepared to discuss the scope and depth of the course offerings, with particular reference to what they consider to be the key concepts and competencies provided by their particular course(s). Course syllabi should include session by session topics, and learning and assessment methods.

Requirement
Describe the policy on core course waivers, and the frequency of students receiving waivers. Include in your description how this policy assures attainment of the competencies of the waived course(s).

Response:

While core course waivers are rare occurrences in the MHA program we do have a policy on the following (see attachment):

Policy on Core Course and Internship Waiver Requests – MHA Program
- Core Course Field/Industry Experience Waiver:
- Core Course Academic Experience Waiver:
- Internship (MHA 793) Waiver Requests
- Waiver Submittal Process/Waiver Expiry

NO SUPPORTING DOCUMENTS

III.A.2.6.

Criterion
The program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management aligned with the mission.

Interpretation

The program should ensure mastery of the depth and breadth of knowledge required of graduates in the settings reflected by the Program's mission.

CAHME anticipates that the equivalent of 40 semester hours is the minimum required to develop the set of competencies, not inclusive of the residency or internship component of the program.

If a program is less than 40 semester hours or the equivalent, a detailed description of the implementation of the set of competencies is required.

Programs must ensure that graduates are receiving an appropriate depth and breadth of knowledge of the healthcare system and healthcare management. Programs should articulate major content areas, describe how the program monitors appropriate content areas for inclusion, and identify how the curriculum design exposes students to these areas. Areas of focus will differ by program dependent on each programs mission and core requirements. Content knowledge may be provided to students through a single course, a field activity, or provided in an integrated manner across a series of courses or activities.

During the site visit, faculty should be prepared to discuss the scope and depth of the course offerings, with particular reference to what they consider to be the key concepts and competencies provided by their particular course(s). Course syllabi should include session by session topics, and learning and assessment methods.

Requirement

For programs less than 40 semester credit hours (or the equivalent quarter or trimester credit hours) not inclusive of the residency or internship component of the program, give a description of the implementation of the set of competencies.

Response:

UNLV's MHA program is 45 credit hours which includes a 3 credit hour internship (48 hours for the thesis track students).

NO SUPPORTING DOCUMENTS

III.A.3-6.1.

Criterion
The program curriculum will develop students' competencies in communications and interpersonal effectiveness. The program curriculum will develop students' competencies in critical thinking, analysis, and problem solving. The program curriculum will develop students' competencies in management and leadership. The program curriculum will develop students' competencies in professionalism and ethics.

Interpretation
CAHME recognizes these competencies as 'core' to the profession of healthcare management, and so should be represented in any competency model chosen or developed by the Program. It is anticipated that a Program's competency model will also add other competencies according to its specific mission and the positions students take upon graduation. CAHME does not prescribe a maximum number of competencies. The following descriptions are provided to assist program directors in defining how their competencies relate to these domains: **Communications and interpersonal effectiveness**: 'Communications' should include competencies associated with giving and receiving of information between an individual and other individuals or groups. 'Interpersonal effectiveness' involves competencies associated with developing and maintaining effective working relationships with others. The following are examples of the kinds of competencies that may fall into this domain: Collaboration, Oral Communications, Relationship Building, and Written Communications. **Critical thinking, analysis, and problem solving**: This domain should include competencies related to the appropriate use of information, data, and judgment to inform sound management decisions. The following are examples of the kinds of competencies that may fall into this domain: Analytical thinking, Financial Management, Information Seeking, Performance Measurement, and Process Management. **Management and leadership**: This domain should include competencies related to a student's ability to successfully pursue organizational goals that involve getting things done through and in collaboration with others. The following are examples of the kinds of competencies that may fall into this domain: Change leadership, Human Resource Management, Impact & Influence,

Initiative, IT Management, Innovative Thinking, Organizational Awareness, Project Management, Strategic Orientation, and Talent Development.

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

Requirement

Describe how the competencies identified in III.A.3-6 are addressed by the program's set of competencies.

Response:

Competencies in the **communications and interpersonal effectiveness** domain are addressed directly in four of the MHA competencies as well as indirectly in many others. Please see criterion III.A.1.1 for a complete list of MHA program competencies. These four competencies exemplify the communication and interpersonal effectiveness skills necessary for success in the health care field including:

B1. Effective written, oral and presentation skills (Be able to communicate in a clear and logical manner within both formal and informal groups).

B2. Interpersonal Communication and working in teams (Build collaborative relationships, create, participate in and lead teams).

B3. Work effectively in a culturally diverse environment.

C3. Participate in and lead team activities that demonstrated collaborative group effort and effective group processes, including the ability to hold team members accountable individually and collectively.

Communication and interpersonal effectiveness skills are a concept that is attended to in most of our classes. Program classes include many opportunities to foster or demonstrate these skills in both individual and team assignments such as term papers, projects, discussions, presentations, and debates. The capstone course provides a culminating venue for these skills as students work in small groups to address challenges and resolve problems for a community health care organization. Students approach their assignments with initiative and professionalism. They organize the project into a thorough work plan, which results in a comprehensive final product. Students produce an executive summary for the community health care organization and conduct a final presentation of their findings and recommendations, demonstrating their communication and interpersonal effectiveness skills. Students are also invited to attend several professional development conferences each year in addition to the opportunities the student association (HCASA) organizes and invites the entire department.

Competencies in the **critical thinking, analysis, and problem-solving** domain are addressed directly in many of the MHA business skills competencies. These fourteen competencies exemplify the critical thinking, analysis, and problem-solving skills necessary for success in the health care field including:

D1. Health Economics (Analysis and application of economic theory and concepts to business decisions).

D2. Organizational Dynamics and Governance (Apply organizational theory and behavior to develop, assess, design or redesign health care organizations).

D3. Problem-solving and Decision-making (Formulate questions and apply models to address issues and problems).

D5. Financial Management (Ability to compile and analyze financial data; develop capital, operating and cash flow budgets; analyze investment data; pro forma development).

D6. Strategic Planning (Ability to perform environmental analysis; discern competitive strategy; formulate business strategy based on evidence).

D7. Information Management/Understanding and Using Technology Skills (Apply techniques and methods to plan, design, implement and assess information flow and communication).

D8. Risk Management (Assessment of risk exposure; apply methods to ensure patient and staff safety; resolution of ethical and legal issues).

D9. Quantitative Skills (Analyze data and interpret quantitative information).

D10. Legal principles development, application and assessment (Analyze managerial issues related to the law governing health care; compliance; fiduciary responsibility).

D11. Marketing (Analysis and assessment of markets, market segmentation, strategy, change and innovation).

D12. Quality Improvement/Performance Improvement (Define and assess quality and performance).

D13. Planning and Managing Projects (Able to design, plan, implement and assess projects related to performance, structure and outcomes of health services).

D14. Health policy formulation, implementation and evaluation (Identify policy issues and key stakeholders; design and evaluate policy strategies).

D15. Human Resources (Apply methods and techniques related to the management of health care organization employees and professional staff)

The ability to form sound management decisions is a skill that is nurtured throughout the curriculum. These competencies are covered at varying depths in different courses but are designed to give students experience in applying theory to real world situations using teamwork and critical analysis. The Capstone course as described above is one example. Another example is in HCA 716 – Healthcare Finance. For this project, students work in groups to determine the financial condition of a health care organization through analysis of at least five years' worth of their financial statements. Other courses that provide extensive opportunities for development of these competencies include HCA 717 – Human Resources Management of Health Care Organizations, HCA 721 – Advanced Health Care Finance, HCA 730 – Strategic Management of Health Services, and HCA 761 - Health Care Law and Ethics for Managers. Course syllabi reflect these opportunities.

Competencies in the **management and leadership** domain are addressed directly in eight of the MHA competencies. These competencies exemplify the management and leadership skills necessary for success in the health care field including:

B2. Interpersonal Communication and working in teams (Build collaborative relationships, create, participate in and lead teams)

B3. Work effectively in a culturally diverse environment.

C3. Participate in and lead team activities that demonstrated collaborative group effort and effective group processes, including the ability to hold team members accountable individually and collectively.

C5. Systems Thinking (Broad systems connections -- potential impacts and consequences of decisions in a wide variety of situations).

C6. Planning and Implementing Change (Promote and manage change).

C7. Ability to assess needs of communities and have a visionary perspective for the own organization.

D4. Time Management (Ability to balance multiple tasks and responsibilities; set and meet deadlines).

D15. Human Resources (Apply methods and techniques related to the management of health care organization employees and professional staff)

Management and leadership skills are paramount in the MHA program and the skills are essential for graduates in the health care field. These skills are developed in most of the coursework and can be seen in the program's curriculum matrix (III.A.1.3). For example, students frequently work in groups on the capstone product, various projects, formal debates, etc. and this allows students to apply management and leadership skills demonstrating their ability to manage a project while working effectively in a group.

Competencies in the **professionalism and ethics** domain are addressed directly in five of the MHA competencies. These competencies typify the professionalism and ethics skills necessary for success in the health care field including:

B3. Work effectively in a culturally diverse environment.

C1. Personal and Professional Ethics (Adhere to ethical personal and business principles; exhibit ethical behaviors).

C2. Professional & Community Contribution (Participate in community service; balance professional and personal pursuits).

C4. Assess individual strengths and weaknesses (evaluate personal and professional values; participate in continuing education and lifelong learning).

C5. Systems Thinking (Broad systems connections -- potential impacts and consequences of decisions in a wide variety of situations).

These competencies represent essential skills for graduates of the program. Students are made aware of the necessity for professional and ethical behavior both in classes and when working in the community. For example, HCA 761 – Health Care Law and Ethics for Managers focuses on providing students with an in depth look at legal issues in the health care field including in class discussion of real world application of legal and ethical principles. Students have many opportunities to work with community partners during their culminating experiences and these opportunities require students to exemplify professionalism and ethical behavior. The department and HCASA also organize an annual Career Night and Job Fair where students must display professionalism in their interactions with local healthcare organizations as they begin to look for employment.

SUPPPORTING DOCUMENTS:
MHA Competencies

III.A.3-6.2

Criterion
The program curriculum will develop students' competencies in communications and interpersonal effectiveness. The program curriculum will develop students' competencies in critical thinking, analysis, and problem solving. The program curriculum will develop students' competencies in management and leadership. The program curriculum will develop students' competencies in professionalism and ethics.
Interpretation
CAHME recognizes these competencies as 'core' to the profession of healthcare management, and so should be represented in any competency model chosen or developed by the Program. It is anticipated that a Program's competency model will also add other competencies according to its specific mission and the positions students take upon graduation. CAHME does not prescribe a maximum number of competencies.

The following descriptions are provided to assist program directors in defining how their competencies relate to these domains:

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

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

Management and leadership: This domain should include competencies related to a student's ability to successfully pursue organizational goals that involve getting things done through and in collaboration with others. The following are examples of the kinds of competencies that may fall into this domain: Change leadership, Human Resource Management, Impact & Influence,

Initiative, IT Management, Innovative Thinking, Organizational Awareness, Project Management, Strategic Orientation, and Talent Development.

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

Requirement

Explain where these competencies are developed in the required curriculum and program activities.

Response:

The four domains identified by CAHME are represented within the program's competencies as seen in section III.A.3-6.1. These overlapping competencies are developed in the program's required courses as well as the program competencies that are not directly addressed in these four domains such as competencies in the knowledge of healthcare environment section (see criterion III.A.1.1). While no electives were included as part of the degree requirements previously, all students took the same classes and received the same exposure to the curricular coverage of the competencies. The program's curriculum matrix (see criterion III.A.1.3) elaborates on the level of coverage of these competencies.

The overlapping competencies are covered at varying levels ranging from introduction to application and interpretation preparing students for appropriate level positions after graduation. Competency assessment in the program, which includes faculty and student competency evaluations, is completed at the beginning and end of a student's program. Students and faculty evaluate competency attainment at the end of the program as a way to examine if the needs of the students are being met in courses taught throughout the program. Faculty and preceptors evaluate students' competency attainment during the final capstone project presentation.

CAHME Core Domains Matrix Attached

III.B.1.1.

Criterion
Interpretation
Throughout the curriculum, the Program should incorporate a range of teaching and learning methods as appropriate to the course objectives and competencies. This range should be aligned with the curriculum design and should seek to emphasize methods that involve active student participation (i.e. higher-level methods), which tend to be more effective in developing competencies. Examples of lower and higher-level methods are provided in the attached table; benchmark information concerning the balance of these activities in other graduate programs are available in Calhoun et al. (2009).

Teaching and learning methods and definitions

Level	Teaching and Learning Method	Definition
Lower	**Readings**	Students complete assigned readings in textbook, articles, websites, etc.
	Lecture no media	Professor does most of the talking, without any media support
	Lectures with media	Professor does most of the talking, with some sort of media support (e.g. PowerPoint, overheads, video, whiteboards, etc.). Students participate via discussion that is primarily characterized by students asking clarifying questions, etc.
	Guest Speakers	Individual/panel of experts from the field present to student
	Online discussions	Students actively engage in an online discussion, either synchronous or asynchronous, with the professor and with each other. Students can stimulate or respond to discussion.
	Class Discussions	Students actively engage in open discussion with the professor and with each other. Students can stimulate or respond to discussion.
	Web-based modules	Interactive learning via CD/DVD/Internet that is more than searching for information or reading websites

Higher	In-class Presentations	Students formally deliver information to the rest of the class in a well-prepared format that required analysis and preparation
	Cases	Students actively engage in analyzing a case study to determine causes, implications, strategies etc. Case analysis is either shared with the class through open and interactive discussion or debate, or students prepare a written case analysis for review and feedback.
	Team activities	Three or more students collaborate as a group to complete one deliverable
	Simulation exercises	Interactive learning in which students' actions significantly affect how the learning unfolds and the subsequent outcomes of the learning. Simulations may or may not be computer based (e.g. tabletop simulations).
	External Field Experiences	Students are placed in non-academic applied or real-world work settings and allowed to learn from the work experience, including externships and internships. Learning outcomes are shared in the academic environment and evaluated.
	Strategic/Consulting Projects	Students actively engage in completing an actual consulting project for a health organization. Alternatively, students complete an assignment that stimulates a realistic project in a health organization.
	Reflective learning	Students complete structured process (e.g. journaling, one-minute response, assessment instruments, weekly reports) to review, understand, analyze, and evaluate their own learning and/or performance. The evaluation should be based on pre-selected criteria. In addition, the assessment could include a comparison of their performance assessment with their peers and/or experts in the field.

Adapted from NCHL (2006): Competency Integration in Health Management Education: A Resource Series for Program Directors and Faculty. Used with permission.

Requirement

Using the attached worksheet as a guide, estimate the overall percentage of time a typical student spends on higher vs. lower level teaching and learning methods, according to the level

definitions provided. In your analysis of student time associated with the activity, include time spent both inside and outside of class.

Response:

Lower Level Methods | 69%

Higher Level Methods | 31%

NO SUPPORTING DOCUMENTS

III.B.1.2.

Criterion
Interpretation
Throughout the curriculum, the Program should incorporate a range of teaching and learning methods as appropriate to the course objectives and competencies. This range should be aligned with the curriculum design and should seek to emphasize methods that involve active student participation (i.e. higher-level methods), which tend to be more effective in developing competencies. Examples of lower and higher-level methods are provided in the attached table; benchmark information concerning the balance of these activities in other graduate programs are available in Calhoun et al. (2009).

Teaching and learning methods and definitions

Level	Teaching and Learning Method	Definition
Lower	Readings	Students complete assigned readings in textbook, articles, websites, etc.
	Lecture no media	Professor does most of the talking, without any media support
	Lectures with media	Professor does most of the talking, with some sort of media support (e.g. PowerPoint, overheads, video, whiteboards, etc.). Students participate via discussion that is primarily characterized by students asking clarifying questions, etc.
	Guest Speakers	Individual/panel of experts from the field present to student
	Online discussions	Students actively engage in an online discussion, either synchronous or asynchronous, with the professor and with each other. Students can stimulate or respond to discussion.
	Class Discussions	Students actively engage in open discussion with the professor and with each other. Students can stimulate or respond to discussion.
	Web-based modules	Interactive learning via CD/DVD/Internet that is more than searching for information or reading websites

Higher	In-class Presentations	Students formally deliver information to the rest of the class in a well-prepared format that required analysis and preparation
	Cases	Students actively engage in analyzing a case study to determine causes, implications, strategies etc. Case analysis is either shared with the class through open and interactive discussion or debate, or students prepare a written case analysis for review and feedback.
	Team activities	Three or more students collaborate as a group to complete one deliverable
	Simulation exercises	Interactive learning in which students' actions significantly affect how the learning unfolds and the subsequent outcomes of the learning. Simulations may or may not be computer based (e.g. tabletop simulations).
	External Field Experiences	Students are placed in non-academic applied or real-world work settings and allowed to learn from the work experience, including externships and internships. Learning outcomes are shared in the academic environment and evaluated.
	Strategic/Consulting Projects	Students actively engage in completing an actual consulting project for a health organization. Alternatively, students complete an assignment that stimulates a realistic project in a health organization.
	Reflective learning	Students complete structured process (e.g. journaling, one-minute response, assessment instruments, weekly reports) to review, understand, analyze, and evaluate their own learning and/or performance. The evaluation should be based on pre-selected criteria. In addition, the assessment could include a comparison of their performance assessment with their peers and/or experts in the field.

Adapted from NCHL (2006): Competency Integration in Health Management Education: A Resource Series for Program Directors and Faculty. Used with permission.

Requirement

Evaluate the extent to which the balance between higher vs. lower level teaching and learning methods is appropriate given the mission and goals of your program, as well as any plans / methods you are pursuing to implement higher level methods.

Response:

The HCAP realizes that this area will be one in which improvements need to be made. Plans are already in process to return to a three-tiered competency leveling system which will help faculty develop those diverse teaching and learning methods aimed at higher competency level attainment. With a higher competency level faculty will focus on writing higher level course objectives and will need to modify some of their current teaching strategies to meet those objectives.

Discussions in faculty meetings about how to increase higher level teaching methods have already begun. Certain classes (ex. HCA 715) were not taught during the self-study year but as a new faculty member starts next year the HCAP program will have an opportunity to redesign that course to meet these higher standards. The Internship (HCA 793) and Capstone (HCA 779) courses have a higher percentage of higher level teaching methods which was expected. While the department expected to see the more introductory classes trend toward the lower methodologies we realize that we will need to make an effort to have those instructors increase the amount of teaching that involves active student participation. Despite being introductory classes students should be exposed to case studies, be participating in more group projects/presentations/team activities, and have the opportunity to give constructive feedback to their peers.

In the past, the program has provided workshops and training to improve faculty teaching methods. For example, in May 2014 the program used a UNLV mini-grant to fund a one-day workshop to teach the Harvard Case Study Method. This workshop was attended by all HCAP faculty at that time.

NO SUPPORTING DOCUMENTS

III.B.2.1.

Criterion
Interpretation
CAHME recognizes that the opportunity for practical collaboration and teamwork serve to develop students' interpersonal skills and prepare them for the workplace. As part of the educational experience students should have opportunities to work in teams, facilitate meetings and practice leadership skills. Students need the opportunity for exposure to other professions, particularly outside of healthcare. It is this cross-discipline collaboration and professional understanding that will lead to the success of students as they enter the field. Opportunities should be provided for students to work with others inside or outside the program and across other disciplines such as: nursing, medicine, allied health professions, public health, information technology, policy, insurance, suppliers, and/or engineering.
Requirement
Describe major team based activities in the curriculum, distinguishing which activities take place in optional elective courses and which activities students are exposed to as a required element of the curriculum. Identify any programmatic or curricular based approach to teaming your program has adopted.

Response:

The majority of courses use team based activities in their curriculum. Examples of group activities are described below:

In Strategic Management of Health Care Services course (HCA 730), a required course, students work in groups of 3-4 to complete a strategic plan for a fictitious HCO. Each group submits sub-assignments culminating in a comprehensive strategic plan and presentation. At the end of the project each student completes a performance evaluation for each member of their team.

Health Care Accounting and Finance (HCA 716), also a required course, necessitates students to work in groups to complete a financial condition analysis using financial statements from the last five years to determine the financial condition of a HCO and then presents to class.

In the required course, Advanced Health Care Finance (HCA721), students work in teams to complete a capital budgeting project. Teams are required to choose a capital good or other project for a HCO. The project requires determination of the financial condition of the organization, estimates cash flow, assesses risk, estimates cost of capital, measures financial impact, scoring, and completes post audit.

During the required internship, students have the option of working in a small team (two students) if the scope of the project warrants it, but the majority of projects are not team based activities.

The capstone course consists of a team based activity as well. While students have options on their culminating experience, a majority of students choose the capstone course over the thesis or professional paper. In AY 2016-17, 100% of students chose the capstone course for their culminating experience (one student finished a Professional Paper, started in Fall 2015).

Depending on the class, students are either assigned to groups or select their own groups. Most of the team based activities are intended to allow students to demonstrate competencies covered in the course.

NO SUPPORTING DOCUMENTS

III.B.2.2.

Criterion
Interpretation

CAHME recognizes that the opportunity for practical collaboration and teamwork serve to develop students' interpersonal skills and prepare them for the workplace. As part of the educational experience students should have opportunities to work in teams, facilitate meetings and practice leadership skills. Students need the opportunity for exposure to other professions, particularly outside of healthcare. It is this cross-discipline collaboration and professional understanding that will lead to the success of students as they enter the field. Opportunities should be provided for students to work with others inside or outside the program and across other disciplines such as: nursing, medicine, allied health professions, public health, information technology, policy, insurance, suppliers, and/or engineering.

Requirement

Describe the opportunities students have to participate in interprofessional activities.

Response:

Students have many opportunities to interact with professionals from varying disciplines. In the classroom students are taught by epidemiologists, public health professionals, and lawyers. Certain coursework requires them to seek out professionals from other disciplines (ex. HCA 730 Professional Paper). During culminating experiences, students interact with accountants, providers, development personnel, nutrition and food service workers, and human resource administrators, just to name a few. In AY 2016-17 an industry panel and networking event was held in which lawyers, University and health care administrators, and government health care executives attended.

The HCASA is a student group formally sanctioned by the UNLV Alumni Organization. The HCASA seeks to foster collaboration and understanding between the undergraduate and graduate students in the HCA degree programs and other related programs by providing opportunities to network with health care executives from the community, along with faculty and staff, through social events and conference attendance. They are responsible for organizing the HCASA Career Night (held in May 2017) and they also invite the Public Health Student Association and the EMHA student professionals to attend. Twenty-two MHA students attended this year. Health care professionals and providers presented during Career Night on the skills necessary to become successful professionals. Students are encouraged to join the ACHE student chapter. The program also recommends that students participate in local networking opportunities, including the Nevada chapters of ACHE, HIMSS, MGMA, and HCFA.

The Graduate & Professional Student Association which promotes and represents the interests of graduate students at UNLV offers another opportunity for interdisciplinary activities. Their goal

is to provide an environment conducive to student scholarship and along with engendering a sense of community among the graduate students.

NO SUPPORTING DOCUMENTS

III.B.2.3.

Criterion
Interpretation
CAHME recognizes that the opportunity for practical collaboration and teamwork serve to develop students' interpersonal skills and prepare them for the workplace. As part of the educational experience students should have opportunities to work in teams, facilitate meetings and practice leadership skills. Students need the opportunity for exposure to other professions, particularly outside of healthcare. It is this cross-discipline collaboration and professional understanding that will lead to the success of students as they enter the field. Opportunities should be provided for students to work with others inside or outside the program and across other disciplines such as: nursing, medicine, allied health professions, public health, information technology, policy, insurance, suppliers, and/or engineering.
Requirement
For programs with online instruction, describe the team building and interprofessional opportunities that occur within the required face to face instructional time.

Response:

The program is predominantly on campus with a few online courses, maximizing face to face instruction time and interprofessional opportunities. Team building assignments are built into many courses throughout the curriculum.

For courses taught online, students have a number of group tools through WebCampus. These include blogs, wikis, and discussion boards. All of these tools allow the instructor to view the level of participation by students. Many groups also choose to meet in person to work. Some instructors use WebEx for online meetings and presentations. In AY 17-18 the Office of Online Education is changing its learning management system to Canvas which will enhance the interaction options for both online and traditional instruction.

Competency B2, Interpersonal Communication and Working in Teams (Build collaborative relationships, create, participate in and lead teams) is addressed in seven core courses. During these team activities MHA students may be working together or with students from public health, business, or the law school.

In the first class, many students take (HCA 701 - US Healthcare Systems: Programs and Policies) they are expected to participate in several group debates regardless of whether the course is offered online or in the classroom. Online students utilize the available tools (see above) to facilitate their debates. In HCA 730, Strategic Management of Health Services, students participate in eight different group strategic planning assignments. These assignments require students to work together outside of the classroom using methods of their own choosing (i.e. Google Docs, Skype, traditional group meetings).

Students take several classes with students in the Master of Public Health (MPH) program (i.e. EAB 703, HCA 701, HCA 702). In these classes students can work with students in the MPH program. In HCA 761, Health Care Law and Ethics for Managers, students are in class with not only MPH students but also law students.

NO SUPPORTING DOCUMENTS

III.B.3.1.

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

Interpretation
CAHME recognizes the importance of interdisciplinary exposure to health care professionals in graduate education. Programs are expected to offer students these opportunities in a number of ways as appropriate to the mission of the Program. The Program will have relationships with a variety of healthcare management employers to integrate the field of practice into both teaching and career guidance.
Programs have designed formal and informal avenues for such exposure into the total student experience. These include, but are not limited to: site visits; business case competitions; career panels; informational interviews; professional conference attendance; mentoring programs; guest speakers; adjunct and clinical faculty, and classes and workshops taken with students from other health professions.

Requirement
List the experiences students have for exposure to a range of health professionals, during the typical course of study.

Response:

Students interact with health care professionals throughout the program in a number of ways, including guest lectures, practitioner interviews, student club presentations (guest speakers, SCHS Job Fair, HCASA Career Night), and health care professional organization events (such as Nevada chapters of ACHE, HIMMS, MGMA, HCFA, and the Annual Nevada Health Care Forum). In addition, adjunct faculty also teach in the program. Students also attend internship site visits prior to completing their internship. During the internship and capstone courses, students work directly with health care administrators, clinical providers, and non-clinical support personnel which broadens their exposure to the variety of health care industry professionals.

NO SUPPORTING DOCUMENTS

III.B.3.2.

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

Interpretation
CAHME recognizes the importance of interdisciplinary exposure to health care professionals in graduate education. Programs are expected to offer students these opportunities in a number of ways as appropriate to the mission of the Program. The Program will have relationships with a variety of healthcare management employers to integrate the field of practice into both teaching and career guidance.   Programs have designed formal and informal avenues for such exposure into the total student experience. These include, but are not limited to: site visits; business case competitions; career panels; informational interviews; professional conference attendance; mentoring programs; guest speakers; adjunct and clinical faculty, and classes and workshops taken with students from other health professions.

Requirement
Describe how these experiences are used in their learning.

Response:

Students use these interdisciplinary experiences in both their formal and informal learning. Guest lecturers and speakers are designed to come into the classroom to give practical knowledge of what is currently happening in the health care industry. They also speak about their backgrounds and career paths, offering students informal career advice. Formal career advice was also offered through small group seminars by human resource experts on resume writing and interview skills prior to the SCHS Job Fair and the HCASA Career Night.

The program arranges a number of site visits to different organizations offering internships. Each student is required to make multiple site visits to health care facilities prior to completing their internship and required to submit SWOT analyses for three of these sites. Securing an internship requires students to interview after the site visits, which develops their professionalism and interview skills. These experiences allow students to experience real world facilities, explore career options, and meet with health care professionals. The internship gives students the opportunity to complete a professional project in a health care environment with health care professionals. The exposure to these professionals provides students with new or improved skills, networking opportunities, a greater sense of professionalism, self-confidence, and feedback.

Each year various adjunct faculty teach in the program. Glen Stephens, JD, is general counsel for United Health Care and teaches Healthcare Law and Ethics for Managers (HCA 761). Dr. Maggie Rafferty, Chief Experience Officer for the Dignity Health's Nevada Market, has recently

(AY 15-16) taught Human Resource Management of Health Care Administration (HCA 717). Both faculty bring years of industry experience into the classroom bridging the gap between classroom and real-world experience.

In several classes, students are required to interview health care administrators. In the capstone class (HCA 779) students have to seek out and interview a CEO of a health care organization of their choosing. In Information Systems in Health Services Management (HCA 720), students must interview a Chief Information Officer from a health care organization. These interviews provide students with an opportunity to work with community partners and delve deeper into a career in the health care field by asking questions they develop.

NO SUPPORTING DOCUMENTS

III.B.3.3.

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

Interpretation
CAHME recognizes the importance of interdisciplinary exposure to health care professionals in graduate education. Programs are expected to offer students these opportunities in a number of ways as appropriate to the mission of the Program. The Program will have relationships with a variety of healthcare management employers to integrate the field of practice into both teaching and career guidance.
Programs have designed formal and informal avenues for such exposure into the total student experience. These include, but are not limited to: site visits; business case competitions; career panels; informational interviews; professional conference attendance; mentoring programs; guest speakers; adjunct and clinical faculty, and classes and workshops taken with students from other health professions.

Requirement
Provide a listing of Health Organizations engaged by the program during the self-study year as shown below. Engagements can include, but are not limited to, preceptors, adjunct and clinical faculty, guest speakers, career advisors and/or mentors.

Response:

NAME/ADDRESS ORGANIZATION	UTILIZED FOR (HOLD DOWN THE CTRL KEY TO MAKE MULTIPLE SELECTIONS.)	PRECEPTOR AND POSITION (IF INTERNSHIP)	FREQUENCY OF UTILIZATION [1]	# STUDENTS INVOLVED [2]
Kurt Houser, COO, University Medical Center	Guest Speaker		b	c
Dr. Allan Ebbin, United HealthCare	Guest Speaker		b	c

NAME/ADDRESS ORGANIZATION	UTILIZED FOR (HOLD DOWN THE CTRL KEY TO MAKE MULTIPLE SELECTIONS.)	PRECEPTOR AND POSITION (IF INTERNSHIP)	FREQUENCY OF UTILIZATION [1]	# STUDENTS INVOLVED [2]
Dr. Maggie Rafferty, Chief Experience Officer, Dignity Health	Adjunct Faculty , Guest Speaker , Preceptor		b	c
Sarah Bussman, MHA, RN, Davita HealthCare Partners Nevada	Guest Speaker		b	c
Carole Rajchel, RN, Dignity Health	Preceptor		b	c
George Wiley, CFO, Desert Springs Hospital	Guest Lecturer		b	c
Mason Van Houweling, CEO, University Medical Center	Guest Speaker		b	c
Jeremy Bradshaw, CEO, Desert Springs Hospital & Mountain View Hospital	CEO Interview		b	c
Dr. Vick Gill, Associate Administrator, University Medical Center	Guest Lecturer, Career Advisor		b	c
Dr. H. Bard Coats, Davita HealthCare Partners	Guest Speaker		b	c
Heather Korbulic, Silver State Health Insurance Exchange	Guest Speaker		b	c

NAME/ADDRESS ORGANIZATION	UTILIZED FOR (HOLD DOWN THE CTRL KEY TO MAKE MULTIPLE SELECTIONS.)	PRECEPTOR AND POSITION (IF INTERNSHIP)	FREQUENCY OF UTILIZATION [1]	# STUDENTS INVOLVED [2]
Dena Schmidt, Department of Health and Human Services, Deputy Director of Programs	Guest Speaker		b	c
Christine Zack J.D., Fundamental Administrative Services	Guest Speaker		b	c
Brian Brannman, CEO, Dignity Health	CEO Interview		b	c
Darrin Cook, CEO, Horizon Ridge Hospital	Preceptor, Other		b	c
UnitedHealthcare/Optum	Internship (HCA793) and HCA 720 Site Visit		a	b
Davita HealthCare Partners	Internship (HCA793) and HCA 720 Site Visit		a	b
Valley Health System	Internship (HCA793) and HCA 720 Site Visit		a	b
University Medical Center	Capstone Project Site and Internship		a	b

NAME/ADDRESS ORGANIZATION	UTILIZED FOR (HOLD DOWN THE CTRL KEY TO MAKE MULTIPLE SELECTIONS.)	PRECEPTOR AND POSITION (IF INTERNSHIP)	FREQUENCY OF UTILIZATION [1]	# STUDENTS INVOLVED [2]
	(HCA793) and HCA 720 Site Visit			
Dignity Health	Internship (HCA793) Site Visit		a	b
Hospice Del Sol	Internship (HCA 793) Site Visits		a	b
Fundamental Health System	Internship (HCA 793) and Capstone (HCA779) Site Visits		a	b
Mountains Edge Hospital	Capstone Project Site and Internship (HCA 793) Site Visits		a	b
Sunrise Hospital & Medical Center	Internship (HCA 793) Site Visits		a	b
Alan Keesee, Chief Operating Officer, Sunrise Hospital & Medical Center and Sunrise Children's Hospital	CEO Interview		b	c
Roger Corbin, CEO and Founder, Caring Nurses	CEO Interview		b	c

NAME/ADDRESS ORGANIZATION	UTILIZED FOR (HOLD DOWN THE CTRL KEY TO MAKE MULTIPLE SELECTIONS.)	PRECEPTOR AND POSITION (IF INTERNSHIP)	FREQUENCY OF UTILIZATION [1]	# STUDENTS INVOLVED [2]
Stephanie Lim, Director of Business Development, Spring Valley Hospital	Preceptor		b	c
Barbara Lusk, HEDIS Director, Davita HealthCare Partners	Preceptor		b	c
Lisa Coker, Immunize Nevada	Preceptor		b	c
Todd Leftkowitz, EVP, Davita HealthCare Partners	Preceptor		b	c
Melissa War, CEO, Mountain's Edge Hospital	Preceptor		b	c
John Forman, Operations and Consulting Executive, Southwest Medical	Preceptor		b	c
Gina Lewis, HR Director, Centennial Hills Hospital	Preceptor		b	c
Kim Sonerholm, Senior VP UHS, UnitedHealth Care	Preceptor		b	c

NAME/ADDRESS ORGANIZATION	UTILIZED FOR (HOLD DOWN THE CTRL KEY TO MAKE MULTIPLE SELECTIONS.)	PRECEPTOR AND POSITION (IF INTERNSHIP)	FREQUENCY OF UTILIZATION [1]	# STUDENTS INVOLVED [2]
Jordan Coleman, Sr. Mgr. Operations, Ionia Health	Preceptor		b	c
Jessica Hensel, Associate Administrator, Valley Health System	HCAP Advisory Board Member		a	a
Todd P. Islamberg, CEO, Sunrise Hospital and Medical Center	HCAP Advisory Board Member		a	a
Scott Hylegs, Fundamental	HCAP Advisory Board Member		a	a
Jeffrey Klein, President & CEO, Nevada Senior Services Inc.	HCAP Advisory Board Member		a	a
Paul R. Brezinski, Commander, 99th Medical Support Squadron Mike O'Callaghan Federal Medical Center, Nellis AFB, NV 89191	HCAP Advisory Board Member		a	a
Todd Lefkowitz, SVP, Managed Care Operations & Network Development, Healthcare Partners of Nevada	HCAP Advisory Board Member		a	a

NAME/ADDRESS ORGANIZATION	UTILIZED FOR (HOLD DOWN THE CTRL KEY TO MAKE MULTIPLE SELECTIONS.)	PRECEPTOR AND POSITION (IF INTERNSHIP)	FREQUENCY OF UTILIZATION [1]	# STUDENTS INVOLVED [2]
Jacquelyn Niesen, COO, Mountain Edge's Hospital	Preceptor		a	a

1 - a = used each year; b = used within previous two years
2 - specify # of students; a = 50% to 100% of all students, b = 25% to 50% of all students, and c = less than 25% of all students

NO SUPPORTING DOCUMENTS

III.B.4.1.

Criterion
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.

Interpretation
Students should participate in integrative experiences, including field based applications, which foster continuous learning through information access, synthesis, and use in critical thinking. Students should draw upon learning and content throughout the program of study in an integrative manner.
Examples of integrative experiences include a well-supervised field experience with a didactic component, internship, a thesis or major paper, oral or written comprehensive exams, a well-managed integrative planning or management simulation; a structured group activity; or any other appropriate activities.
Field based settings should be consistent with the Program's educational goals and objectives and be appropriate to the needs of the student. Programs should be able describe the opportunities to assess that students can apply these skills if there are no field based assignments or other field based applications.

Requirement

Response:

The program's integrative experiences include an internship and a capstone course. Seldom, students will opt for the thesis or professional paper track, which substitutes for the capstone course. The internship and capstone are two integrative experiences that combine the skills, knowledge, and abilities gained from the required coursework providing a real-world opportunity for application of program learning objectives. These experiences provide students with a venue for demonstration of program learning objectives.

While each internship is unique and has a distinct set of objectives, internships integrate multiple components into the experience, oftentimes at a higher level than can be demonstrated through coursework. Students recognize that the internship is a way to demonstrate leadership, communication, and relationship management skills within the host organization. Students also demonstrate professionalism and ethics in the workplace as well as recognize the importance of working well in an organization in order to advance their health care career. These components are introduced and taught throughout the curriculum (see curriculum mapping matrix) but come together in the internship. Depending on the needs of the organization, students may engage in projects regarding economic, legal, organizational, and political underpinnings of the U.S. health system, principles of economics, management, strategic planning, finance, accounting, marketing, information technology, quantitative, planning, and/or management skills. This achievement is assessed by preceptors at the end of the internship, student self-assessment, and faculty evaluation. Formal assessment tools, tied to competencies, are currently in development. The recently adopted Internship Project Proposal form requires students and preceptors to document which competencies are applicable to their internship. Coverage of these competencies are then assessed at the end of the project by both the Internship Coordinator and the internship preceptor.

The thesis track and professional paper option is comprised of original research in the field, and successful defense requires that students demonstrate the program's learning objectives pertaining to their topic and further the field through their contributions in research. Assessment of successful defense is conducted by the student's committee chair and committee as well as through UNLV Graduate College requirements. In the self-study year, we only had one student choose to do a thesis but she opted to do a capstone project instead. In the self-study year the program had one student complete a professional paper.

The capstone course is yet another integrative experience for students, in which they combine their educational experience and knowledge to successfully complete a real-world project, either individually or in pairs. The capstone experience provides students with an opportunity to work on a professional level group project that may be arranged by a health care organization to help present solutions to the organization's operations and within the context of that organization's environment. The capstone experience promotes professional level teamwork and leadership skills as well as ethics and professionalism in a health care environment. The culminating

product and recommendations for implementation are presented to the organization, program faculty, advisory board members, and other students.

An example of a capstone experience that was truly integrative in nature was conducted by a set of students this past year in a local hospital. They examined a quality survey that demonstrated deficiencies in the hospital, analyzed trends, provided deliverables, and proposed strategies for corrective actions. This in-depth analysis of the hospital utilized most of the programs learning objectives providing students with a culminating experience that brought together their experience, coursework, and professionalism.

SUPPORTING DOCUMENTS
UNLV MHA Learning Objectives

III.B.4.2.

Criterion
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.

Interpretation
Students should participate in integrative experiences, including field based applications, which foster continuous learning through information access, synthesis, and use in critical thinking. Students should draw upon learning and content throughout the program of study in an integrative manner.
Examples of integrative experiences include a well-supervised field experience with a didactic component, internship, a thesis or major paper, oral or written comprehensive exams, a well-managed integrative planning or management simulation; a structured group activity; or any other appropriate activities.
Field based settings should be consistent with the Program's educational goals and objectives and be appropriate to the needs of the student. Programs should be able describe the opportunities to assess that students can apply these skills if there are no field based assignments or other field based applications.

Requirement
Describe activities that are primarily integrative in nature and how each provides students with opportunities to draw upon and apply material covered throughout the program of study.

Response:

Program students' participation in integrative activities provides students with opportunities to enrich their knowledge and abilities through application. Examples of integrative experiences in the program include an internship experience, a thesis or capstone paper, field interview, and group activities. Student typically take the internship in their last year prior to the capstone course. This provides students with wealth of knowledge to apply to any healthcare situation. Students use the knowledge and experiences gained in the classroom to apply themselves in a professional manner to these activities. The program coursework is situated so that knowledge and skills build upon previous coursework throughout the program with many of the integrative activities at the culmination of the course or program.

Students begin with courses that act as a foundation for further coursework. For example, HCA 701 (U.S. Health Care System: Programs and Policies), HCA 702 (Epidemiology in Health Services Management), HCA 703 (Management of Health Service Organizations and Systems), HCA 716 (Health Care Accounting and Finance), HCA 717 (Human Resources Management of Health Care Organizations), HCA 718 (Health Care Economics), and HCA 719 (Operations and

Quality Management of Health Services) prepare students for HCA 730 (Strategic Management of Health Services). In HCA 730, students are expected to integrate the knowledge and experience from their previous courses into a broad theory of management and develop a comprehensive strategic plan for a healthcare organization. Furthermore, integrative activities such as this provide students with opportunities that prepare them for their internship and thesis or capstone as well as for their future career.

NO SUPPORTING DOCUMENTS

III.B.4.3.

Criterion
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.

Interpretation
Students should participate in integrative experiences, including field based applications, which foster continuous learning through information access, synthesis, and use in critical thinking. Students should draw upon learning and content throughout the program of study in an integrative manner. Examples of integrative experiences include a well-supervised field experience with a didactic component, internship, a thesis or major paper, oral or written comprehensive exams, a well-managed integrative planning or management simulation; a structured group activity; or any other appropriate activities. Field based settings should be consistent with the Program's educational goals and objectives and be appropriate to the needs of the student. Programs should be able describe the opportunities to assess that students can apply these skills if there are no field based assignments or other field based applications.

Requirement
For field based applications, describe how the field based applications relate to the goals, objectives and designated competencies of the Program and how they are sequenced and integrated into the curriculum.

Response:

The Internship course (HCA 793) is the program's field experience. Students will be exposed to theoretical and practical experience that will prepare them to work in HCA. The student is exposed to different local HCOs through organized site visits which include tours, an overview of the organization and its structure, and available internship projects. The Internship Coordinator then assesses project appropriateness for each student. The program prefers masters-prepared (or higher) preceptors but the Internship Coordinator also considers the preceptor's position within the organization and relevant experience. Students are expected to complete a 250-hour internship along with an approved internship project proposal as a prerequisite for the capstone.

Students will be exposed to competencies in each of the four domains, identified during the project proposal stage, and should build upon their prior competency development. The level to which the objective and associated competency is covered may depend on the student's project and learning experience. The internship provides the opportunity to apply the knowledge from prior coursework and relate it practically. By using the tools gained through the program and

with mentoring from a qualified HCO preceptor, the student will design a health care initiative benefiting the organization and/or the community.

The internship specifically relates to Program Goal II, Objective II.B, to create opportunities for students to obtain placement in HCA careers or advance within their work environment. The internship has directly lead to student job placement. For example, in the Spring of 2016 an intern at UnitedHealthcare became a Key Account Manager for the organization immediately following his internship. Educational Goal I, Objective I.B. and I.C also relates to the internship. Objective I.B. states that the program wants to involve health care professionals in the development and implementation of course competencies and instructions. The internship allows for this interdisciplinary learning to occur. Objective I.C aims to ensure that the program is offering a competency-based curriculum that allows students to develop specialized skills in one or more HCA disciplines that allows them to effectively contribute to the field. The HCAP strongly believes that a field experience helps to develop specific skills in an area of HCA the student is pursuing.

SUPPORTING DOCUMENTS

HCA 793 Syllabus

III.B.4.4.

Criterion
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.

Interpretation
Students should participate in integrative experiences, including field based applications, which foster continuous learning through information access, synthesis, and use in critical thinking. Students should draw upon learning and content throughout the program of study in an integrative manner.
Examples of integrative experiences include a well-supervised field experience with a didactic component, internship, a thesis or major paper, oral or written comprehensive exams, a well-managed integrative planning or management simulation; a structured group activity; or any other appropriate activities.
Field based settings should be consistent with the Program's educational goals and objectives and be appropriate to the needs of the student. Programs should be able describe the opportunities to assess that students can apply these skills if there are no field based assignments or other field based applications.

Requirement
For field based applications, describe how students' needs for field based applications are determined and decisions made for these applications. Also describe the processes whereby field based applications are monitored and evaluated. **Upload an example of a completed form used in these processes.** Include methods for informing preceptors about their responsibilities and the objectives of the field experience, faculty/preceptor meetings, preceptor conferences, how preceptors are evaluated and the means by which preceptors are added to or removed from the Program's approved list of preceptors.

Response:

In the MHA program, the field-based applications consist primarily of two courses, an Internship course (HCA 793) and a Capstone course (HCA 779). The main goal of the courses is to allow the student to operationalize, or put into practice, the didactic theory learned to this point. Based on the student, internship site preceptor, project, and with internship coordinator collaboration, the competencies being developed while completing the internship, as well as with the capstone project are identified. During the self-study period, we changed the Internship and Capstone process to require the internship as a pre-requisite to the capstone (effective Fall 2017), allowing a clear delineation between the operational requirements of the Internship and the strategic requirements of the Capstone.

The Internship:

The HCAP has recently formalized a training manual for internship preceptors to familiarize them with our competency model, the student evaluation tools, and their role in facilitating competency attainments during the student's internship.

The student completes a competency self-assessment prior to the start of the internship and completes another one post-internship. An internship proposal must be submitted to the instructor for approval prior to beginning the internship. A standardized template is provided by the program.

The student, preceptor, organization, and faculty, then agree upon a set of requirements, identified in a Memorandum of Understanding, which has been used as a bridge toward completion of affiliation agreements. Beginning in Fall 2017 each HCO will have an agreed upon set of expectations between the HCO and the University. The internship proposal template is a standardized template that will be provided by the program.

There are several evaluation tools to determine the effectiveness of the internship. They include the following:

1. **Student competency self-assessment**: The student completes the same assessment tool that s/he completed prior to the internship.
2. **Preceptor Evaluation of Student**: The preceptor evaluates the student on their internship performance. Beginning Fall 2017 this evaluation will include competencies.
3. **Student Evaluation of Preceptor**: The student evaluates the preceptor for assessment of future use, and/or constructive critique that faculty can provide the preceptor and HCO.

A key component of the internship is for the student to identify a Capstone project (ideally at the same organization where s/he did his or her internship). The Capstone should identify a strategic project that the student will consult the organizational leaders on with the goal of improving organizational performance.

Internship Poster Presentation: At the conclusion of the Internship the student also presents a poster of his/her accomplishments. This is typically presented at our Community Health Services day/exhibition. Preceptors, faculty, and other influential participants that assisted the student are invited to addend this event.

The Capstone: The Capstone course provides the opportunity for the student to culminate his or her learning experience by providing recommended actions in order for organizations to achieve a strategic goal. UNLV partners with organizations who understand, appreciate, and facilitate this learning environment. The following summary captures the intent of the Capstone, and is intended for participating organizations so they fully understand the role of the student, and provides the value proposition that UNLV Masters students provide to the organization.

 Capstone Overview

Capstone is learning in action. As part of the core curriculum of the Master in Health Care Administration (MHA) program at UNLV, it provides students with both a critical learning

experience and an opportunity to perform a public service. Over the course of the semester, students will work either individually or in teams – to address challenges and resolve problems for a client health care organization. Ultimately, capstone contributes not only to the students' education, but also provides value to the client.

The Capstone program integrates and enhances student learning in several different areas: a content or issue area; key process skills including project management and teamwork; and methods for gathering, analyzing and reporting data. Capstone requires students to demonstrate mastery of the competencies learned in the classroom in a real-world environment.

Student consultants approach their assignments with initiative and professionalism. They organize and frame the project into a thorough work plan that results in a carefully considered final product. Student consultant(s) produce a written report for the client health care organization and conducts a final presentation of their findings and recommendations.

SUPPORTING DOCUMENTS

Employee Internship Handbook for MHA Interns

Weekly Report Format

MHA Self-Assessment

III.B.4.5.

Criterion
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.

Interpretation
Students should participate in integrative experiences, including field based applications, which foster continuous learning through information access, synthesis, and use in critical thinking. Students should draw upon learning and content throughout the program of study in an integrative manner.
Examples of integrative experiences include a well-supervised field experience with a didactic component, internship, a thesis or major paper, oral or written comprehensive exams, a well-managed integrative planning or management simulation; a structured group activity; or any other appropriate activities.
Field based settings should be consistent with the Program's educational goals and objectives and be appropriate to the needs of the student. Programs should be able describe the opportunities to assess that students can apply these skills if there are no field based assignments or other field based applications.

If a major paper, thesis or research project is required, describe the nature of the requirement and the relationship to Program objectives. Upload a list of projects for the past two years if applicable.

Response:

In their final year in the program, students are required to complete an internship project (in HCA 793) and a capstone project (in HCA 779).

The semester prior to the start of their internship, students attend site visits at a variety of HCOs. They choose several internships to be interviewed for, based on their career goals after hearing preceptors describe their projects. Once they are interviewed and secure an internship they begin to work with their preceptor on developing an internship project proposal which describes the nature of their project and desired deliverables. The internship has a 250-hour requirement, roughly 15-20 hours a week in a 16-week semester. At the end of the semester, students are required to present their internship project posters to the class and are invited to present during a school poster session.

The Capstone course requires the completion of a capstone project at a local HCO. Projects are typically consultative in nature on a project that the organization has identified as a problem area. Students work in small groups to complete this project. They typically have to go through the onboarding process for the site and make numerous visits to the departments they are working with. At the end of the semester students present their projects to the faculty as well as the organization's leadership.

The HCAP department is currently undergoing changes to the internship and capstone components. One change that has been made is that during the writing of the Internship Project Proposal students need to identify, in conjunction with their preceptor, the program competencies that are to be covered while working on their specific project. Another change that has been made is that the internship and capstone will run on consecutive semesters with the internship leading into a capstone project at the same organization.

NO SUPPORTING DOCUMENTS

III.C.1.1.

Criterion

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.

Interpretation

Throughout the curriculum, the Program should incorporate a range of assessment methods as appropriate to the course objectives and competencies. These methods should reflect the rigor expected of graduate education and should therefore emphasize methods beyond those associated with knowledge evaluation. Examples of lower and higher-level assessment methods are provided in the attached table

Assessment Methods and Definitions

Level	Assessment Method	Definition
Lower	Pre/Post knowledge or skill testing	Any formal comparative assessment of the student's knowledge or skills both before and after a learning intervention
	Exams Midterm, Final, Other	Any formal exam (including essay, short answer, multiple choice etc.) to evaluate student learning
	Papers/reports	Student generated written work that is part of the learning process or is the final documentation of learning, including research reports, mid-term and or final papers
Higher	Observation Checklists	Faculty or student-generated observational assessment of skills or behaviors; could be completed by self, peers, faculty, or other experts etc.
	Case review and feedback	Utilization of a predetermined set of variables/criteria to evaluate case analysis work, and to provide effective suggestions/recommendations for improvement
	Project review and feedback	Utilization of a predetermined set of variables/criteria to evaluate case analysis work, and to provide effective suggestions/recommendations for improvement

Team effectiveness assessment	Criterion-based observational feedback of student behavior (and possibly work products) in team projects
Journals	Collection of reflective writings, either structured or free form, about a topic
Experiential Report/Portfolios	Collection of evidence, prepared by the student and evaluated by the faculty member, to demonstrate mastery, comprehension, application, and synthesis against a standardized assessment rubric
Reflective Modeling	Standardized techniques to facilitate awareness and evaluation of one's behavior and to generate plans for improvement, including self, peer, faculty, preceptor or other expert assessment
Class participation	Active monitoring, assessment, and feedback focused on the frequency, consistency, and quality of the student's participation during face to face and online discussions
Strategic or Consulting Projects	Students actively engage in completing an actual consulting project for a health organization. Alternatively, students complete an assignment that simulates a realistic project in a health organization

Adapted from NCHL (2006): *Competency Integration in Health Management Education: A Resource Series for Program Directors and Faculty.* **Used with permission.**

Response:

Lower Level Methods 29%

Higher Level Methods 71%

NO SUPPORTING DOCUMENTS

III.C.1.2.

<table>
<tr><td>**Criterion**</td></tr>
<tr><td>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.</td></tr>
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Requirement

Evaluate the extent to which the balance between higher vs. lower level assessment methods is appropriate given the mission and goals of your program, as well as any plans / methods you are pursuing to implement higher level methods.

Response:

During a faculty meeting in March 15, 2017 faculty discussed these higher and lower level assessment methods in an effort to gain consensus on common definitions for levels of learning assessments. While the overall percentage of higher and lower level assessment methods was 71% higher and 29% lower during the self-study year, the faculty is committed to continuous improvement relative to increasing the percentage of higher level assessments.

The HCAP Advisory Board competency sub-task force, a task-force put together to evaluate the program's competencies, has developed a list of questions and comments to address potential competency revisions in the 2017-18 AY. The sub-task force gave very specific ideas/suggestions on how to assess our current competencies. For example, competency C5, Planning and Implementing Change, they suggested the program use case studies from resources

such as the Harvard Business Review on implementing sustainable and lasting change. Adding in these suggestions will increase the higher-level teaching and learning method percentage moving forward.

The department also recognizes the importance of developing a three-tiered competency level system which will help the faculty focus on integrating higher level assessment methods aimed at both the syntheses and evaluation levels in order to achieve higher educational goals.

NO SUPPORTING DOCUMENTS

III.C.2.1.

Criterion
The Program will evaluate course instruction and the curriculum and use the results to improve the quality of the teaching and learning environment.

Interpretation
Evaluating course instruction and a program's curriculum is essential to a process of continual improvement. Programs should demonstrate a plan which outlines specific methods of curricular review taken; evaluation of courses, experiences and environments; and how this information is used for improvement.

Requirement
Describe the body or person(s) primarily responsible for ongoing evaluation of the curriculum and course instruction.

Response:

The MHA program has many people involved in the evaluation of curriculum and instruction. Program Director, Jennifer Bonilla, Department Chair, Dr. Chris Cochran, and Graduate Coordinator, Dr. Josue Patien Epane all have evaluation responsibilities. Dr. Cochran is responsible for assigning instructors. Associate Dean, Dr. Jay Shen, a tenured faculty member of the HCAP department, is also involved in program evaluation. The SCHS recently converted a part-time academic assessment coordinator to full-time. The program participates in the SCHS Academic Assessment committee, chaired by Dean Gerstenberger, which meets weekly during the year, in addition to the SCHS Annual Academic Assessment meeting and SCHS Biennial Academic Summit.

NO SUPPORTING DOCUMENTS

III.C.2.2.

Criterion
The Program will evaluate course instruction and the curriculum and use the results to improve the quality of the teaching and learning environment.

Interpretation
Evaluating course instruction and a program's curriculum is essential to a process of continual improvement. Programs should demonstrate a plan which outlines specific methods of curricular review taken; evaluation of courses, experiences and environments; and how this information is used for improvement.

Requirement
List the methods of evaluation for course instruction and the program's curriculum and demonstrate how these results are used for quality improvement. (Programs may use bulleted lists if appropriate).

Response:

The program has several evaluation methods for courses and the program. Course evaluations provide student input into the quality and design of the course instruction. The program and the SCHS have been assessing the quality of the information provided by the course evaluation instrument and have made attempts to improve courses through this instrument. During the SCHS assessment meetings the need to revise the current evaluation instrument has been discussed due to insufficient information. The SCHS Academic Assessment Committee hopes to implement a new survey in the next AY. However, student comments are also part of the evaluation process and those comments provide substantial information to both the instructor and the program. The Department Chair and Program Director also review the course evaluations as part of the ongoing review process and the annual evaluation of faculty to determine potential improvements. Faculty use course evaluations to assess effectiveness and make needed changes.

Faculty meetings and retreats provide another source of evaluating the curriculum. During the candidacy period, the program recognized the need to sequence courses to make sure that students had the necessary background to take on those courses that provide a higher level of competency instruction. As a result, the program renumbered its courses to help students understand the sequencing process. Faculty review set the stage for dropping HCA 715 Research Methods as a required course and implementing an elective course, along with updating the Capstone course. Faculty also routinely recommend other course changes and new courses in faculty meetings.

The program uses exit surveys during the capstone course and other culminating experiences. The exit survey covers competencies and program recommendations. The results of these surveys are shared with program and SCHS faculty during the annual Academic Assessment meeting. The program revised the exit survey for the upcoming AY (see attached).

The SCHS Biennial Academic Summit allows students, alumni, and community partners to provide recommendations to improve curricula. The program also relies on input from internship preceptors to review student performance in their internships. Input from these groups was instrumental in making changes to the HCA 779 Capstone Course and HCA 793 internship. For example, the program increased the number of hours required for the internship from 100 hours to 250 hours.

SUPPORTING DOCUMENTS

MHA Exit Survey

Course Evaluation

III.C.3.1.

Criterion
The Program will regularly evaluate the extent to which students and graduates attain the competencies and use the evaluation for continuous improvement.

Interpretation
Programs will have a process which regularly evaluates the extent to which students and graduates attain the competencies defined in IIIA1. Competencies should be the primary measure against which student achievement is measured and there should be efforts for both direct and indirect measurements. Programs are expected to demonstrate links between industry expectations and alumni feedback to student competencies.

Requirement
Describe how the program measures student **progress towards mastery** of program competencies. Include a description of the types of evaluation tools (preceptor assessments, student evaluations, course deliverables, etc.) used in these processes

Response:

The program's definition of higher-level competency attainment is that students should be able to integrate knowledge and skills into a wide variety of situations, consistently and independently, demonstrating a command of the professional function in decision making to the point of being able to teach others about the competency learned. The program's expectation is that students be able to interpret, analyze, and apply the majority of competencies within each of the domains by the end of the program. Students can expect group projects, case studies, and real-world projects such as internships and team projects with operational applications.

The program has used exit surveys and capstone evaluations as the main process for determining students' attainment of the competencies at the end of the program, but individual courses will also have higher level-assessments of specific competencies. While the program does not expect mastery of every competency, the program expects students to be able to analyze and apply the majority of the competencies within each of the domains, and have a personal awareness of any gap areas within the competencies.

The program requires incoming students to complete a self-assessment of their knowledge of each of the competencies during the orientation process. This step has also been added to HCA 701 - The US Health Care System: Programs and Policies, which is typically taken during the student's first semester, in the event that a student is excused from orientation. It should be noted that the program implemented this process during the self-study year.

Previously, the program had used a variety of self-assessment measures, including course pre-tests and post-tests, but these did not always measure competencies. As the program has embraced the competency concept, we recognize the importance of tracking competencies across

the curriculum and throughout the program. The program also has plans to conduct a self-assessment half-way through the program, in HCA 721 - Advanced Health Care Finance, which is usually completed by the mid-point of the curriculum. This process was recognized as a needed additional step in evaluating the students' progress.

In addition, the program revised the preceptor survey to allow input from preceptors at the conclusion of HCA 793 - Health Care Administration Internship. Starting in Fall 2017, this evaluation tool will specifically evaluate students on the competencies identified in their project proposal. The program also requires students to discuss which competencies applied to their internship and they must present their results to all students in the internship and during a poster presentation to program faculty and school faculty, preceptors, MHA and SCHS students in the program, invited advisory board members, and leaders from the individual project sites.

The program now requires the students to take the Internship course the 2nd to last semester before graduation, and the Capstone course in the final semester. Students build on their operational experience in the Internship (HCA 793) by continuing their work during HCA 779 - Health Care Administration Capstone. In this course, students work in groups at a selected local health care organization to continue work on selected projects; this work is designed to be at a more strategic level than during the Internship. In that course, students once again identify the competencies that pertain to the project and must present that work at the end of the Capstone Project. On capstone presentation day, students are evaluated by all faculty and participating industry representatives to assess how well the students were able to master competencies in the program. Students also complete the exit survey at the end of that course (and the program) and are asked to evaluate their perception of the mastery of competencies.

Evaluation of student attainment of competencies during the overall program and HCA 779 and 793 specifically is a work in progress. The program has made this a priority and added this to the program's Goals and Objectives. The program plans to conduct progressive evaluations of student attainment of competencies up to, and including the internship, to determine where students may need extra focus, and to include that as a part of the assessment when the student enrolls in the capstone course. Dr. Cochran and Kurt Houser, Internship Faculty, are working on a tool to better evaluate student attainment of competencies while in the internship course. For those competencies to which students indicate a weakness, individual assignments will be included in the capstone course to enhance their knowledge of those competencies.

NO SUPPORTING DOCUMENTS

III.C.3.2.

Criterion
The Program will regularly evaluate the extent to which students and graduates attain the competencies and use the evaluation for continuous improvement.
Interpretation
Programs will have a process which regularly evaluates the extent to which students and graduates attain the competencies defined in IIIA1. Competencies should be the primary measure against which student achievement is measured and there should be efforts for both direct and indirect measurements. Programs are expected to demonstrate links between industry expectations and alumni feedback to student competencies.
Requirement
Describe how the results of these measurements are used by the program for continuous improvement.

Response:

In the self-study year, the program implemented a pre-program competency self-assessment for further assessing how students' competency attainment develops throughout the program. Students completed the survey during new student orientation in the Fall of 2016. Survey results have been analyzed and the results of this survey were positive. Most students rating themselves between somewhat competent and highly competent on program competencies. Skills that were rated as not competent were examined and those ratings will increase as students progress through the program. This data presented solid evidence that the knowledge level and confidence of students entering the program is as expected. No post analysis has been conducted as this is the first time the program has required incoming students to complete a self-assessment of their perception of knowledge of each of the competencies during the orientation process. In the future, these results will be compared among matriculating cohorts as they progress through the program. They will also be compared to existing competency assessments completed by faculty on students completing course evaluations and the capstone course.

Exit surveys also assess competency attainment as well as many other data points. These results are presented at the annual assessment meeting to SCHS faculty. Graduating students from Fall of 2016 rated their proficiency with competencies as very well or with distinction which indicates that the program is effectively covering competencies. Anything less than very well will be analyzed and inform changes in the curriculum.

By comparing students from different data points in the program and in different ways (direct and indirect measures) we hope to ascertain that competency attainment progresses throughout the curriculum with the capstone as the culminating measurement. As analysis of these measures occurs, faculty will examine their coverage of competencies in a formative way.

NO SUPPORTING DOCUMENTS

Criterion IV:

IV.A.1.1.

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

Interpretation
Assess the Program's ability to meet its identified objectives in light of the current size and composition of its faculty. Describe the most significant faculty characteristics and any perceived deficits. Identify steps being taken or planned to make changes to the complement of faculty. If a program has less than three core faculty demonstrate how this complement is able to meet the stated objectives and provide expanded detail regarding how all required material is covered. For core faculty who do not have doctoral degrees, please also describe their professional and academic qualifications as they relate to their roles within the program.

Requirement
Write a brief assessment of the Program's ability to meet its identified objectives in light of the current size and composition of its faculty. Describe the most significant faculty characteristics and any perceived deficits. Identify steps being taken or planned to make changes to the complement of faculty. **If a program has less than three core faculty, demonstrate how this complement meets the stated objectives.**

Response:

UNLV's MHA Program has been dedicated to meeting its stated goals and objectives; primarily to become CAHME accredited. The program has hired diverse faculty with knowledge and skill sets appropriate to the courses in which they teach. Most of the program faculty have either demonstrated proficiency in research or have demonstrated the skills needed to be successful researchers, while others have significant practical experience that enables the program to expand its partnerships in the local community. While there has been limited turnover in the department in the last 3 years, one area that the program wants to improve is to expand its tenured faculty numbers. Currently, only Dr. Shen and Dr. Cochran hold tenured positions in the department. Dr. Epane will go through promotion and tenure in the summer of 2018. Dr. Sotero is in her second year as an assistant professor and Dr. Bhandari is in his first year. The program will also add another tenured faculty member in August 2017.

The program has one Faculty-in-Residence and one Visiting Lecturer. Most of their work is concentrated with undergraduate education, but both have teaching responsibilities in the MHA program. The program has submitted a request to hire a third faculty in residence/visiting lecturer for the program. The addition of these individuals has allowed tenured track faculty to take on more responsibility in the MHA program and has helped us off-set course load reductions for faculty as a result of our new workload policy. One perceived deficit is that the

majority of the faculty are tenure track faculty therefore, they may have course load reductions and limited ability to provide additional service and administrative activities for the department.

Currently, all faculty teach at least one course in the program each year. Several faculty have expertise in more than one area. Faculty teach in areas in which they have expertise as a result of their research activities or work experience; 2 - health care finance and accounting, 2 - health care economics, 3 - strategic management, 1 - human resources, 1 - health information technology, 4 - quality improvement, 2 - health care policy, 2 - operations management, 2 - organizational behavior and management, 5 - research methods. The program also relies on SCHS faculty to teach public health related courses (EAB 703 and HCA 702). One adjunct faculty is used for the specialty of HCA 761 - Health Care Law and Ethics for Managers.

NO SUPPORTING DOCUMENTS

IV.A.1.2.

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

Interpretation
Assess the Program's ability to meet its identified objectives in light of the current size and composition of its faculty. Describe the most significant faculty characteristics and any perceived deficits. Identify steps being taken or planned to make changes to the complement of faculty. If a program has less than three core faculty demonstrate how this complement is able to meet the stated objectives and provide expanded detail regarding how all required material is covered. For core faculty who do not have doctoral degrees, please also describe their professional and academic qualifications as they relate to their roles within the program.

Requirement

Summary of Current Program Faculty

Add/Edit Faculty

Response:

FACULTY NAME (LAST, FIRST)	HIGHEST DEGREE EARNED & YEAR	DATE APPOINTED TO PROGRAM	QUALIFIED	ACADEMIC RANK	PROGRAM RESPONSIBILITIES	% REMUNERATION CARRIED IN BUDGET	COURSE TAUGHT IN SELF STUDY YEAR (# OF CREDITS)
Bhandari, Neeraj	PhD 2016	2016	A	Assistant Professor	T=37.50% Ad=0.00% R=52.50% S=10.00% NP=0.00%	100%	US Health Care System: Programs and Policies (3.0) Health Care Economics (3.0)
Bungum, Timothy	D.Ph. 1994	2001	A	Professor	T=12.50% Ad=0.00% R=0.00% S=0.00% NP=87.50%		Epidemiology in Health Services Management (3.0)
Cochran, Christopher	PhD 1996	1997	BOTH	Professor	T=12.50% Ad=37.50%	100%	US Health Care System: Programs

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FACULTY NAME (LAST, FIRST)	HIGHEST DEGREE EARNED & YEAR	DATE APPOINTED TO PROGRAM	QUALIFIED	ACADEMIC RANK	PROGRAM RESPONSIBILITIES	% REMUNERATION CARRIED IN BUDGET	COURSE TAUGHT IN SELF STUDY YEAR (# OF CREDITS)
					R=25.00% S=25.00% NP=0.00%		and Policies (3.0) Health Care Administration Capstone (3.0)
Epane, Josue Patien	PhD 2013	2013	BOTH	Assistant Professor	T=25.00% Ad=25.00% R=40.00% S=10.00% NP=0.00%	100%	Advanced Health Care Finance (3.0) Health Care Finance and Accounting (3.0)
Hillegass, Bonnie	MHA 1992	2014	PR	Lecturer	T=37.50% Ad=0.00% R=0.00% S=0.00% NP=62.50%	100%	Health Care Administration Internship (3.0) Organization and Management of Long Term Care Services (3.0) Independent Study (3.0)
Hurst, Larry	MBA 1998	2008	BOTH	Adjunct Faculty or equivalent	T=12.50% Ad=0.00% R=0.00% S=0.00% NP=87.50%		Health Policy and Politics (3.0)
Kan, Ge Lin	PhD 1996	2015	A	Professor	T=25.00% Ad=0.00% R=0.00% S=0.00% NP=75.00%		Biostatistical Methods for Public Health (3.0)

FACULTY NAME (LAST, FIRST)	HIGHEST DEGREE EARNED & YEAR	DATE APPOINTED TO PROGRAM	QUALIFIED	ACADEMIC RANK	PROGRAM RESPONSIBILITIES	% REMUNERATION CARRIED IN BUDGET	COURSE TAUGHT IN SELF STUDY YEAR (# OF CREDITS)
Liu, Darren	D.Ph. 2009	2011	A	Assistant Professor	T=25.00% Ad=0.00% R=30.00% S=20.00% NP=25.00%	100%	Management of Health Care Organizations and Systems (3.0) Health Services Research Methods (3.0)
Pinheiro, Paulo	PhD 2009	2009	BOTH	Professor	T=12.50% Ad=0.00% R=0.00% S=0.00% NP=87.50%		Epidemiology in Health Services Management (3.0)
Shen, Jay	PhD 1998	2006	A	Professor	T=25.00% Ad=25.00% R=30.00% S=20.00% NP=0.00%	100%	Information Systems in Health Services Management (3.0) Health Care Administration Capstone (3.0)
Sotero, Michelle	PhD 2015	2014	BOTH	Assistant Professor	T=37.50% Ad=0.00% R=40.00% S=10.00% NP=12.50%	100%	Operations and Quality Management in Health Services (3.0) Strategic Management of Health Services (3.0) Human Resources

FACULTY NAME (LAST, FIRST)	HIGHEST DEGREE EARNED & YEAR	DATE APPOINTED TO PROGRAM	QUALIFIED	ACADEMIC RANK	PROGRAM RESPONSIBILITIES	% REMUNERATION CARRIED IN BUDGET	COURSE TAUGHT IN SELF STUDY YEAR (# OF CREDITS)
							Management of Health Care Organizations (3.0)
Stevens, Glen	JD 1995	2005	BOTH	Adjunct Faculty or equivalent	T=25.00% Ad=0.00% R=0.00% S=0.00% NP=75.00%		Health Care Law and Ethics (3.0)

NO SUPPORTING DOCUMENTS (CVs linked)

IV.A.1.3

Criterion
Program and University leadership will ensure that the complement, involvement and qualifications of Program faculty are sufficient to accomplish the mission of the Program.
Interpretation
Assess the Program's ability to meet its identified objectives in light of the current size and composition of its faculty. Describe the most significant faculty characteristics and any perceived deficits. Identify steps being taken or planned to make changes to the complement of faculty. If a program has less than three core faculty demonstrate how this complement is able to meet the stated objectives and provide expanded detail regarding how all required material is covered. For core faculty who do not have doctoral degrees, please also describe their professional and academic qualifications as they relate to their roles within the program.
Requirement
Discuss faculty teaching responsibilities, including:

- ☑
  - (a) normal and minimal teaching loads (class hours/week)
- ☑
  - (b) how teaching assignments are allocated to the various faculty members
- ☑
  - (c) procedures whereby a faculty member might be released from teaching obligations for research, community service or administration
- ☑
  - (d) policy regarding consulting and other activities outside the University

Check each box when the responsibility is addressed.

Response:

The standard University instructional requirement for all full-time, tenure-track faculty is three (3) courses per semester (one course equals three credits). The SCHS currently uses the University workload policy as a baseline for its school workload policy, which provides the opportunity to reduce teaching loads based on research performance. In AY 16-17 the SCHS implemented a new workload policy allowing full-time, tenured and tenure-track faculty members to reduce their course load further by demonstrating accomplishment in key research activities, such as publications, grant submissions or grant funding. Determination of teaching load assignments is made during the evaluation of the faculty annual workload report. Faculty may also buy out courses through the application of funded research.

Teaching assignments are allocated based on research and/or work expertise. The Department Chair is responsible for scheduling courses in the MHA program. As the program has added faculty it has recruited faculty and instructors with specific areas of expertise and experience. For tenure track recruits, the program requires demonstrated research competency in respective areas. Professional and academic experience are also valued. For full-time instructors/visiting lecturers the program has sought individuals with either demonstrated research experience or professional health care experience in needed areas.

Faculty members that hold administration positions within the department receive a course reduction (Associate Dean 1/1, Department Chair 1/1, and MHA Graduate Coordinator 2/1). Teaching assignments will not be reduced to zero over an academic year except in the case of sabbatical leave, professional development leave, research buy-out, fellowship leave (e.g., Fulbright), temporary assignment to a major university position (e.g., Interim Dean, Assistant to the President), or other approved assignments. Although this has not occurred in the program, any assignments, reassignments, and/or other teaching assignments which bring the faculty member's teaching assignments to zero must be approved in advance by the faculty member's Supervisor; Dean, Vice Provost, or School Director; and Executive Vice President and Provost.

Reassignments may also be given to faculty for other scholarly activities and creative work in the faculty member's discipline aimed at specific results (e.g., books, articles, and reports); and/or service to the University community, and/or profession, including research, creative activity, consultation, administration, or other services directed toward the University or professional association to which the faculty member belongs and for which the faculty member is not compensated monetarily. Reassignments may be requested and/or assigned each semester, and must be documented and approved in writing as detailed in the faculty member's respective governing units' workload policy and bylaws. They are determined on a case-by-case basis, and are not automatically considered part of the full-time, tenure-track faculty member's standard University instructional requirement of three (3) courses per semester. Reassignments may be requested and/or assigned for one or more of the following activities: Scholarship, Professional Development, Research and Development related to Proposal Preparation, Administrative Assignment such as, Department Chair/Director or Program Coordinator, Major University or Unit Service, Service to the Profession, Newly Hired Faculty, and Leave.

Reassignments may be requested if the faculty member has primary responsibility for the review and selection of manuscripts; or if it appears the scope and responsibilities of the journal position warrant reassignment. Other reassignments can be given for service as the Program Chair or local arrangements Chair of a major convention of the discipline; and/or for service as an officer of a regional or national professional association, depending upon the scope and responsibilities of the position. Faculty will negotiate this reassignment with their supervisor.

Summer assignments are not considered part of the standard B contract nine-month academic year workload assignments. A faculty member who assumes additional teaching, advising, or other responsibilities during the summer may be compensated by means of a Letter of Appointment (LOA) for an agreed-upon amount, a supplemented contract, or in exceptional circumstances request reassignment during the academic year. To see UNLV's complete Workload Assignment Policy and Guidelines please go to UNLV Workload Assignment Policy

and Guidelines. Faculty must submit the compensated outside approval form as well as the annual conflict of interest disclosure form.

SUPPORTING DOCUMENTS:

SCHS Workload Policy

IV.A.2.1.

Criterion
The Program will foster a diverse culture within the faculty and learning environment

Interpretation
The expectation is that the Program will prepare students within an environment that enables them to understand the diversity of cultures, values, and behaviors in contemporary healthcare organizations.

Requirement
Describe the Program's efforts towards achieving diversity in its faculty composition and the extent to which guest lecturers and mentors help to achieve diversity in the learning environment. This should also explain the plan for recruiting activities, guest lectures, mentors, preceptors.

Response:

UNLV is committed to and will provide equality of educational and employment opportunity for all persons regardless of race, sex, age, color, national origin, ethnicity, creed, religion, disability, sexual orientation, gender, marital status, pregnancy, veteran status, or political affiliation — except where sex, age, or ability represent bona fide educational or employment qualifications or where marital or veteran status are statutorily defined eligibility criteria for federal or state benefit programs. Further, the university seeks to promote campus diversity by enrolling and employing a larger number of minorities and women where these groups have historically been and continue to be under-represented within the university in relation to availability and may extend preference in initial employment to such individuals among substantially equally qualified candidates, as well as to veterans, Nevada residents, and current state employees seeking promotion.

This affirmation is published in accordance with 41 CFR 60 and is in keeping with Title VII & Title IX of the Civil Rights Act of 1964, as amended; Executive Order 11246; the Rehabilitation Act of 1973; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; the Civil Rights Restoration Act of 1988; Nevada Revised Statutes; and the Code and Policies of the Board of Regents of the Nevada System of Higher Education.

The university aims to achieve, within all areas of the university community, a diverse student body, faculty, and staff capable of providing for excellence in the education of its students and for the enrichment of the university community.

UNLV reaffirms its commitment to equality of educational and employment opportunity in its relationships with all members of the university community and its commitment to the elimination of any documented historical and continuing underutilization of women and minorities among the student body or employee complement. UNLV is committed to this program and is aware that with its implementation, positive benefits will be received from the greater utilization and development of previously underutilized human resources.

The Department of HCAP is comprised of a diverse faculty, reflective of its student population, the second most diverse in the nation (UNLV Ranked Second Most Diverse Campus in the Nation). See Criterion IV.A.2.2. Faculty profile/race/ethnicity for complete breakdown.

NO SUPPORTING DOCUMENTS

IV.A.2.2.

Criterion
The Program will foster a diverse culture within the faculty and learning environment

Interpretation
The expectation is that the Program will prepare students within an environment that enables them to understand the diversity of cultures, values, and behaviors in contemporary healthcare organizations.

Requirement
Faculty Profile

Response:

	AFRICAN AMERICAN		HISPANIC		ASIAN/ PACIFIC ISLANDER		OTHER		WHITE		TOTAL
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
Participating Faculty	1	0	0	0	3	0	0	0	1	2	7
Supporting Faculty	0	0	0	0	1	0	0	0	4	0	5
Total	1	0	0	0	4	0	0	0	5	2	12
% of Total Faculty	8.3%	0%	0%	0%	33.3%	0%	0%	0%	41.7%	16.7%	100%

NO SUPPORTING DOCUMENTS

IV.A.3.1.

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

Interpretation
CAHME recognizes the responsibility of other organizational units within the University regarding decisions to admit students and award degrees. This criterion will assess the role of Program faculty in Program administration and improvement.

Requirement
Describe procedures for admission decisions including the role of Program faculty.

Response:

Students submit an online application to UNLV's Graduate College website, where they are required to upload: All official transcripts (graduate and undergraduate); Resume; Three Recommendation Letters; Personal Statement; GRE Scores; Application Fee

The application is reviewed by the Graduate College. Applicants with 3.0 GPAs and all other required documents, are approved and forwarded to the department for the final review. The MHA admission committee, led by the internal MHA Graduate Coordinator and the Program Director, participate in application review with all full-time tenure-track faculty. Applicant files are reviewed and decisions are made, with an interview required as needed, as follows:

- Applicant Admitted
  - Fully Qualified
    - Applicant Provisionally admitted
      - Prerequisites of Economics 102 and/or Accounting 201 not met
      - and/or GRE scores not yet received
      - and/or undergraduate GPA below 3.0
    - Applicant Conditionally Admitted
      - Final undergraduate transcript still pending
- Applicant Denied

Applicants routinely meet with the Programs Director, Graduate Coordinator and/or the Department Chair prior to completing their application to receive information regarding the program, application requirements, the internship/capstone experiences and career opportunities within the industry.

Upon admission, the Graduate Coordinator assigns a faculty advisor to each student, who meets with the student prior to or in the first semester of the student's program.

NO SUPPORTING DOCUMENTS

IV.A.3.2.

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

Interpretation
CAHME recognizes the responsibility of other organizational units within the University regarding decisions to admit students and award degrees. This criterion will assess the role of Program faculty in Program administration and improvement.

Requirement
Describe procedures for confirming that students should be awarded degrees, including the role of Program faculty.

Response:

The HCAP and the Graduate College both have graduation requirements. The program handbook states that students must submit all Graduate College forms, apply for graduation, and successfully complete the culminating activity (capstone, professional paper, or thesis). Degree requirements are established by program faculty and reviewed regularly. Program faculty are, in fact, the advisors and monitor student progress towards degree completion. They play a pivotal role in degree completion in that they establish the student's program of study and select courses for each student with a balance and logical progression in mind that meet both program requirements and the student's career objectives. Faculty must complete the student advising packet which includes advising forms and surveys. Students also work with the Graduate College on a strict timeline (see Graduate Study Timeline) which includes advising and submission of various forms (degree audit companion form, prospectus approval form, application for graduation, and the culminating experience results form).

NO SUPPORTING DOCUMENTS

IV.A.3.3.

Criterion
The Program faculty will have responsibility for: making recommendations regarding admission of students, specifying healthcare management competencies, evaluating student performance and awarding degrees.
Interpretation
CAHME recognizes the responsibility of other organizational units within the University regarding decisions to admit students and award degrees. This criterion will assess the role of Program faculty in Program administration and improvement.
Requirement
Describe the role of Program faculty in designing the curriculum and specifying healthcare management content.

Response:

The majority of the course taught in the program were developed by Dr. Cochran, Dr. Shen and previous program faculty. All faculty have the opportunity to propose changes to current curricula and propose new courses. Faculty are assigned courses based on their areas of expertise and have the discretion to update materials to reflect changes in the industry better. Faculty interested in making course or content changes, propose those changes to the HCAP department during faculty meetings. Course changes are conducted in the same fashion. New courses and course changes must be approved at the department level and then are submitted to the SCHS Curriculum Review Committee, which includes an MHA faculty member, for approval. Following approval at this level, the new course or course changes are submitted to the UNLV Graduate College Curriculum Committee for final approval.

New course, course changes, and curriculum changes are usually the result of ongoing competency evaluation or changes in the health care field that necessitate an overall program change. For example, the program recognized in 2015 that it needed to provide a course in quality improvement and patient centered care, but wanted to do so in the structure of the 45 credits needed for graduation. This meant changing a required course to an elective course and resulted in considerable discussion among faculty. It was then presented to the SCHS Curriculum Review Committee and the UNLV Graduate College Curriculum Committee for approval. Ultimately, it was decided to drop HCA 715 Research Methods as a required course and changed it to an elective course (starting Fall 2017). Program faculty also created a new course, HCA 631 Quality Management in Health Service Organizations, as an elective course and also included existing courses HCA 652 Health Politics and Policy and HCA 680 Organization and Management of Long Term Care Services as electives.

NO SUPPORTING DOCUMENTS

IV.A.3.4.

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

Interpretation
CAHME recognizes the responsibility of other organizational units within the University regarding decisions to admit students and award degrees. This criterion will assess the role of Program faculty in Program administration and improvement.

Requirement
Describe the process by which course content and curriculum structure is assessed by the faculty as a unit.

Response:

The iterative process for reviewing the content and curriculum has included regular faculty meetings and retreats where curriculum and competencies are evaluated. Faculty meetings are held near the beginning of each semester and as needed.

Prior to preparation for CAHME candidacy, faculty met regularly to evaluate their courses in conjunction with the competencies that were adopted by the department. The initial step included completing a survey in which faculty identified the competencies they covered in their courses and the level to which those competencies were taught and assessed. Based on the survey the department developed a matrix to validate the progression of courses, course content, and competency development. The process also involved individual faculty presenting their coursework at faculty meetings to explain the competencies covered, how they were covered, and assessed in order to get feedback from other faculty. The department also used the CAHME Syllabi Cover Sheet as a guide for syllabi assessment and incorporation of standard elements. One of the outcomes of this process resulted in redesigning the sequencing of courses for the program. This resulted in a need to change course numbering to reflect the sequencing process better.

In the summer of 2016, the HCAP faculty held two important meetings to study the course content and competencies. The first meeting resulted in the redesign of course competencies, domains, and levels in preparation for the self-study year. For example, during this meeting the department addressed the concern that competencies for Risk Management and Health Marketing were inadequately covered. The faculty maintained that these were important competencies and updated specific courses to assure this content was included. At a follow-up retreat held prior to the start of the Fall semester faculty were surveyed regarding the use of competencies and their comfort level using the competencies.

SUPPORTING DOCUMENTS:

IV.A.4.1.

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

Interpretation
CAHME will seek evidence of faculty membership on appropriate search committees.

Requirement
Describe the mechanism by which faculty appointments are made in the Program. Include the origin of recommendations to add faculty, recruitment processes, search procedures, membership on search committees and the system of processing and approving appointments. Indicate any differences in procedures for different types of appointment (e.g., tenure-track vs. non-tenure track).

Response:

The department is part of the SCHS and all requests for faculty positions are submitted to the Dean of the SCHS by the department Chair; the Dean then prioritizes these requests based on need and university top tier alignment. The Dean of the SCHS submits these requests to the Office of the Provost for approval depending on state budgetary allocations.

All faculty appointments are selected according to the UNLV Faculty and Professional Staff Search Guidelines regardless of appointment type (tenure track or non-tenure track). Once the line is approved by the Office of the Provost, the academic resources department assigns a search number and a Faculty Search Committee is formed in the department. Members of the Faculty Search Committee are appointed by the Department Chair with appropriate input by all faculty. The vacancy is then posted and advertised through the university's HR system as well as in other publications as recommended by the Chair and/or search committee. To abide by the EEO guidelines, the search committee is allowed to see applicant materials after 29 days to allow for a diverse pool of applicants. The candidate review process involves several levels of review including review of candidate CVs, Letters of Interest and any provided letters of recommendation. The search committee conducts a desk review of all candidates then reaches consensus on which candidates should be included in a telephone interview. Following the telephone interviews, the committee recommends the best candidates for an on-campus interview. Following on-campus interviews, all faculty provide feedback to the search committee. The search committee chair submits a recommendation to the Department chair with strengths and weaknesses of the final candidates and a recommendation for hire. The recommendation is then given to the SCHS dean who negotiates the offer to the candidate.

This letter is submitted to the Office of the Provost for approval; once approved, it is sent to the candidate by the Dean's Assistant/Business Manager of the SCHS.

Adjunct faculty and part-time instructor selections are made by the Department Chair. For adjunct faculty, a packet is prepared and submitted to the Dean and then the Office of the Provost for approval. The process for part-time instructors (PTIs) is somewhat different. A list of the PTIs is submitted to the Office of the Provost every semester by the Dean's Assistant/Business Manager. These PTIs may teach only one semester or several depending on their teaching performance, which is evaluated by their classroom evaluations.

NO SUPPORTING DOCUMENTS

IV.B.1.1.

Criterion
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.

Interpretation
CAHME encourages individual, collaborative and multi-disciplinary research and scholarship and/or other relevant professional achievements, including involvement of practitioners and students where appropriate. This should be consistent with university policy on faculty research and scholarship. Research and scholarship may be demonstrated through publications in refereed journals, books, and book chapters, case studies, funded and sponsored projects, presentations at professional meetings and other forms of dissemination. Professional achievements may be demonstrated through accomplishments in the professional practice realm, such as leadership positions held in healthcare organizations or other parts of the health industry. The nature and volume of such achievements should be individually consistent with the stage of the faculty member's career and collectively adequate to support a Program of graduate healthcare management education, consistent with the Program's mission and goals.

Requirement
Listing and Description of Program Research and Scholarship Activity

Core Program Faculty	Competitive Grants						Contracts awarded	Publications				Presentations	
	Grants Awarded as PI (Principal Investigator)		Grants awarded with other PI		Grants as PI not funded		Contracts awarded	Books/chapters Published	Monographs published	Journal articles published	Reviews performed	Paper presentations	Invited lectures/ presentations
	#	$	#	$	#	$	#	#	#	#	#	#	#
Cochran, Christopher	0	0	0	0	0	0	0	0	0	9	1	3	0
Epane, Josue Patien	0	0	0	0	3	515,840	0	0	0	11	72	15	0
Hillegass, Bonnie	0	0	0	0	0	0	0	0	0	0	0	0	0
Hurst, Larry	0	0	0	0	0	0	0	0	0	0	0	0	0
Liu, Darren	1	0	3	0	2	0	0	1	0	4	0	7	7
Pinheiro, Paulo	1	105,000	0	0	1	0	0	0	0	12	18	8	1
Shen, Jay	2	40,000	1	10,000	0	0	0	0	0	20	64	7	3

Sotero, Michelle	0	0	0	0	2	5,150,000	0	0	0	0	3	2	2
Stevens, Glen	0	0	0	0	0	0	0	0	0	0	0	0	0
Bhandari, Neeraj	0	0	0	0	0	0	0	0	0	5	2	7	0
Kan, Ge Lin	0	0	0	0	0	0	0	1	0	8	0	0	0
Bungum, Timothy	2	78,975	0	0	5	1,950,812	0	0	0	14	36	0	0
Totals	6	223,975	4	10,000	13	7,616,652	0	2	0	83	196	49	13

NO SUPPORTING DOCUMENTS

IV.B.1.2.

Criterion
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.

Interpretation
CAHME encourages individual, collaborative and multi-disciplinary research and scholarship and/or other relevant professional achievements, including involvement of practitioners and students where appropriate. This should be consistent with university policy on faculty research and scholarship. Research and scholarship may be demonstrated through publications in refereed journals, books, and book chapters, case studies, funded and sponsored projects, presentations at professional meetings and other forms of dissemination. Professional achievements may be demonstrated through accomplishments in the professional practice realm, such as leadership positions held in healthcare organizations or other parts of the health industry. The nature and volume of such achievements should be individually consistent with the stage of the faculty member's career and collectively adequate to support a Program of graduate healthcare management education, consistent with the Program's mission and goals.

Requirement
Discuss the content and quantity of current scholarship and/or professional achievement activities of each faculty member, and its relationship to their current stage of career, and their role and responsibilities in the Program.

Response:

Dr. Cochran

Christopher Cochran, Ph.D. is a tenured Professor and Chair of the Department of Health Care Administration and Policy, in the School of Community Health Sciences at the University of Nevada Las Vegas. His current research interests include improving patient safety in the hospital environment, understanding the relationship of secondary diagnoses of mental health conditions on preventable primary diagnoses medical conditions in hospital emergency rooms, reducing waste in health care delivery, and improving access to care for medically underserved areas. He has authored and co-authored numerous articles on access to care for underserved populations and safety net resources including management issues and patient safety and quality improvement for public and private health care organizations. Dr. Cochran was also the lead author on a white paper related to creating real time data collection and analysis from local hospitals to evaluate onset of influenza-like illness. He has investigated the effects of second hand exposure to children in public areas of local casinos as well as the economic effects of implementation of the legislation on smoking bans in restaurants in Nevada. His earlier research related to management relationships in community health centers in the U.S., and relationship

marketing for health care services. Other research has focused on using information technology to improve bio-surveillance of infectious outbreaks in high volume resort communities. He serves on the Board of the State of Nevada's Public Employees Benefits Program, is a current member of the American College of Healthcare Executives, Nevada HIMMS and Nevada ACHE, and is a member of the Delta Omega Honorary Society in Public Health. Prior to his academic career, Dr. Cochran was the Executive Director of a large substance abuse inpatient and outpatient treatment program in Texas.

He currently teaches the U.S. Health Care System: Programs and Policy and the Health Care Administration Capstone course for the MHA program. Dr. Cochran also serves on The Curriculum/New Program, Faculty Appeals, Policy and Procedure, Executive Committee, and Academic Assessment Committees for the SCHS.

Dr. Shen

Jay Shen, Ph.D. is a tenured Professor of Healthcare Administration and Policy and Associate Dean of the School of Community Health Sciences. His research covers health services, including healthcare disparities, access to care, comparative effectiveness research, effects of EHR on healthcare organizations, quality of care and patient safety; outcomes research related to AMI, CHF, stroke, diabetic complications, maternal outcomes, pneumonia, and patients with advanced illnesses, and global health. He has received grants awarded by Agency for Healthcare Research and Quality (AHRQ), National Institute of Health (NIH), Patient Centered Outcome Research Institute (PCORI), and National Council of State Boards of Nursing (NCSBN). As the Project Lead, his palliative care project is the first PCORI funded project in Nevada. He has published 50 peer reviewed journal articles during the last 10 years. As a proliferate researcher, Dr. Shen, in addition to working with faculty in his department, enjoys interdisciplinary collaborations and has worked with researchers in such disciplines as allied health, economics, medicine, nursing, public health, social work, and sociology. He also mentors both graduate and undergraduate students in their research projects. Further, he engages with community partners including patients, caregivers, and healthcare providers from hospitals, palliative care programs, and other healthcare settings. Dr. Shen has been a grant reviewer for AHRQ and NIH. He serves as Associate Editor of BMC Health Services Research and is a member of the Editorial Board of Ethnicity & Disease. He is Adjunct Professor at Peking University in Beijing and Visiting Professor at Fudan University in Shanghai, China.

Dr. Shen teaches Information Systems in Health Services Management and the Health Care Administration Capstone course for the MHA program and serves on The Faculty Review, Academic Assessment, Policy and Procedure, PhD Program, Faculty Appeals, and Executive Committees for the SCHS.

Dr. Epane

Josué Patien Epané, PhD, MBA is an Assistant Professor and Graduate Coordinator of the residential Master of Health Care Administration in the Department of Health Care Administration and Policy, in the School of Community Health Sciences at the University of Nevada Las Vegas. His scholarship has mainly focused on exploring strategies with the potential

to enhance organizational performance. During the past almost four years, he has published 12 peered reviewed articles and has had numerous presentations (18) at national and international conferences including AcademyHealth, Academy of Management, Gerontological Society of America. Some of these explorations have focused on the impact of hospitalists on hospitals' efficiency, financial performance (revenues, costs, and profitability), and patient experience of care. He has studied the impact of cultural competency on hospital performance, the impact of privatization on efficiency, provision of community benefits, and the impact of EHR adoption on costs of care. His other research examined the effects of hospitalists on improving quality, process of care and minority health; and, predicting factors for hospital and nursing home closures. Dr. Epané has received the school wide and departmental Outstanding Researcher Award respectively in 2015 and 2016, serves as reviewer for number of peer reviewed journals and national and international conferences, is member of Beta Gamma Sigma Honor Society, the Association of University Programs in Health Administration, AcademyHealth, Academy of Management, Healthcare Financial Management Association, and the PhD Project.

Dr. Epané has mainly taught health care financial management classes (Health Care Accounting and Finance, Advanced Health Care Finance, and Fundamentals of Health Care Finance) and Strategic Management for the department. In the Spring of 2016 Dr. Epané started serving as the co-graduate coordinator along with the previous graduate coordinator and since the Fall of 2016 has served as the Graduate Coordinator for the department. He also serves on the school's Master's Program Committee.

Dr. Sotero

Michelle Sotero, Ph.D. began working as an Assistant Professor in the Department of Healthcare Administration and Policy in the School of Community Health Sciences in the Fall of 2015. Her research focuses on social determinants of health, such as historical trauma and adverse childhood experiences (ACEs) and their effects over the life course on health behaviors, health disparities, and associated effects on the health care system. She has three previous publications and currently has three in the review stage. She has served as a faculty member in various capacities since 2005. She has twenty years of experience in health care and public health human resources and program development. Her work in the development of hospital interpreter services and cultural competency programs have been nationally recognized by the National Association of Public Hospitals and the Joint Commission. She is a 2010 Great Basin Public Health Leadership Institute Scholar. She is also a recipient of the 2009-2010 UNLV CSUN Faculty Excellence Award. Prior to joining UNLV's HCAP in the Fall of 2015, Dr. Sotero was the Program Coordinator for a multimillion dollar teen pregnancy prevention grant through the Office of Adolescent Health at the Southern Nevada Health District.

In the MHA program, she has taught Human Resources Management of Health Care, Operations and Quality Management in Health Services, and Strategic Management of Health Services**.** She also serves as an academic advisor in the MHA program and is on The Bylaws and Scholarship and Awards Committees.

Dr. Bhandari

Neeraj Bhandari, Ph.D. is an Assistant Professor (tenure track) in the Department of Healthcare Administration and Policy in the School of Community Health Sciences. He started teaching at UNLV in the Fall of 2016 and currently teaches two graduate courses: The U.S. Health Care System, Programs, Politics and Policy and Health Care Economics. He is a member of AcademyHealth since 2014 and American Economics Association since 2017. He serves on the Scholarship Committee and the Academic Standards Committee for the school, is an academic advisor for MHA students, and is the faculty advisor for the UNLV Health Care Administration Student Association.

Dr. Bhandari's research interests span several areas: the effect of information disclosure on bridging information asymmetries between health care providers and consumers; use of the internet to access health care information and how that information supplants the role of formal healthcare for such individuals; impact of healthcare reform on patients' access to healthcare; empirical evaluation of policies designed to align consumer behavior with emerging scientific evidence on health promoting lifestyles (healthy diet, exercise, sleep etc.).

He has presented his findings at the American Society of Health Economics (ASHE) conference in 2016 and the AcademyHealth Annual Research Meeting in June 2017.

He is currently leading a study that employs a quasi-experimental design to evaluate a policy that aims to provide information on calorie composition to consumers of fast food at the point of sale. Dr. Bhandari will present his findings from this work at the AcademyHealth Annual Research Meeting in June 2017.

Mrs. Hillegass

Bonnie Essex Hillegass R.N., MHA, has been an instructor in the School of Community Health Sciences since 2007. She has been the Internship Coordinator for the HCAP for the last five years. This includes organizing and providing site visits each semester to various healthcare organizations, overseeing the student's internship placement, experience, competency development, career coaching, and assessment. Mrs. Hillegass retired after 25 years in Senior leadership in the largest integrated managed care system in Nevada; Sierra Health Services. While there her responsibilities included: operations, group medical practice, home health, hospice, medical management, quality, and utilization management, research and program development.

Her research interests include gerontology and geriatric medicine, healthcare systems and policy, and healthcare leadership, and community based preventative healthcare. She has been the principal Investigator for several grants from the Robert Wood Johnson Foundation, CMS, and The Hartford Foundation. This included a 20 million-dollar per year Medicare Grant and program development: HPN Social Health Maintenance Organization: 1995- 2007.

She currently teaches Management of Health Services Organizations and Systems and the Internship class for the MHA program. She also serves as an HCAP Advisory Board member for the department. She has received many awards and recognition, including the School of Community Health Sciences: Excellence in Teaching Award. Community recognition awards:

Las Vegas Chamber of Commerce, Governor's Task Force on Aging, National Aging Commission, Robert Wood Johnson Foundation. Recent acknowledgement of Las Vegas community healthcare leadership: History of Hospice care and the development of AIDS healthcare management in Nevada (2015), and Leadership in Nursing recognition (2015). She was also the Key Note Speaker for the UNLV School of Nursing Graduation in 2015.

Dr. Burston

Betty Burston, Ph.D., returned to higher education after a sabbatical. Previously an Associate Professor and the co-owner of a communications consulting company, Dr. Burston brought experience as a highly regarded health care consultant as well more than 20 years of experience in academia. A health economist by training, Dr. Burston defines herself as an interdisciplinary researcher who applies a path risk framework in analyzing areas of need that can reduce health care costs and maximize health care outcomes. She came to UNLV with more than 100 academic and nonacademic publications and a track record of having won more than $100 million in grants and contracts. Since being at UNLV, she has had six academic articles published or accepted for publication. Dr. Burston currently teaches the elective course, Organization and Management of Long Term Care Services, in the MHA program.

NO SUPPORTING DOCUMENTS

IV.B.1.3.

Criterion
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.

Interpretation
CAHME encourages individual, collaborative and multi-disciplinary research and scholarship and/or other relevant professional achievements, including involvement of practitioners and students where appropriate. This should be consistent with university policy on faculty research and scholarship. Research and scholarship may be demonstrated through publications in refereed journals, books, and book chapters, case studies, funded and sponsored projects, presentations at professional meetings and other forms of dissemination. Professional achievements may be demonstrated through accomplishments in the professional practice realm, such as leadership positions held in healthcare organizations or other parts of the health industry. The nature and volume of such achievements should be individually consistent with the stage of the faculty member's career and collectively adequate to support a Program of graduate healthcare management education, consistent with the Program's mission and goals.

Requirement
Assess the relationship between scholarly and professional achievement activities and the stated Program mission, goals and objectives. Based on this assessment, describe any recommendations for change in the foci and/or composition of faculty, and any steps being taken or planned to implement them, if appropriate.

Response:

The research activities of the current faculty support the mission of the program to conduct research to further the field of health care administration.

Objective I.A of the program's first research goal is to provide an environment that supports faculty in their advancement towards tenure through research. This aligns with UNLV's top tier initiative. All faculty are showing progress in this area, but the program has had only modest success in funded research compared to the school as a whole. Extramural funding is a priority of the SCHS. Currently, most of the research achievements have come through peer reviewed journal articles.

The SCHS workload policy reduces teaching load in order to promote research and scholarship. During annual evaluations, faculty must justify their course load reductions by demonstrating progress in research and scholarship. For tenure and promotion, a weighted system is used that evaluates the strength of faculty research based on grant submission and awards and peer-reviewed publications. Research publications are assessed based on strength of journal index,

number of citations for articles, and overall the number of journal articles published in their tenure and promotion process. Mid-tenure and tenure also document progress towards promotion.

The program currently has two tenured faculty. Dr. Jay Shen has demonstrated the highest standard of scholarly achievement based on publications, research and other scholarly activities completed. Dr. Cochran has also shown a strong scholarly record. All other faculty are assistant professors. The program has set a benchmark to increase the number of tenured faculty by AY 2021-22.

The program and the SCHS are working with the university to build a stronger mentoring system for junior faculty. Overall, this is an area for improvement for the department. The other SCHS department chair, Dr. Francisco Sy, has 13 years of experience with the National Institutes of Health in numerous grant leadership positions. He provides counseling and mentoring to all junior faculty, including HCAP faculty, who are interested in pursuing funded research.

The UNLV Office of Sponsored Programs (OSP) is a good resource for faculty moving forward. OSP sends out regular notifications of funding opportunities for faculty. In addition, OSP provide technical support for developing research grants. OSP also provide assistance to faculty once a grant has been awarded and is implemented.

NO SUPPORTING DOCUMENTS

IV.B.2.1.

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

Interpretation
The purpose of this criterion is to determine how goals to improve research and scholarly activities are identified, and a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty research and scholarship to support the Program's mission and research goals. It is expected that Programs will develop individual plans that includes all core faculty.

Requirement
Describe the regular faculty development activities within your program. Include a description of program-level resources available for faculty development.

Response:

Office of Instructional Development and Research is a resource for faculty members seeking to improve their instructional practices. The Office conducts research on best practices in teaching and learning, organizes regular workshops, and offers consultative services. The **Office of Academic Assessment** organizes workshops and colloquia on assessment, teaching and learning, and related topics that are open to all faculty. Additional resources for faculty include summary reports from national surveys administered by the office to UNLV undergraduate students. The **Office of Online Education** primarily assists faculty with the development of new online or hybrid courses. Instructional librarians from the **UNLV Libraries** offer classroom support on a variety of subject matters, including informational literacy and research skills. The Libraries also provide instructional training to faculty through workshops and individual consultations. The brand new **Academic Multicultural Center** provides faculty members with assistance on instructional development concerns specific to diverse and multicultural students. The **UNLV Office of Sponsored Programs** announces research opportunities and direct support in assisting faculty in development of grants. The university also offers a number of mentoring activities for faculty.

Periodically, at the department level, a retreat is scheduled by the Department Chair to allow for learning, reflection, program evaluation, and camaraderie. A faculty meeting which includes adjunct and part-time faculty is now scheduled in August to allow collaboration and learning among all faculty, and encourage learning relative to relevant industry issues. The HCAP Advisory Board is included in sustaining this relevance.

New faculty receive start-up funding upon hire to be used to support their research interests and pay for additional equipment or software. It can also be used for allowing travel to industry conferences to present research and learn from colleagues.

Informal mentoring occurs in the Program and with the SCHS directed at tenured and junior faculty relative to their teaching and research, in addition to the official annual performance review feedback given by the Chair. UNLV administration is reinstating a revised mentoring program for junior faculty. The Tier I initiative strives to encourage collaboration between departments and schools. In teaching the SCHS has instituted a peer review teaching evaluation that will be conducted in a faculty member's first and third years.

NO SUPPORTING DOCUMENTS

IV.B.2.2.

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

Interpretation
The purpose of this criterion is to determine how goals to improve research and scholarly activities are identified, and a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty research and scholarship to support the Program's mission and research goals. It is expected that Programs will develop individual plans that includes all core faculty.

Requirement
Describe your program's approach to providing and monitoring individual faculty development in research and scholarship. Include a description of resources available to individuals for their development.

Response:

Faculty development opportunities are some of the most important ways that UNLV invests in faculty success. Program faculty are expected to prioritize research and scholarship in concert with the SCHS's workload policy of 45% of time devoted to research activities, and in concert with tenure-track faculty's goals of attaining tenure. The SCHS revised its promotion and tenure guidelines and workload policy to assist faculty in meeting their research requirements (see IV.A.1.3).

The Program Chair meets annually with faculty to review progress toward research goals, and to provide feedback to faculty on developmental activities that will support this achievement. In preparation for the annual performance review, a summary self-assessment of research activity progress is conducted by respective faculty, and then discussed with the Chair as part of the annual review assessment. The Program provides start-up funds to new faculty to support their research activities, and their usage of these funds is monitored periodically by the Chair and SCHS Business Manager, to ensure that funds are being actively used.

Faculty are encouraged to attend at least one industry conference per year to present their current research, and to benefit from professional industry collaboration. The department expects faculty to use their start-up funds for attending conferences but supplements travel arrangements when possible.

NO SUPPORTING DOCUMENTS

IV.C.1.1.

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

Interpretation
The purpose of this criterion is to determine how goals to improve teaching are identified, and a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty teaching and assessment methods to support program competency development as well as discipline-based and applied knowledge of healthcare management. It is expected that Programs will develop a systematic plan that includes all core faculty.

Requirement
Describe your program's plan for faculty pedagogical improvement. In your description demonstrate how the plan is aligned with the program competency development and assessment plan.

Response:

Throughout the program's preparation for CAHME accreditation activities, numerous activities have been conducted to evaluate courses and improve pedagogy. During the self-study year, the program undertook a major effort to assure its focus on a competency teaching model was being implemented. The program implemented a survey to determine how the competencies were being implemented across the curricula and faculty described their teaching and assessment methods during faculty meetings. Course sequencing was redesigned to insure competency progression.

Faculty also adopted supplemental teaching tools to support students. All HCA courses are provided with supplemental WebCampus accounts. These tools allow students access to additional material, provide announcement and updates, and enhance class discussions. Faculty can also use the online tools for documenting in-class activities to posting assignments, exams, discussion boards or tools for teams to communicate on team projects. In AY 16-17, the SCHS adopted a peer teaching evaluation policy to be conducted in the first and third year for junior faculty.

Feedback from student evaluations, exit surveys, and capstone evaluations gives faculty input on improving the learning process for students. Moreover, the SCHS and the department had other school-wide meetings to discuss Academic Assessment criteria. One recent change to the curricula resulted from faculty evaluation of the Fall 2016 capstone presentation. Students must now complete the internship prior to the capstone course to develop group projects that follow-up on student internship projects.

Ongoing review has resulted in new changes to assess student progress throughout the program. Proposed changes include mid-program competency reviews and surveys to evaluate student's competency progression. The program is proposing the reinstatement of a comprehensive exam prior to the capstone to measure competency progress or deficiency so differentiated assignments can address gaps. This assessment is expected to be completed before the students begin their capstone project.

NO SUPPORTING DOCUMENTS

IV.C.1.2.

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

Interpretation
The purpose of this criterion is to determine how goals to improve teaching are identified, and a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty teaching and assessment methods to support program competency development as well as discipline-based and applied knowledge of healthcare management. It is expected that Programs will develop a systematic plan that includes all core faculty.

Requirement
Describe how teaching improvement goals are developed and monitored for individual faculty including the frequency of progress evaluation.

Response:

Tenured/tenure track faculty and full-time instructors in the program are evaluated annually by the department chair. This evaluation includes teaching, research and service for tenure/tenure track faculty and teaching for full-time instructors. Assistant professors submit a mid-tenure review in their third year to be evaluated at the department and school level. This review evaluates teaching (and research and service) performance. Teaching performance is also evaluated when faculty go up for tenure and promotion. As the program has moved towards accreditation, future evaluation will include submission of all course syllabi to assure teaching goals and competency levels are being covered. Annual workload reports also include student evaluations. In addition, the school adopted a policy in Spring 2017 to provide peer teaching reviews for all tenure track faculty in their first and third years. These reviews are intended to provide assistance to new faculty to improve their teaching performance. The evaluation includes specifics on teaching goals to be covered in the course.

SUPPORTING DOCUMENTS

Peer Observation of Teaching Criteria

Peer Observation of Teaching Process

IV.C.1.3.

Criterion
The Program will ensure that there is a systematic plan for, and investment in, individual faculty pedagogical improvement.
Interpretation
The purpose of this criterion is to determine how goals to improve teaching are identified, and a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty teaching and assessment methods to support program competency development as well as discipline-based and applied knowledge of healthcare management. It is expected that Programs will develop a systematic plan that includes all core faculty.
Requirement
Describe the regular faculty development activities within your program. Examples include seminars, workshops, peer review and/or other means of updating and feedback to improve teaching skills.

Response:

In the department, faculty development includes informal mentoring (senior faculty guidance of junior faculty in the areas of teaching, professional development, and research), departmental meetings, and faculty retreats. Travel funds are available for faculty to attend an academic conference each year. These conferences are an excellent opportunity for networking and professional development. The Department Chair also conducts annual faculty evaluations, which include an examination of productivity, teaching evaluations, and progression towards tenure. These are submitted to the SCHS Dean for approval and discussion. The Dean's office makes resources available for training and grant writing when available.

UNLV offers many programs aimed at faculty development. Programs range from release time to faculty mentoring and are aimed at different stages of faculty development (junior to senior). For example, the Office of Assessment offers workshops and colloquia on assessment, teaching and learning, and related topics, which are open to all faculty. UNLV has provided a number of resources, including workshops, "brown bag sessions", grant writing consultations, and other collaborative meetings to help faculty improve their research. For example, Dr. Epane received a $10,000 grant in 2015 to attend a Clinical Translational Research Workshop. Dr. Epane and Dr. Sotero were both chosen to attend the EPSCoR Early Career Faculty Workshop in 2017.

NO SUPPORTING DOCUMENTS

IV.C.1.4.

Criterion
The Program will ensure that there is a systematic plan for, and investment in, individual faculty pedagogical improvement.
Interpretation
The purpose of this criterion is to determine how goals to improve teaching are identified, and a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty teaching and assessment methods to support program competency development as well as discipline-based and applied knowledge of healthcare management. It is expected that Programs will develop a systematic plan that includes all core faculty.
Requirement
Describe your program's approach to providing and monitoring individual faculty pedagogical development, including the frequency of progress evaluation. Include a description of program or university-level resources available to individuals for their development.

Response:

The program monitors individual faculty pedagogical development through annual evaluations, course evaluations, and promotion and tenure guidelines. The Department Chair conducts annual evaluations on all program faculty. These evaluations provide detailed feedback for faculty in all areas, including pedagogical development. Course evaluations are used for feedback from students on faculty teaching methods. The promotion and tenure policies consider teaching an important component to overall faculty development. In addition, the SCHS has adopted a peer teaching evaluation committee to review new faculty in their first and third years in order to help them improve their teaching methods. This includes an in-class observation of teaching and appropriate feedback. Faculty can attend national conferences where they learn from their peers about new teaching methods.

UNLV offers support for pedagogical development through the Office of Online Education, which support faculty teaching online courses. Instructional support for faculty is also available through grants regarding teaching and assessment practices including College of Education institutional grants and the Office of Assessment mini-grants. UNLV administration collaborated with the program to provide a training workshop on the "Harvard Case Study Method" in 2014.

NO SUPPORTING DOCUMENTS

IV.C.2.1.

Criterion

The faculty will demonstrate that they draw on their own current and relevant research and scholarship, as well as that of others, in their teaching activities.

Interpretation

The purpose of this criterion is to enhance faculty teaching by using research and scholarship to influence the field to provide current and relevant material for the classroom.

Requirement

Describe how faculty and other research and scholarship are included as case studies, projects, or other applications in courses and identify where they are reflected in course syllabi.

Response:

MHA Program Faculty regularly take topics and content from their research and scholarship activity as well as from reputable academic journals. Some examples are cited below:

Dr. Shen's research on the effects of EHR on health care organizations directly relates to two of the case study analysis he assigns in HCA 720 - Information Systems in Health Services Management. One case study requires students to analyze and compares two EHR vendors and the second deals with security and privacy issues related to health information technology. These case studies are listed in the course schedule.

Some of Dr. Epane's research has focused on hospitals' efficiency and financial performance (revenues, costs, and profitability) which directly relate to his Financial Condition Analysis (in HCA 716) and the Capital Budget Project (HCA 721). These assignments can be found in the course syllabus.

Dr. Bhandari uses an article he co-wrote in 2015, titled *Are health care quality "report cards" reaching consumers? Awareness in the chronically ill,* to drive lecture and class discussion about quality of care issues in health care. This is reflected in the course schedule of his syllabus for HCA 701 - U.S. Health Care System: Programs and Policies.

Dr. Cochran uses specific board agenda items from the Nevada State Employee Benefit Plan (PEB) meetings as class material, and incorporates into discussion boards, debates, and presentations, to leverage current industry issues in MHA 701.

All courses require the use of current, appropriately cited, peer reviewed literature and respected industry publications in the writing of papers, presentations, and projects. Examples of sources include: *Health Affairs, Journal of International Healthcare Quality Assurance, Journal of General Internal Medicine, New England Journal of Medicine, Western Journal of Emergency Medicine, Journal of Health Politics, Policy and Law, American Journal of Managed Care, Harvard Business Review, Journal of Strategy and Management, Journal of Healthcare Management*.

NO SUPPORTING DOCUMENTS

IV.D.1.1.

Criterion
Faculty will participate in health-related community and professional activities outside of the university.

Interpretation
The Program should articulate its role and involvement in service to governmental agencies, voluntary and community organizations and health care institutions. Community service can include service to the profession, or the community at large. The purpose of this criterion is to enhance faculty teaching and research activities; serve as a model to students of the role of service in professionalism; and provide faculty with the opportunity to influence the field. While CAHME recognizes that some of these activities may be compensated, e.g., participation in NIH study sections, this criterion will not be fully satisfied by activities that are a part of a faculty member's established consulting business.

Requirement
Describe the policies and procedures of the Program and the University regarding faculty participation in community service activities. Describe the relationship between faculty community service activities and program goals.

Response:

All tenure/tenure-track faculty are required to perform service activities at the program, school, university, professional and community level for consideration for promotion. Because the health care administration degrees offered by the department are professional degrees, linkages to community service is essential. Service activities comprise, on average, 20% of a faculty member's workload requirements depending on rank. While non-tenure faculty are exempt from this requirement, it is normal for them to be involved in service activities as well.

The University and Community Service

UNLV has been an integral part of the growth and prosperity of Southern Nevada. For more than 50 years, UNLV has helped improve the business, social, and cultural climate at the local, state, and regional level.

The University supports initiatives, which serve to support community interests effectively, and allows faculty and staff to engage with community members. The UNLV Office of Community Engagement seeks to support, facilitate, and promote collaboration, partnership, and engagement between the university and its many constituent groups. This office administers awards that recognize campus individuals for exceptional community engagement in the areas of: 1) service learning, 2) community-based research, 3) staff support of community engagement activity, and 4) student service.

These awards recognize community engagement activities that align with the Top Tier Initiative and Community Partnerships Strategic Plan:

1. Community support for student opportunities
2. Engage with the community to support economic development
3. Invite the community to advance development and fundraising
4. Engage with partners to help build intellectual and cultural vitality in the community
5. Build relationships through and invite support of athletics
6. Encourage and facilitate greater community engagement
7. Help solve community problems

The SCHS and Community Service

The school's mission is to advance the science of public health, improve the health and quality of life of people in our communities, and work to eliminate health disparities in Nevada, the nation, and the world by providing leadership in quality education, research, and service.

In conjunction with the SCHS' workload policy, faculty are required to devote 20% of their time to service and community-based activities. Service includes board appointments and committee and association membership within the university and for local/regional community-based organizations.

The Department of HCAP and Community Service

The department's mission is to prepare students for leadership positions in the organization, financing, and delivery of health care services within the local community and throughout the southwestern region.

As part of the Program's Goals and Objectives, participation in governmental, professional or community activities is an important objective. Service Goal I is to promote and support active participation in service including department, school, university, professional, and governmental levels. Our goals for service include 50% of tenure track faculty participate on a university level committee, 100% of full-time faculty participate on a department level committee, 100% of full-time faculty in at least one community, professional or student service activity, 100% of full-time faculty participate in professional organizations, at least two faculty demonstrate collaboration with health care providers, at least one media activity is recorded, and 50% of faculty have a national/international experience each year.

The department faculty's community service activities are reviewed as part of their annual performance reviews, to ensure that community service is prioritized. Faculty members share their community service activity highlights during faculty meetings. The level of participation in service activities will likely depend on the stage of the faculty member's career. The Department Chair tries to keep service workload requirements for junior faculty to a minimum in order for those faculty to dedicate more time to research and teaching. However, all faculty are involved in community service to some level. For example, new faculty are involved in service activities related to the department or school, or to professional service activities such as peer reviewers

for scholarship. Faculty are also encouraged to participate in professional organizations such as ACHE, HIMSS, MGMA, HCFA or AUPHA. Tenured faculty are expected to have more involvement in service activities at the community, state or federal level including professional organizational leadership, peer reviewers of grant proposals, and major government service activities. All faculty members should be involved in some level of professional service activities.

SUPPORTING DOCUMENTS:

NSHE Volunteer Policy

IV.D.1.2.

Criterion	

Faculty will participate in health-related community and professional activities outside of the university.

Interpretation	

The Program should articulate its role and involvement in service to governmental agencies, voluntary and community organizations and health care institutions. Community service can include service to the profession, or the community at large. The purpose of this criterion is to enhance faculty teaching and research activities; serve as a model to students of the role of service in professionalism; and provide faculty with the opportunity to influence the field. While CAHME recognizes that some of these activities may be compensated, e.g., participation in NIH study sections, this criterion will not be fully satisfied by activities that are a part of a faculty member's established consulting business.

Requirement	

Description of Faculty Health Related Community Service and Continuing Education Activities

Add/Edit Faculty

Response:

FACULTY (LASTNAME, FIRSTNAME)	HEALTH RELATED COMMUNITY SERVICE ACTIVITIES	PROFESSIONAL AFFILIATIONS / CONTINUING EDUCATION	ADD/EDIT
Cochran, Christopher	Board Member of the Public Employee Benefits Program	Board Member, Nevada Public Employees Benefits Program, Dec. 2012 to present Board Member, Nevada Chapter American College of Healthcare Executives, 2012 to present Chair, AUPHA Program Review Committee, University of New Hampshire, 2013 to present Member, American College of Healthcare Executives Association of University Programs in Healthcare Administration, Member	Click Here

FACULTY (LASTNAME, FIRSTNAME)	HEALTH RELATED COMMUNITY SERVICE ACTIVITIES	PROFESSIONAL AFFILIATIONS / CONTINUING EDUCATION	ADD/EDIT
		Nevada Chapter Health Care Information Management Systems Society (HIMSS)	
Epane, Josue Patien	Reviewer for Health Care Management Review Since 2016 Reviewer for European Academy of Management Annual Meeting Since 2015 Reviewer for Southern Management Association Annual Meeting Since 2015 Panel Review Member for the AUPHA Undergraduate Certification Program Since 2014 Board Member Abundant Life Christian Academy Since 2014 Reviewer for Journal of Healthcare Management Since 2014 Reviewer for Management Faculty of Color Annual Research Meeting since 2014 Board Member Ephesus Child Development Center 2013 Reviewer for Nevada Journal of Public Health Since 2013 Reviewer for Academy of Management Annual meetings since 2011	Member of Beta Gamma Sigma Honor Society, 2013 to present Member of the Association of University Programs in Health Administration, 2013 to present Member, AcademyHealth, 2012 to present Member, Academy of Management, 2010 to present Member, Healthcare Financial Management Association, 2010 to present Gerontological Society of America, 2011 to present Member, PhD Project; Management Doctoral Student Association (MDSA), 2010 to present	Click Here
Hillegass, Bonnie	Not applicable. Instructor is a visiting lecturer for the department.	Nevada RN license RN6021 30 CE bi-annual .	Click Here
Hurst, Larry	Not applicable. Instructor is an adjunct faculty member for the department.	President, Nevada State Association of Health Underwriters National Regulatory Chair, National Association of Health Underwriters Member Eta Sigma Gamma National Health Sciences Honor Society	Click Here

FACULTY (LASTNAME, FIRSTNAME)	HEALTH RELATED COMMUNITY SERVICE ACTIVITIES	PROFESSIONAL AFFILIATIONS / CONTINUING EDUCATION	ADD/EDIT
		Member Pi Alpha National Public Administration Honor Society Member, American College of Healthcare Executives Nevada, Hawaii, Arizona, Iowa Legislature Lobbyist Member, American Health Insurance Plans (AHIP) Member, AHIP Grassroots Committee	
Liu, Darren	Reviewer, Ad Hoc Reviewer, American Journal of Infection Control, 2013 - Present Reviewer, Ad Hoc Reviewer, WESTERN USERS OF SAS SOFTWARE, 2013 - Present Chairperson, Nevada SAS Users Group, Nevada, 2012 - Present	The Association of University Programs in Health Administration, August 1, 2009 - Present Gerontological Society of America, 2008 - Present National Academy of Social Insurance, 2006 - Present	Click Here
Pinheiro, Paulo	Invited reviewer of NIH Review Panel CHSA 1, Cancer Heart and Sleep Study Group, 2017 - present Member of the Research Review Committee for the Virtual Pooled Registry, North American Central Cancer Registries Association, 2016 - present Grant Reviewer Mountain West Clinical Translational Research Infrastructure Network, 2013 - present Planning Team of Epidemiology Curriculum for UNLV SOM , 2015 - present Member of planning team with University of Nevada School of Medicine faculty and Nevada	Member of the Data and Research Committee, Nevada Cancer Coalition, 2013-present Member of the Nevada Public Health Association Southern Chapter, 2010-present Member of the American Statistical Association Nevada Chapter, 2010-present North American Registry Completeness Task Force, North American Central Cancer Registries Assoc., 2014-present African-Caribbean Cancer Consortium, 2014-present Certified Tumor Registrar, National Cancer Registrars Association	Click Here

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FACULTY (LASTNAME, FIRSTNAME)	HEALTH RELATED COMMUNITY SERVICE ACTIVITIES	PROFESSIONAL AFFILIATIONS / CONTINUING EDUCATION	ADD/EDIT
	clinicians to develop instructional modules in Epidemiology and Hematological Cancers for the new UNLV School of Medicine.		
Shen, Jay	AHRQ HEOE Study Section member, AHRQ HITR Study Section Member Associate Editor of BMC HSR Editorial Board Member of Ethnicity & Disease John D. Thompson Prize for Young Investigators Selection Committee (AUPHA) Clark County Designation Work group	AcademyHealth: 1997-2012 American Public Health Association: 2001, 2005 - 2009, 2016 - International Health Economics Association: 2000 - 2004, 2015- Healthcare Information Management Society: 1998-1999, 2011- AUPHA 2000-	Click Here
Sotero, Michelle	Reviewer for BMC Health Services Research Journal and Alternative International Journal of Indigenous Peoples	American Public Health Association Nevada Public Health Association	Click Here
Stevens, Glen	Not applicable. Instructor is an adjunct faculty member for the department.	Member, Nevada State Bar and Iowa State Bar (2001-present) Attorney Member, American Health Lawyers Association and American Bar Association (Health Law Section, Antitrust Law Section) (1995-present)	Click Here
Bhandari, Neeraj	Health Services Research (2016) (Reviewer)	AcademyHealth American Economics Association	Click Here
Kan, Ge Lin	Advisory/review panels/committees: GIS committee, North American Association of Central Cancer Registries (NAACCR), 2011-present	Professional Membership Member, Chinese Professionals in Geographic Information Sciences (CPGIS), 1991-present	Click Here
Bungum, Timothy	Editor of the Journal of the Nevada Public Health Association, 2003 - present UNLV Institutional Review Board, 2009 - present Clark County School Districts Give Back	Membership in Professional Organizations American Alliance for Health, Physical Education, Recreation, and Dance,1993 - present Southwest AAHPERD, 2001 - present	Click Her

FACULTY (LASTNAME, FIRSTNAME)	HEALTH RELATED COMMUNITY SERVICE ACTIVITIES	PROFESSIONAL AFFILIATIONS / CONTINUING EDUCATION	ADD/EDIT
	Program, 2013 - present Board member of the YM/YWCA diabetes prevention program, 2007 - present	American Public Health Association Regional/State, 1993 - present Nevada Public Health Association, 2001 - present	

NO SUPPORTING DOCUMENTS

IV.D.2.1.

Criterion
Faculty will draw upon their community and professional service activities in their teaching.

Interpretation
The purpose of this criterion is to enhance faculty teaching by using the role of service and the opportunity to influence the field to provide current and relevant material for the classroom.

Requirement
Describe how community service activities of faculty members are included as case studies, projects, or other applications in courses where they should be reflected in course syllabi.

Response:

Through its involvement in the community, the HCAP program has adopted a number of instructional and student projects that integrate real world learning opportunities into its courses. The HCAP has created and sustained such relationships and used them as bilateral learning experiences for both its students and its community partners. The bulleted points below are examples of such efforts:

Dr. Cochran serves on the Board for the Nevada Public Employee Benefit Program, and uses this experience in HCA 701 U.S. Health Care System: Programs and Policy to describe policy development for health insurance coverage. Dr. Cochran has also leveraged his experience in bio-surveillance monitoring to require students to build a survey questionnaire for hospital preparedness. Dr. Cochran's past work with the International Association of Fairs of Exhibitions on the effects of the ACA on small businesses has been used to reinforce his lectures.

Previous faculty have used community service activities with Mountain View Hospital and University Medical Center to improve patient experience.

Dr. Epane's relationships with Desert Springs Hospital and Fundamental Health are reflected in the guest speakers he uses in his HCA 716 and 721 courses.

Dr. Shen has used his experience in working with local hospitals to create an assignment for students in HCA 720 - Information Systems in Health Services Management. Students interview Chief Information Officers, with whom Dr. Shen has built a relationship, to write a report on CIO responsibilities and issues.

NO SUPPORTING DOCUMENTS