UNDERGRADUATE PROGRAM PANEL REVIEW REPORT

Submitted to:

California State University--Chico

Reviewed on
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Review Panel:
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Table of Contents

Preface ............................................................................................................................................. 3
I. Eligibility ....................................................................................................................................... 1
II. Criteria for Full Undergraduate Certification ......................................................................... 3
   A. Program Structure .................................................................................................................. 3
      1. Program Objectives ........................................................................................................... 3
      2. Faculty .............................................................................................................................. 5
      3. Resources .......................................................................................................................... 7
      4. Student Support Systems ................................................................................................. 8
         5. Professional and Alumni Linkages ............................................................................... 10
   B. Educational Process .............................................................................................................. 12
      1. Teaching Methodologies ................................................................................................. 12
      2. Program Curriculum ...................................................................................................... 14
         a. Liberal Arts Foundation ............................................................................................... 14
         ii. Health Service Management ..................................................................................... 16
         iii. Health Services Management Applications & Integration ........................................ 18
II.C.1.---CONCLUSIONS ............................................................................................................ 21
II.C.1.---CRITERION-RELATED RECOMMENDATIONS ........................................................... 21
II.C.1.---CONSULTATIVE RECOMMENDATIONS .................................................................... 21
II.C.2.---DISCUSSION ................................................................................................................ 22
II.C.2.---CONCERNS ................................................................................................................. 22
IV. Summary of Self-Study review ................................................................................................. 26
   Overall Assessment of Program .............................................................................................. 26
   Strengths/Best Practices of Note ............................................................................................. 26
   Significant Concerns .............................................................................................................. 26
   Conclusions .............................................................................................................................. 27
   Recommendations [NO NEED TO COMPLETE THIS SECTION, AUPHA WILL GENERATE THE TABLE WHEN IT IS SUBMITTED] .................................................................................. 27
      Criteria-Related Recommendations .................................................................................... 27
      Consultative Recommendations .......................................................................................... 27
PREFACE

Undergraduate programs in the Association of University Programs in Health Administration (AUPHA) are engaged in the education of students at the baccalaureate level for careers in health services management. While students may come from a variety of backgrounds and disciplines, with or without experience, the purpose of baccalaureate education in health services management is to provide the initial education for professional careers in health services management.

Full Certified Undergraduate member programs are those programs that have been certified by the AUPHA Panel Review process as meeting the stated criteria. Undergraduate programs that desire to meet these criteria are required to join AUPHA as Associate Member programs and stand for certification within eight (8) years of joining AUPHA.

If an Associate Program fails to meet the deadline, it will be automatically converted to Affiliate Member status. Full Certified and Associate Members must be located in the United States or Canada.

The following criteria serve as requirements of a high quality baccalaureate program in health services management. It is the responsibility of the program to demonstrate how it meets the intent of the criteria. AUPHA recognizes that flexibility and innovation are essential to the design and development of curricula. Each program must define its mission and objectives and must, therefore, be judged within the context of that mission and defined objectives. However, it is incumbent on the program to demonstrate how its curriculum meets the intent of the AUPHA criteria.
I. ELIGIBILITY

The program must present evidence of eligibility, which includes the following four elements:

A. A health management baccalaureate program located in the United States shall be eligible for Full Certified Undergraduate Membership if it is part of a college or university accredited by a regional agency recognized by the Council for Higher Education Accreditation. Programs outside of the United States and its territories are eligible for Full Certified Undergraduate Membership if they are part of a college or university that is accredited by the appropriate accrediting body for that country.

B. The program must be officially approved by the governing body of its college/university and be listed in the college catalog as a course of study leading to a baccalaureate degree.

C. The program must have graduated its first cohort of students no later than the time of application for Full Certified Undergraduate membership status.

D. A program must be an Associate Undergraduate Program member of AUPHA for at least one year prior to applying for advancement to Full Certified Undergraduate membership.

E. There shall be a minimum of two full-time faculty members whose primary appointments are in the health services management program and who hold academic rank (at the level of Assistant, Associate or Full Professor).

I—DISCUSSION

The Health Services Administration Program is located in the Department of Health and Community Services, which is located in California State University, Chico. The university is accredited by the Western Association of Schools and Colleges (WASC). The program was fully certified by AUPHA in 2003. The program has 2 full time faculty positions whose primary appointment is in the program; however, one position has been vacant over time.

I—STRENGTHS

The program is seeking recertification from AUPHA, which shows an on-going commitment to excellence and quality.

I—CONCERNS

None

I—CONCLUSIONS

The program meets the criterion.

I—CRITERION-RELATED RECOMMENDATION(S)

None

I—CONSULTATIVE RECOMMENDATION(S)

The longstanding vacant full-time appointment is an area to be addressed. Continued support for future budgets would be needed so that the program can meet its overall goals while being competitive in providing quality education and compensating faculty at the expected industry level. It is recommended that the current salary level discussed at the June 29th review be reviewed by Chico.
II. CRITERIA FOR FULL UNDERGRADUATE CERTIFICATION

A. Program Structure

The program must demonstrate that its structure, to include the mission, goals and objectives, faculty composition, resources, student support services and linkages to professional communities are appropriate given the needs of the health care system and the educational mission of both the program and the college/university.

1. Program Objectives
   a. The program must have a statement of its mission, goals, and objectives which includes a description of the school’s student population, the rationale for the program, the role of faculty teaching, research and service and the program’s expected outcomes and the expected career paths for graduates.
   b. Where graduate and undergraduate programs exist in the same unit, the undergraduate program must have its own mission statement.
   c. The program must have a designated leader (Chair, Director, Coordinator, etc.) whose authority and responsibility are clearly defined.
   d. The program may not unlawfully discriminate based upon race, ethnic origin, creed, gender or disability in any of its activities and must be in full compliance with relevant laws as well as university policies regarding affirmative action and equal opportunity. Institutions with religious affiliations may adopt policies related to such affiliations provided adequate notice of such policies is given to all applicants, students, faculty and employees.

II.A.1.—DISCUSSION
The mission of the university, college, and department are all presented. The program’s mission and goals are likewise presented. The program director’s responsibilities are listed. The program’s policy regarding nondiscrimination is consistent with the mission of the institution.

II.A.1.—STRENGTHS
The program goals match well with the department’s goals. The job description for the program director fits well with the discussion regarding workload agreements.

II.A.1.—CONCERNS
Objectives for the program are co-mingled with the goals and not clearly indicated so measurement of them is difficult to ascertain. The fit of objectives with the mission and goals were not clearly discussed. Further, the process regarding how objectives are met and assessed was not clearly presented.

II.A.1.—CONCLUSIONS
The program meets the criterion.

II.A.1.—CRITERION-RELATED RECOMMENDATION(S)
None.
II.A.1.—CONSULTATIVE RECOMMENDATION(S)
Clearly list the objectives of the program so it can be shown how they are measured.
2. Faculty
A program must have an adequate number of academically qualified faculty to meet the program’s stated mission, goals and objectives. Teaching loads and student/faculty ratios must be consistent with the program’s mission, goals and objectives as well as the college/university’s standards for promotion and tenure.

   a. In university settings where appointments are not related to programs, the program must demonstrate how it meets the intent that there are at least two full-time faculty members responsible for the program. At least one full-time faculty person must possess an earned doctoral degree in health services management, management disciplines, education, public health, juris doctorate, or other areas as appropriate to the mission of the program.

   b. Full-time faculty must have primary roles in the governance and organization of the program including academic planning, curriculum development and review, academic advising, and program improvement.

   c. Full-time faculty must have demonstrated scholarly and/or professional activity in health care management / administration consistent with the mission, goals and standards of the program and the university.

   d. In colleges or universities in which undergraduate and graduate programs share faculty, the program must demonstrate that adequate faculty resources are directed to the undergraduate program.

   e. If the program uses adjunct faculty then the program must demonstrate how it involves adjunct faculty in the academic program. Programs must have established procedures for selection, orientation and evaluation of practitioners.

II.A.2.—DISCUSSION
Two full time faculty positions are designed to have their primary appointments in the program. The current faculty member is actively engaged in the governance of the program. There is a clear connection of the faculty member to all levels of governance (university, college, department and program). The faculty member has demonstrated scholarly accomplishments.

II.A.2.—STRENGTHS
The tenure and promotion policies followed by the faculty are solid indicators of a desire to promote a quality faculty. The full time faculty member is currently totally engaged in teaching as an art and science and fully meshed with the missions of the department and program.

II.A.2.—CONCERNS
The presence of one full-time faculty member for an extended period of time is a concern.

II.A.2.—CONCLUSIONS
The program partially meets the criterion.

II.A.2.—CRITERION-RELATED RECOMMENDATION(S)
As noted in the 2003 review, we concur that the Program Director must be vigilant in protecting
his time so that he may continue to serve as an effective advocate for the program. Currently, the load he is carrying is extraordinary, and there is a need to meet the minimum number of faculty required for AUPHA certification. This situation was addressed at the June 29, 2009 panel review session in Chicago and evidence was provided that there is a plan in place to try to successfully recruit an appropriate additional faculty member.

II.A.2.—CONSULTATIVE RECOMMENDATION(S)
None.
3. Resources

Given the mission, goals and objectives of the program, the program must demonstrate the adequacy of resources in the following areas:

a. Financial base - The program must have adequate financial resources to support the operations of the program including faculty, research and students.

b. Facilities - This generally includes, but is not limited to, such things as office space, classrooms, and information technology.

c. Academic resources - This frequently includes such things as websites and other promotional materials, teaching and learning resources, libraries and information services, writing laboratories, computer education and technology support.

d. Non-traditional teaching resources - This includes the technology and resources necessary to support alternative education methods, such as online courseware, computer simulations, etc...

II.A.3.—DISCUSSION

a. Financial base

The resource base of the program budget is in the Department of Health and Community Services and is allocated from university sources.

Non-university funding source is primarily through research/grant efforts, but no dollar amount was noted.

Faculty and staff are provided with personal office space and computer equipment. Teaching is supported by having four “smart” classrooms while students are accommodated with two computer labs that are shared with other departments.

b. Academic Resources

Students have access to the library collections of the 22 campuses of the California State University system. There is also a 24 hour computer lab, with the library hours of over 90 hours per week in operation. Particularly with the state-wide library access, the library resources appear to be excellent. Specific resources for Health Services Administration include over 5000 books and articles. Access to current information is afforded by online databases, electronic journals and books.

Computing facilities are available to students with the presence of 24 hour computer labs, and students in networked residence halls have Internet access. Computer labs are also available for residents’ use.

The university provides training sessions on basic computer skills and there is a student helpline to assist with computing, connectivity, Internet and email accounts. Student Computing Services
(Students are further supported by a campus information literacy program.

II.A.3.—STRENGTHS

Students are provided with computer lab and they have excellent access to research materials via the statewide library access. There also exist good computer services to support student and faculty activities.

II.A.3.—CONCERNS

There is a lack of financial support for out-of-state travel for faculty which hampers much-needed and much-encouraged involvement with national organizations. The budgeted $600.00 per year for professional development is not sufficient although it is noted that individual requests for more funding may be for other research efforts.

II.A.3.—CONCLUSIONS

The program meets the criterion.

II.A.3.—CRITERION-RELATED RECOMMENDATION(S)

II.A.3.—CONSULTATIVE RECOMMENDATION(S)

4. Student Support Systems
The program must demonstrate that student support systems have been formally designed and implemented to ensure appropriate and equitable entry into the profession of health services management.

a. The program must demonstrate that the procedures for admitting students to the program are compatible with the mission, goals and objectives of the program.

b. Students must have access to adequate academic advising, career placement, and peer networks.

c. Programs must provide students with the appropriate process to address concerns or complaints regarding academic or other issues.

II.A.4.—DISCUSSION

Procedure for student admission is clearly defined by the normal California State requirements and students who are admitted to the university may immediately declare a major. There are no additional requirements for admission to the Health Services Administration program. Admission to the university requires formal documents attesting to high school performance and SAT or ACT scores. Transfer students must have maintained a GPA of 2.0 or above.

Marketing efforts are in place to increase the awareness of the students about the program. The effort is centered locally on campus.

The program director currently serves as the advisor for the 50+ students in the program. This is extraordinary for one professor to accomplish well. There are clearly defined processes to address student concerns and complaints, including academic performance issues. The information is available on an accessible website and also through an appointment process with the program director.

There is not an active Advisory Board for the program that effectively addresses the variety of healthcare sector positions (e.g., healthcare leaders, alumni and current students). There is the American College of Healthcare Executives Higher Education Network that helps Dr. Narad with program advisement. There is also an active student group, with brings speakers onto campus and provides a community building mechanism among the majors. Additionally, the students are involved in a California State competition that was described at the June 29th review.

II.A.4.—STRENGTHS

Local, on-campus marketing efforts help students aware of the program. There is a clearly defined process for addressing student issues including academic appeals and that information is readily accessible. The connection with ACHE is strong, both at the student and professorial levels.

II.A.4.—CONCERNS

There is not an Advisory Board that meets on a regularly scheduled basis.
Opportunities for students to interact with healthcare practitioners is limited to ACHE sessions (guest lecturers) and the competition discussed at the June 29th review. Even though students may be notified of suitable community events, there is no guarantee that they would attend. The program can possibly create more direct opportunities for students to be exposed outside of the formal learning environment.

II.A.4.—CONCLUSIONS

The program partially meets criterion.

II.A.4.—CRITERION-RELATED RECOMMENDATION(S)

The Program should develop more positive relationships with its community/stakeholders. A formal advisory board should be established (represented by community healthcare leaders, alumni and current students). Areas for improvements seem to exist for creating more opportunities for professional socialization and leadership development.

II.A.4.—CONSULTATIVE RECOMMENDATION(S)

Consideration should be given to scheduled meetings with a formal Advisory Board so as to better utilize the expertise available and to encourage active participation of Board members.

5. Professional and Alumni Linkages

The program must have established relationships with alumni and the professional community.

a. The program must have established relationships with the appropriate professional communities. This includes opportunities for professional socialization and leadership development.

b. The program must have established linkages to alumni. This includes but is not limited to, alumni involvement in an alumni association, mentoring, internships, educational activities and program support.

II.A.5.—DISCUSSION

Through program activities, students and faculty connect with local healthcare officials regarding Internship opportunities, career building, networking, leadership and continuing education. The program director is a member of the Higher Education Network Committee for ACHE’s California Association of Healthcare Leaders and as such is able to arrange for activities between the student group and the community. This relationship also provides for mentoring relationships between students and community healthcare leaders.

Alumni contacts are maintained via newsletter, directory, and ongoing activities for interaction. Alumni serve as guest speakers for HCSV courses. An alumni survey is scheduled to be
conducted in spring, 2009. Alumni act as an ongoing source of information for current students who may have questions on internship experiences, job search tips, and potential employment opportunities.

II.A.5.—STRENGTHS

Alumni may interact on a more informal basis with students and faculty via guest lecturing and program activities. Efforts have been made to strengthen the relationship the Program with the Alumni who can provide invaluable support both to Faculty and Students.

II.A.5.—CONCERNS

None

II.A.5.—CONCLUSIONS

Program meets the criterion.

II.A.5.—CRITERION-RELATED RECOMMENDATION(S)

None

II.A.5.—CONSULTATIVE RECOMMENDATION(S)

For professional socialization and leadership development opportunities for student, the Program can consider a form of annual Student Engagement projects where students are encouraged to work with Alumni, faculty on events that would be of interest to all. This could be in the form of presentations of topics that have been identified by the students, with faculty or alumni guidance.
B. Educational Process

1. Teaching Methodologies

The program must utilize teaching methodologies appropriate to adult learners that are consistent with its educational mission, goals and objectives.

a. Programs must demonstrate that various teaching formats achieve learning objectives of the student and are appropriate for the educational content being delivered.

b. If distance education courses are taught by faculty not employed by the program’s university, the program must have a process in place to assure that the course content is consistent with the program’s goals and objectives for student learning.

II.B.1.—DISCUSSION

Faculty in this program employs various methods to promote active learning. Lectures, case studies, interviews with health care practitioners, student presentations, and site visits represent some of the more common activities students engage in across several courses. Additionally, the systems are in place to utilize web-based technologies to complement current teaching methods. Although no courses are currently taught online faculty have the necessary resources to teach online courses.

II.B.1.—STRENGTHS

The program offers a full array of courses covering the majority of the core competencies for a health care manager. The syllabi, texts, and other classroom materials suggest that students receive a strong generalist foundation. Students should be well prepared for transitioning into leadership positions within various health care settings.

Overall, the Health Services Administration program at California State University, Chico is well positioned to provide a balanced and comprehensive undergraduate training for students seeking careers within a health care setting. Students receive training in the essential knowledge and skills associated with this industry. Although the program has yet to implement fully online courses, they have the resources necessary to move in this direction.

II.B.1.—CONCERNS

None.

II.B.1.—CONCLUSIONS

The program meets the criterion.

II.B.1.—CRITERION-RELATED RECOMMENDATION(S)

None.
II.B.1.—CONSULTATIVE RECOMMENDATION(S)
None.
2. Program Curriculum

The program must have a curriculum consistent with its mission, goals and objectives and which meets the following four general content areas as well as the specific areas within each. More than one content area may be covered in a single course or a single content area may be covered in multiple courses. Some content areas may be covered by courses taught in other academic units.

Appropriate faculty effort should be directed toward the conceptualization of the curriculum given its statement of mission, goals and objectives.

a. Liberal Arts Foundation

Baccalaureate education is the foundation for further formal and informal learning and must provide the essentials of a liberal arts education. The term liberal arts education may vary from one university to another. This may include terms such as liberal arts, general education or baccalaureate cores. The program must demonstrate how the following areas are integrated into the professional education:

- Communication (written and oral)
- Computational Skills (mathematics and quantification)
- Critical Thinking (ability to analyze problems)
- Societal and Cultural Context (historical, philosophical, social, cultural, economic, political and scientific foundations)

II.B.2.a.—DISCUSSION

The program has a generalist focus and the curriculum is consistent with this focus. Students take courses designed to provide them with an overview of various types of health care providers, facilities, and skill sets. During the student’s first two years of their undergraduate experience, they take several liberal arts courses, which provide them with the appropriate foundation in communication, computational skills, critical thinking, and cultural norms. This foundation is further enhanced by additional courses in the Health Services Administration program focused on similar issues within a health care context.

II.B.2.a.—STRENGTHS

The curriculum is well rounded and provides a strong focus on generalist skills. The curriculum is designed to achieve the goals established by the program.

II.B.2.a.—CONCERNS

None.
II.B.2.a.—CONCLUSIONS

The program meets the criterion.

II.B.2.a.—CRITERION-RELATED RECOMMENDATION(S)

None.

II.B.2.a.—CONSULTATIVE RECOMMENDATION(S)

None.

II.B.2.b.i.—DISCUSSION

The program provides courses in general organizational and health care management. The curriculum includes courses in business law, organizational behavior, organizational design, and strategic management. Students also take courses in various functional areas including accounting, computer literacy, financial management, human resources, operations, information systems, strategic planning, marketing, and research methods. Managerial skills are covered in courses in leadership, communications, career development, and the internship.

II.B.2.b.i.—STRENGTHS

Students receive appropriate orientation and overview of the relevant concepts associated with this general management, functional activities, and managerial skills. The curriculum is consistent with the expectations for the conceptual and technical competency in the various activities associated with general management.

II.B.2.b.i.—CONCERNS

None.

II.B.2.b.i.—CONCLUSIONS

The program meets the criterion.

II.B.2.b.i.—CRITERION-RELATED RECOMMENDATION(S)

None.

II.B.2.b.i.—CONSULTATIVE RECOMMENDATION(S)

None.
ii. Health Service Management

The characteristics of the health services delivery system must be addressed in the student’s program of study. Students must have an understanding of the interaction of health, environments, organizations, populations and the health professions. The program must demonstrate how the following competencies are developed in the student’s program of study:

(a) Determinants and measurement of health and disease: This area usually includes, but is not limited to, content in epidemiology, public health, health promotion and disease prevention.

(b) Health services organization and delivery: This area usually includes, but is not limited to, content covering the structure and function of a wide variety of health organizations, professions and delivery systems across the continuum of care.

(c) The characteristics of economic, legal regulatory, managerial, political, historical and social aspects of health services organization and delivery: This area usually includes, but is not limited to, content in courses such as bioethics, health finance, health law, health economics, health policy and quality/performance improvement.

II.B.2.b.ii.—DISCUSSION

Students take courses in public health, health systems, policy, economics, and law. These courses help to provide students with a good foundation in the health care management content areas.

II.B.2.b.ii.—STRENGTHS

Students graduate with a more than adequate preparation to pursue a career in health care management or to pursue an advanced degree. The program does an exceptional job with providing information on the various aspects of the health care industry.

II.B.2.b.ii.—CONCERNS

None.

II.B.2.b.ii.—CONCLUSIONS

The program meets the criterion.

II.B.2.b.ii.—CRITERION-RELATED RECOMMENDATION(S)

None.

II.B.2.b.ii.—CONSULTATIVE RECOMMENDATION(S)
None.
iii. Health Services Management Applications & Integration

Integration of conceptual and technical competencies must be demonstrated. These activities usually include, but are not limited to practica, internships, portfolios, projects, etc.

(a) Faculty supervised practica/internships: The types and numbers of practica/internship sites must be consistent with program’s mission, goals and objectives. The program must demonstrate how it provides all students with a faculty-supervised and evaluated field experience in health services management. The program must have established procedures for selection, orientation, and evaluation of practicum/internship sites and preceptors. When a student presents a compelling case for not completely participating in one of these experiences, the program must demonstrate that an appropriate evaluation process is used to make determination of waiver or reduction of this requirement.

(b) Integrative exercises: The program must demonstrate the mechanisms it uses to integrate the skills and knowledge obtained in the liberal arts foundation, conceptual and technical competencies in management. These frequently are found in a capstone course, case studies, simulations, etc.

II.B.2.b.iii.—DISCUSSION

Students are required to complete a 300 hour internship in a health care setting. Along with the actual in field internship, students must also take an internship seminar course concurrently. The internship helps prepare students for managing in public health departments, hospitals, clinics, physician offices, and long-term care settings.

II.B.2.b.iii.—STRENGTHS

Students are fortunate to have a full array of courses covering almost all aspects of health care management, systems, and organizations. Moreover, the internship allows them to apply the information acquired from the program’s courses. The academic training in health services administration allows students to seek careers in nearly any type of health care facility of their choice.

II.B.2.b.iii.—CONCERNS

None.

II.B.2.b.iii.—CONCLUSIONS

The program meets the criterion.
II.B.2.b.iii.—CRITERION-RELATED RECOMMENDATION(S)

None.

II.B.2.b.iii.—CONSULTATIVE RECOMMENDATION(S)

None.
C. Program Evaluation and Improvement
The Program must regularly and systematically evaluate its structure, processes, and outcomes consistent with its mission, goals, and objectives.
1. The Program must identify measures used to assess both programmatic and educational outcomes.

Programs are encouraged to identify measures that consider the unique attributes of their Program and the dynamic nature of the field. These may include but are not limited to:

a. Programmatic outcomes
   i. Measures of faculty productivity in teaching, research, service and civic engagement;
   ii. Measures of student recruitment, retention, advising, and post-graduation placement.

b. Educational outcomes
   i. Measures of student learning.

II.C.1.—DISCUSSION: MEASURES OF FACULTY PRODUCTIVITY AND MEASURES OF STUDENT SERVICES

Faculty productivity measurements differ for pre-tenured faculty members and those who have achieved tenure. During the pre-tenure period faculty members receive a comprehensive performance review every year. However, in the first, third and fifth years, they receive a “periodic evaluation” with feedback on their performance. In the other years, they receive a “performance review” which assess the likelihood of their achieving tenure. Once tenure is obtained, faculty performance is reviewed at least every 5 years or when they are seeking a promotion. All levels of review appear to assess faculty productivity in teaching, research, service, and civic engagement.

Statistics on student recruitment and retention are gathered and analyzed each semester. Post-graduation placement is assessed through periodic alumni surveys and informal communications. Student advising is currently the responsibility of the Program Chair who is the only fulltime faculty member in the Program.

DISCUSSION OF EDUCATIONAL OUTCOMES

The Program’s assessment of student learning is based upon a series of Student Learning Objectives (SLOs). The attainment of the SLOs was previously measured by a Departmental committee that included members who were not specialists in health management. These committee members selected and evaluated those student work products that they considered relevant. Dissatisfaction with this approach caused the Program to institute a new process of evaluation in the 2008-2009 academic year. This new approach includes a process metric, which uses as its rubric instructor assigned letter grades in a course and an achievement metric that considers the outcome satisfactory when 60% of the class in that course receives a grade of “C” or better. Each SLO is evaluated once every 5 years.
II.C.1.—STRENGTHS

The evaluation process for pre-tenured faculty members appears to include both evaluation of productivity and tenure-worthiness along with a mentoring process designed to improve faculty performance.

The processes of student recruitment, retention and advising appear to be effectively structured.

The faculty involved with the new process for evaluations of SLOs is limited to those with expertise in health management.

II.C.1.—CONCERNS

The process for evaluation of tenured faculty appears too limited and of uncertain outcome. However, this is a problem that is shared with the large majority of collegiate institutions that offer tenure.

Relying exclusively on instructor assigned grades for the process metric may not generate reproducible data since an instructor may alter his/her syllabus and grading methodology over the 5 year interval. In addition, different instructors are very likely to have differing standards for grading and so comparison across courses may be difficult to standardize.

The 5-year gap between evaluations of an SLO appears to be too long. Possible changes in a course’s content, teaching methodologies and instructor during that interval may have a significant effect on the SLOs related to that course.

II.C.1.—CONCLUSIONS

The Program partially meets the criterion.

II.C.1.—CRITERION-RELATED RECOMMENDATIONS

In order to meet the criterion the Program should evaluate the grading patterns of individual instructors over time so as to help assure the consistency of these patterns. In addition some efforts should be made to assess differences in the grading standards of instructors in different courses. In addition, the Program should consider the implementation of shorter intervals in the evaluation of SLO than 5 years.

II.C.1.—CONSULTATIVE RECOMMENDATIONS

None

2. EVIDENCE OF INPUT

The Program must provide evidence of student, faculty, alumni and practicing health service manager’s input into program evaluation.
Describe the activities that the Program uses to evaluate outcomes, including, but not limited to, how information is collected, from whom information is collected, and what information is collected. Where possible, provide examples of surveys, focus group questions, or other instruments used to collect data. Summarize assessment processes in the appropriate column of Figure 3.

II.C.2.---DISCUSSION

Faculty input into the Program’s evaluation is largely accomplished through the SLO evaluation process. Student evaluations are obtained through the senior exit interview and the student portfolios. Alumni inputs are obtained through alumni surveys that are conducted approximately every 5 years. Practicing health managers’ inputs are obtained from guest lecturers, internship faculty and the ACHE Network group that serves as the Program’s advisory body.

II.C.2---DISCUSSION

Student inputs into course evaluations appear to be largely obtained during their senior year. Faculty evaluations of individual courses are principally obtained during the 5-year SLO assessment cycles. Formal alumni inputs are obtained through the periodic Alumni Surveys. The input of practicing health services managers appears to be obtained in a somewhat random fashion.

II.C.2.---CONCERNS

The formal faculty evaluation inputs may be too infrequent under the SLO assessment process. In addition, evaluative inputs from alumni and from practicing health service managers appear to be relatively limited in scope and volume.

II.C.2.---CONCLUSIONS

The Program partially meets the criterion.

II.C.2.---CRITERION-BASED RECOMMENDATIONS

In order to meet the criterion, the Program should ensure that faculty evaluative inputs are obtained more often than primarily through the SLO assessment cycle. In addition, efforts should be made to expand inputs from alumni and from health services managers.

II.C.2.---CONSULTATIVE RECOMMENDATIONS

None

3. The Program must demonstrate the accomplishment of programmatic and educational outcomes.

For those areas for which the Program has obtained outcome information, provide a brief description of the actual student outcomes. Where possible show trends of outcomes over time.
II.C.3.—DISCUSSION

The Program’s new assessment process was implemented during the 2008-2009 academic year and no data are available on the results of this process at the present time.

II.C.3.—CONCERNS

There is an absence of “success indicators”, benchmarks, or baseline data to see if the program is improving; however, since the assessment process is new, the presentation during the review of June 29th effectively described Chico’s plan and answered committee members questions regarding the plan.

II.C.3.—CONCLUSIONS

Program meets the criterion.

II.C.3.—CRITERION-RELATED RECOMMENDATION(S)

None.

II.C.3.—CONSULTATIVE RECOMMENDATION(S)

Programmatic outcomes need to be delineated and tied to accomplishment indicators. Benchmark or success indicators could be developed and implemented. Trends over time will help show program improvements or indicate issues.

4. The Program must provide evidence that its evaluation process is the basis for Program revision and improvement.

Describe how the Program uses the various evaluation methods described to guide Program improvement. Include examples of how evaluation tools have been used with students, faculty, alumni, and practitioners to identify strengths and weaknesses in the Program’s structure and educational processes and what improvements were made in the Program.

II.C.4.—DISCUSSION

In addition to the formal evaluation processes, the Program uses a series of less intensive evaluation mechanisms. These include informal inputs from students and alumni. In addition the Program Director and other faculty perform “environmental scanning” which consists of reviewing the health management literature, looking at other undergraduate health management programs, and talking informally to outside experts. As a result of the formal and informal evaluation processes, the Program has made several “macro” changes that will be listed in the University’s 2009-2011 catalog (i.e., substituting a course in MIS for a currently required course in marketing and increasing elective offerings). In addition, the Program uses these processes to make “micro” changes in course content and structure.

II.C.4.—STRENGTHS

The Program makes effective use of multiple sources of evaluative inputs to make revisions in its curriculum. The Program Director has done exemplary service to the California State University, Chico program as he is the sole full-time faculty member currently designated to it.

II.C.4.—CONCERNS
II.C.4.---CONCLUSIONS

The Program meets the criterion.

III. PROGRAM SELF-ASSESSMENT

A. Develop an assessment and planning statement addressing the following:

- What progress has taken place since the last Program review and what action has been taken with regard to recommendations from the previous review?
- What are the major strengths and weaknesses of the Program?

III.---DISCUSSION

The status of the recommendations made during the last Program review is shown in the table below.

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>CURRENT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase faculty involvement in AUPHA events</td>
<td>Program will comply whenever possible</td>
</tr>
<tr>
<td>Prepare Program-specific Mission Statement</td>
<td>Accomplished</td>
</tr>
<tr>
<td>Inadequate number of full-time faculty</td>
<td>Recruitment efforts for additional faculty is underway</td>
</tr>
<tr>
<td>Discontinue planning for a graduate program</td>
<td>Accomplished</td>
</tr>
<tr>
<td>Establish an Advisory Board for the Program</td>
<td>Will utilize local ACHE resources</td>
</tr>
<tr>
<td>Restore medical economics to the curriculum</td>
<td>Accomplished</td>
</tr>
<tr>
<td>Infuse computer applications throughout the curriculum</td>
<td>Accomplished</td>
</tr>
<tr>
<td>Add Portfolio requirement for students</td>
<td>Accomplished</td>
</tr>
<tr>
<td>Complete an Alumni Survey in the near future</td>
<td>Reported at the June 29th review, this was not accomplished</td>
</tr>
<tr>
<td>Document evaluation-based revisions and improvements to the Program</td>
<td>In process</td>
</tr>
</tbody>
</table>

PROGRAM STRENGTHS AND WEAKNESSES

1. Program Strengths Since the last review, the Program has claimed success in the following areas:

- Assured that the Program’s curriculum covers all of the areas required under AUPHA guidelines.
- Structured the curriculum so that students move through it as a cohort.
- Added case studies and simulations throughout the curriculum
- Added a requirement for a student portfolio
• Added a required 300-hour Internship
• Improved the methods for evaluation of the Program’s curriculum and for incorporation of evidence-based evaluation outcomes into the curriculum.

2. Program Weaknesses  The Program has listed weakness in the following areas:

• Dependence upon the College of Business for several of the courses in the Health Management Program’s curriculum since the courses lack health-related content and the Program’s students sometimes have difficulty in enrolling in them.
• Inability to become as innovative as it would prefer due to lack of sufficient numbers of faculty and other resources resulting from budgetary stringencies.
• A limited availability of experienced health services managers in the Chico area who could contribute to the Program’s oversight and operation.
• Lack of Advisory Committee.

FUTURE PLANS

The Program’s future plans include items that might correct some of the weakness that it has identified. The Program should conduct an alumni survey as soon as possible.

III.—STRENGTHS

The Program has taken productive action in response to the recommendations of the last AUPHA Program Review Team. In addition, the Program has identified several other areas of weakness which it is addressing. It is noted that Dr. Narad has done an exceptional job regarding the program’s addressing the items from the last review as he has been the sole full-time faculty member designated for programmatic efforts.

III.—CONCERNS

The Program continues to experience a lack of sufficient numbers of full-time faculty members, although recruitment of at least one new faculty member is ongoing. In addition, the Program’s evaluation methodology needs further attention. Moreover, the alumni survey should be conducted. Last, the need exists for an advisory committee/board comprised of local advisors as was recommended in the last review.

III.—CONCLUSIONS

The Program partially meets the criterion.

III.—CRITERION-RELATED RECOMMENDATIONS

Establish the advisory committee and conduct the alumni survey for programmatic feedback.

III.—CONSULTATIVE RECOMMENDATIONS

None
IV. SUMMARY OF SELF-STUDY REVIEW

Overall Assessment of Program

The state of the Health Services Administration Program at California State University, Chico is, in a phrase, doing the best that may be expected, given the current conditions. Since its last certification review in 2004, the program has made significant changes to meet and, at times, exceed the recommendations voiced by the 2004 review committee. Improvements in the educational process are of particular note. The program has systematically and thoroughly reviewed its strengths and weaknesses and has within the limits of its resources, made a genuine and appropriate attempt to increase the quality of its operation. The program has integrated the mission of the university with its own mission, goals, and objectives. This is a program that combines quality and competence.

Strengths/Best Practices of Note

1. As noted during the June 29th review, the participation of HSA students in state competitive efforts that allow for application of knowledge learned and networking opportunities. Congratulations regarding the Chico’s success at the competition as it placed first overall.

2. The pedagogical changes to the curriculum—the inclusion of case studies and the establishment of the Internship and student portfolio requirements are all noteworthy.

Significant Concerns

1. The lack of a formal alumni survey to track graduates and receive their input is a concern that needs to be addressed.

2. Objectives for the program are co-mingled with the goals and not clearly indicated so measurement of them is difficult to ascertain.

3. The presence of one full-time faculty member so an extended period of time is a concern.

4. There is not an Advisory Board that meets on a regularly scheduled basis.

5. The 5-year gap between evaluations of an SLO appears to be too long. Possible changes in a course’s content, teaching methodologies and instructor during that interval may have a significant effect on the SLOs related to that course.
Conclusions

I. Program meets the criterion.
II.A.1. Program meets the criterion.
II.A.2. Program partially meets the criterion.
II.A.3. Program meets the criterion.
II.A.4. Program partially meets the criterion.
II.A.5. Program meets the criterion.
II.B.1. Program meets the criterion.
II.B.2.a. Program meets the criterion.
II.B.2.b.i. Program meets the criterion.
II.B.2.b.ii. Program meets the criterion.
II.B.2.b.iii. Program meets the criterion.
II.C.1. Program partially meets the criterion.
II.C.2. Program partially meets the criterion.
II.C.3. Program meets the criterion.
II.C.4. Program meets the criterion.
III. Program partially meets the criterion.

Recommendations [NO NEED TO COMPLETE THIS SECTION, AUPHA WILL GENERATE THE TABLE WHEN IT IS SUBMITTED]

Criteria-Related Recommendations

I—CRITERION-RELATED RECOMMENDATION(S)
II.A.1.—CRITERION-RELATED RECOMMENDATION(S)
II.A.2.—CRITERION-RELATED RECOMMENDATION(S)
II.A.3.—CRITERION-RELATED RECOMMENDATION(S)
II.A.4.—CRITERION-RELATED RECOMMENDATION(S)
II.A.5.—CRITERION-RELATED RECOMMENDATION(S)
II.B.1.—CRITERION-RELATED RECOMMENDATION(S)
II.B.2.a.—CRITERION-RELATED RECOMMENDATION(S)
II.B.2.b.i.—CRITERION-RELATED RECOMMENDATION(S)

Consultative Recommendations

I—CONSULTATIVE RECOMMENDATION(S)
II.A.1.—CONSULTATIVE RECOMMENDATION(S)
II.A.2.—CONSULTATIVE RECOMMENDATION(S)
II.A.3.—CONSULTATIVE RECOMMENDATION(S)
II.A.4.—CONSULTATIVE RECOMMENDATION(S)
II.A.5.—CONSULTATIVE RECOMMENDATION(S)
II.B.1.—CONSULTATIVE RECOMMENDATION(S)
II.B.2.a.—CONSULTATIVE RECOMMENDATION(S)
II.B.2.b.i.—CONSULTATIVE RECOMMENDATION(S)