

Graduate Programs in Health Care Administration  
**Outcome Assessment Report**  
***2007-2008 AY***

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## Introduction

The Process Improvement Committee (PIC) of the College of Health Sciences (CHS) has developed a series of process matrices in support of DMUs nine Process Improvement and Evaluation (PIE) standards. Each of the nine PIE standards and PIC objectives will be addressed in the measures and narrative that follows. The primary standards include:

1. Mission and Planning
2. Leadership & Management
3. Service and Social Responsibility
4. Support Services
5. Faculty and Staff
6. Students, Stakeholders, and Market Focus
7. Research & Scholarship
8. Curriculum
9. Student & Program Outcomes

## Standard, Measures, and Results

### Standard 1. Mission & Planning

The fundamental purpose of the planning process is the effective translation of vision, mission and strategic directions into clear goals and actions plans. It is a vital component of academic program results and excellence. The standard for strategic planning for academic programs at Des Moines University reflects the commitment to achieving valued outcomes.

- A. Published documents clearly describe the mission, aspirations, beneficiaries and the college/academic program goals in a manner that differentiates the program from others.
- B. The college/academic program has an annually stated strategic plan that considers challenges and opportunities and definitively states priority strategies along with timetables for achievement.
- C. The college/academic program's strategic plan has action plans for strategies that aid the program in achieving or improving its stated program performance measures, indicators and outcomes.

### MEASURES:

The MHA program approved and adopted the following mission, vision, and value statements July 14, 2005. These statements were reviewed and approved again during a strategic planning event in September, 2008.

#### **Mission**

Des Moines University's graduate program in Health Care Administration is dedicated to the preparation of individuals from diverse backgrounds in the education and experiences necessary for management and leadership positions within the broad array of organizations making up the delivery of health care to all segments of society. The program accomplishes this mission through teaching, research, and service activities.

#### **Vision**

The DMU MHA program will be recognized for its expertise in preparing students for entry or mid-level management and leadership positions in health-related organizations serving the core institutions delivery of health care services.

#### **Values**

The faculty and staff of the MHA Program at Des Moines University will exercise the following values in completing their obligations to its stakeholders:

- Contemporary knowledge of the U.S. and global health care industry, effective management, and leadership practices
- An emphasis on developing the processes that support effective management and leadership practices within health services delivery
- Dedication to demonstrating and developing an evidenced-based practice approach in- and out-side the classroom
- An interactive educational experience involving faculty, students, and mentors in the delivery system along with various stakeholder groups
- Ownership of our own abilities, limitations, and commitment to role model our continued professional growth and development
- A supportive learning environment built on the individual experiences and professional goals of students and faculty.
- A commitment to provide access to programming and services to students, faculty and to the community-at-large.
- Will use all current methods of teaching and research needed, including distance learning, to bring to students the best learning experience possible
- Committed to working with each student to ensure that proper placement and professional challenges exist for the individual and for the employing organization.

These statements are provided to students on the MHA/MPH Student Handbook (Revised June 2008) available at [my.dmu.edu](http://my.dmu.edu) along with Education, Research and Community Service goals and objectives. The MHA program, along with the MPH program, held a joint strategic planning event in November of 2007. A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was conducted with input from faculty, staff, students, support departments and administration. A copy of this is provided in the Appendix.

A summary of the benefits that set DMU's MHA program apart from its competitors are (developed from SWOT analysis and Student & Alumni surveys):

- health-care-oriented business degree located in a graduate-level health professions university;
- flexible schedule that allows working professional to maintain their jobs or careers while pursuing higher learning;
- convenience of a variety of course formats (on campus evening and weekends, and online) combining traditional and non-traditional modes of delivery;
- forum for health care professionals from all areas of the health care delivery system to network and collaborate in their learning and development; and,
- flexible, student-centered curriculum that encourages students to pursue their interests and to support their personal growth.

The MHA program director developed a strategic plan for the 2008-2010 academic years from feedback provided at the Fall retreat. A draft copy was presented to the MHA faculty and staff for review and discussion. The final plan was delivered to the dean of College of Health Sciences (CHS) for review, comment and approval. Once the document has been approved, the plan will be shared with students, adjunct faculty members, and the MHA advisory committee (when formed).

Overall, the MHA Strategic Plan for the 2008-2010 AY includes 4 major strategic goals. A copy of the plan is available in the Appendix:

- Grow enrollment and revenues to support fulfillment of mission and vision.
- Elevate reputation and increase program value and desired outcomes.

- Support student progress, program completion and career success.
- Maintain and evolve a work environment/climate/culture that supports high performance among faculty (full-time, adjunct) and staff.

The MHA program's 2007 Outcomes Report (reviewing the 06/07 AY) was submitted to the dean of CHS and the DMU Program Improvement and Evaluation (PIE) committee for review in the Fall of 2007. PIE reported that the report did meet the committees requirements (Diane Hills, personal communication, January 4, 2008). Outlined in this report were several areas in need of improvement. The Program used this list to target efforts to improve program outcomes. To date, the action steps with a "✓" have been achieved or process has been made; those with an "X" have had no or limited progress achieved.

- Reorganize and activate the MHA advisory board—to guide the program through strategic decisions
- Peer review of curriculum by CAHME approved consultant
- ✓ Need to investigate how to measure student retention
- Trend course evaluations by delivery format and instructor to monitor student achievement, student satisfaction, and retention/satisfaction of faculty
- ✓ Assess and support the continued improvement of courses (both on-campus and online) via student outcomes and satisfaction, measurement on competency achievement, etc.
- ✓ Develop of additional program surveys to support outcomes reports and data based decisions (i.e. employer survey, adjunct/PS assessment of program, etc.). Note: Surveys developed. Will be launched in fall 2008.
- ✓ Continue tightening process, monitoring and supporting student performance/promotion to degree completion and competency achievement
- ✓ Continued emphasis on student recruitment and data analysis to determine why or why not students select/not select DMU.
- ✓ Continue working with University support services to develop data collection and reporting mechanisms for evidence-based decisions.
- ✓ Work with Financial Aid and the Enrollment Development offices to improve services to MHA students.
- ✓ Work to get the course calendar available to students earlier. Ensure that a projected course calendar for a minimum of two years is available to students at all times.
- ✓ Review and adjust the Leadership Seminar Series as needed to support student development and program enrollment/revenue projections.
- ✓ Research and revise the MHA/MPH online Orientation course to adequately welcome and orient new students to the University, College and program. Create a process to document that students have "completed" the course and are aware of the policies and procedures, rules, and honor codes that are agreeing to abide to.

During the 2008-2009 budget process, the MHA program developed a Business Assumptions & Plan for the MHA Program (2008-2009 AY). This document presented the programs ROI (return on investment) to DMU and was presented to the dean, CFO, and COO. The development and sharing of the report to key decision makers supported the achievement of several objectives not included in the prior 06/07 strategic plan. These accomplishments will further increase the quality of the academic program and services to faculty and students. These include:

- ✓ Addition of 1 FTE faculty (Funded July 1, 2008)
- ✓ Addition of .5 FTE support staff (Funded July 1, 2008)
- ✓ Approval to start process for CAHME programmatic accreditation (Funded July 1, 2008)

- ✓ Approval of additional guest lecturer funds to support reduced class sizes (limit online classes to 50), adjust teaching load for full-time faculty, and the addition of teaching assistants with classes that hit an enrollment of 30 or more.

The MHA programs strategic plan will be posted on the MHA/MPH student portal and approved by administration. The plan will be reviewed and updated (as needed) in the Fall of 2008 at a joint MHA/MPH faculty/staff retreat. Research and service goals and accomplishments, in support of the College and University strategic plans, will be shared under Standards #3 and #7.

### **RESULT:**

The strategic plan developed in the Fall of 2005, along with the annual outcomes reports, and the budgeting process have guided the program in its growth and development while keeping growth focused on the mission, vision and values of program stakeholders. Outcomes achieved will be shared throughout this report.

### **Standard 2: Leadership and Management**

The senior leadership of the University and the leadership of each college/academic program has an effective system of governance and management while demonstrating fiscal responsibility and promoting an environment of academic creativity. The leadership of DMU will conduct all of its affairs in an atmosphere of openness and honesty.

- A. Each college/academic program has sufficient financial resources and demonstrates fiscal responsibility in fulfilling its present mission and strategic plans.
- B. The college/academic program governance system that provides for and encourages faculty participation in the decision making process.
- C. The college has processes in place to communicate information from the University administration, the Board of Trustees, and the dean to faculty and staff. A process exists for faculty and staff to communicate to the University administration, the Board, and to the Dean.

### **MEASURES & RESULT:**

The MHA program is directed by Carla Stebbins, PhD. Day-to-day management, as well as the strategic direction, of the program is managed by Carla. Carla prepares a budget, along with justification for the monies requested, tuition recommendations, and projected revenues for each Academic Year (AY). The budget and tuition rate/revenues are reviewed by the Dean of the College, the DMU Budget Committee and the CFO. Final recommendations are taken to the Universities Board of Directors for final approval.

With the exception of a few requests, the MHA program is provided the necessary financial resources to operate the program and achieve the statement mission and strategic goals. College and University administration and Board of Directors have been very supportive to the program in increasing adjunct faculty monies to allow the program to respond to student demand by adding more sections of a course and new courses.

Carla meets with full-time MHA faculty twice a month, combined MHA/MPH faculty once a month, full-time staff twice a month, and with adjunct faculty and support departments twice a year at planning retreats. Additional communication tools to involve faculty and staff in the direction of the program are used

throughout the year. Since the MHA and MPH programs share core curriculum, policies and procedures, faculty (college and program), and significant student crossover, Carla and Wendy work closely together when making decisions that impact both program stakeholders. Both Carla and Wendy meet with program faculty on a regular basis to share program performance indicators. Faculty are probed to provide feedback and input on program direction.

As mentioned, both program meet with adjunct faculty and support departments at bi-annual meetings scheduled in May and November. The directors changed the meeting schedule with full-time and adjunct faculty this past year from monthly to bi-annual meetings in the hope that participation would increase. So far, this schedule seems to be working.

Program business is presented to the dean of the college bi-weekly, and to appropriate support departments at monthly support service meetings. Program achievements and key indicators are also shared with the college faculty and University community on a monthly basis via the CHS Program Report and with program faculty at the MHA and MHA/MPH program faculty meetings.

The MHA program during the 07/08 academic year was supported by a .5 FTE program assistant, Anne Negus. Additional support is provided, on an as needed basis, by the CHS Dean's office staff.

The MHA program is governed by the University's Board of Directors. On a programmatic level, the MHA has had an advisory board consisting of community health care leaders, program graduates, and current students; however, the last advisory board has not met for several years during the program leadership transition and is considered in-active. Goals targeted for the 07/08 year included the reinstatement of the program's advisory committee. Though this goal has not been achieved, it is a high priority for the 08/09 AY. Program advice is solicited from both full-time and adjunct faculty at the meetings outlined earlier.

The MHA program is a member of the Association of University Programs in Health Administration (AUPHA). The director attends the annual meeting and monitors and disseminates materials (listservs, survey results, small interest group discussions, panel discussions, etc.) received from this affiliation. Materials received help compare and contrast the programs goals, strategies and performance to other members.

Jodi Cahalan, PhD, Dean of CHS, successfully achieved access to the *DMU Portal* to all MHA adjunct faculty this past year. She met with several University support departments to accomplish this task. Access to this resource, allows the program to share with all program faculty the legal and ethical behavior expectations (and to verify review and agreement to follow such practices) and provide faculty access to student resources.

Through their access to the DMU Portal, full-time and adjunct faculty and admitted MHA students have convenient access to the a variety of DMU policies and procedures: "Sexual Harassment Policies and Procedures," the "Student Honor Code," "Core values of Professional Behavior," "Student Code of Conduct," "Drug Policy," "Academic Dishonesty/Plagiarism," and the "Misconduct in Research" policy. In addition, all full-time faculty are provided access to *Faculty Central* that allows them to review the Faculty Constitution, which outlines "Academic Freedom and Responsibility" and the "Statement on Professional Ethics from AAUP Policy Documents and Report."

The MHA program director, faculty, and program assistant offices are located in the Academic Center, second and third floor. The program uses SEC 115 and Private Dining Room as its primary classrooms, while expanding to also using the lecture halls in the Academic Center and the Munroe Building. Students and faculty continue to experienced problems with facilities after hours (no access, no temperature control, no requested equipment, equipment not working, etc.).

The MHA program continues to honor its articulation agreement with the Health Care Administration program at Mercy College of Health Sciences (MCHS). This past year, two MCHS matriculated to the MHA program.

Tuition for the MHA program increased from \$420 credit hour to \$435 a credit hour beginning Fall term 2008. The program Application Fee remains at \$45. The Change of Registration fee increased from \$25 to \$50 per withdrawal or change of registration.

DMU's MHA is priced competitively with other online MHA programs local business programs that provide a health care emphasis.

### **RESULT:**

A brief snapshot of program performance in 2007/08 AY (along with a comparison to last year's performance) is provided below\*:

- Inquires- -40%
- Applications- +23%
- Admissions- +29 %
- # of credit hours registered- +28%
- MHA & MPH (combined) delivered 78 sections of core and electives courses over the year; up 24% over 06/07; and, up 86% over 05/06
- 41 sections of online courses and 37 sections of classroom classes were delivered (MHA/MPH combined); with an average of 48% delivered via classroom and 52% online.
- MHA alone offered 45 courses and delivered 55 sections
- FTE students served- +30% more over LY
- Exceeded fiscal year revenue projections by 20% (LY 56%)
- Net revenues (after direct expenses, only) 51% of total revenue ( + 12% over LY)
- Faculty/staff retention- 100%

\*NOTE: Admission data from End of Year Admission Report, AY 2007/08, provided, July 1, 2008. Credit hours sold from the MHA/MPH registration activity reports for Fall 07, Winter 08, and Summer 08. MHA Analysis FY2006-2007, provided, August 25, 2008.

The key performance indicators shared above suggests that the managerial and leadership decisions being made are, in fact, effective. The financial performance of the program also suggests that the program leadership is demonstrating fiscal responsibility, while the strategic plan, and faculty retention imply that communication, academic creativity, and satisfaction with program is alive and well.

### **Standard 3: Service and Social Responsibility**

Each college/academic program is involved in community and professional activities which support its mission and vision.

- A. Each academic program faculty member annually creates a plan and report for service activities (internal and external) in accordance with their assigned workload.
- B. Each academic program will report on its cumulative faculty service to the community and special projects elected by the program faculty and staff.

### **MEASURES:**

Faculty include service hours/activities in their annual self-evaluation due each year in December. Included in the self-evaluation/portfolio, faculty develop their goals for the year. When the supervisor meets with their



faculty for their annual review, goals are reviewed, adjusted (if necessary) and agreed upon. A copy of the evaluation is shared with the dean of the college and human resources.

**RESULT:**

Provided below are the service activities delivered by the MHA faculty during this study year:

**Carla Stebbins, PhD**

The MHA program director serves on the executive committee of the Youth Leadership Initiative (YLI). She also serves as the chair of the research and evaluation subcommittee and advises and produces an annual evaluation plan that is submitted to the stakeholders and primary funder, United Way of Central Iowa. Carla coordinated DMU hosting the January 2008 class of YLI entitled, Diversity. She worked with the executive director to line up speakers and a tour of DMU.

Dr. Stebbins also provides psychological type training using the Myers-Briggs Type Indicator® and Flex Care™ to a number of non-profit groups in the Des Moines and Central Iowa area, to include a new Health Coach curriculum developed by the Iowa Chronic Care Consortium (ICCC). Carla coordinated a second offering of the MBTI© qualifying training on the DMU campus this past spring. This workshop offering was in response to a request from Sue Allyn, Vice President of Human Resources, to train select IH-DSM staff to deliver training to the employees of the system.

Other internal service provided by Carla includes: Member of the CHS Process Improvement Committee (PIC), member of the DMU Financial Aid committee and the PPDPT Faculty Search Committee.

**Denise Hill, JD, MPA**

Denise Hill joined the MHA faculty on July 1, 2007. Denise served on the CHS Student Performance and Evaluation (SPEC) Committee; chair of the CHS Nominating Committee; and, the MPH and MHA Faculty Search Committee (chair of MPH search processes). In addition, Ms. Hill serves on the follow boards and provides leadership to a number of professional associations:

- Iowa Rural Health Association (2007-Present)
- Wallace House Foundation (2007-Present)
- Older Iowans Hotline, Iowa Legal Aid (1999-2007)
- Iowa Society of Healthcare Attorneys (Secretary 2005-2006; Vice President 2006-2007; President-Elect 2007-2008; President 2008-2009)
- Iowa Hospice Organization Board, Iowa Hospital Association

Denise also served as the faculty advisor for the MHA student club, Health Leaders. She met with the leadership of the group, help them organize, raise monies, plan events, etc.

**Fritz Nordengren, MPH**

Fritz Nordengren joined the MHA faculty and CHS Dean's office August 1, 2007. As a half-time faculty, Fritz represented the MHA program on the CHS Curriculum Committee and Bylaws Committee and the MHA Faculty Search committee. Fritz also assisted with the development and delivery of the new Health Coach curriculum developed by the ICCC.

**Anne Negus**

Finally, Anne Negus, program assistant to the MHA program served on the DMU Spotlight Committee and also submitted the winning theme for the DMU United Way Campaign.

Collectively, the MHA faculty met with executives from Iowa Health-Des Moines, Mercy Medical Center, Mercy College of Health Sciences, and Catholic Health Initiatives over the academic year to develop a

program that could serve to support the professional development needs of their employees. The result of these meetings led to the development of a graduate certificate program in Health Care Leadership. The program received approval in June 2008. A copy of this proposal is provided in the Appendix.

Denise and Carla worked with leadership from Drake University's College of Law to establish joint degree programs (JD/MHA and JD/MPH) between the two institutions. Follow-up meetings have been scheduled to discuss further collaboration. A copy of this agreement is provided in the Appendix.

The MHA student society, Health Leaders hosted an panel discussion at DMU this past spring. This event was coordinated by the student club leaders and the leadership of the practicing executive group, Iowa Health Leaders. David Stark, COO, Iowa Health-Des Moines, assembled a panel to discuss the role of coaching in leadership development. Carla Stebbins was invited to participate on the panel along with two practicing executives. Approximately, 25 student and executive members attended the event.

In summary, the results shared demonstrate that the faculty and staff of the MHA program are aware and responsive to the community (internal and external) and work diligently to stay connected to and contribute to the advancement of the profession of health care administration.

#### **Standard 4: Support Services**

Each college/academic program has appropriate services and policies to support students, faculty and staff in the completion of their duties and responsibilities.

- A. Assessment of academic support services and professional/community service support services occurs on a continuous basis. These may include but are not limited to library, alumni services, audio-visual, institutional computing, human resources, planning, facilities, bookstore, parking, cafeteria, print shop, student health, insurance, registrar, SPAL, wellness, student counseling, financial aid, student services, etc.
- B. A work plan for improvement of support services has been developed and implemented to enhance services provided to students.

#### **MEASURES:**

The MHA program faculty (2.5 FTE) and staff (.5 FTE program assistant) advocate for their students and adjunct faculty with University support departments. Overall, the program continues to challenge these departments (and themselves) to provide high quality, consistent services to support non-traditional, part-time, students that may or may not live at a distance.

MHA students are surveyed every other year with the *MHA Student Opinionaire* that asks them to rate the service provided to them via DMU and the MHA program. Results for the 2006 survey and draft results for the 2008 (n=82) survey are provided below. Additionally, graduates of the program are asked each year prior to commencement to provide feedback on their experience at DMU (*2007 and 2008 Graduate Survey Results*). Full copies of the results of both of these surveys are located in the appendix. A summary is provided below. Results falling below the 80% target are highlighted in red.

	2006 Student	2008 Student	2007 Graduate	2008 Graduate
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<b>Support Service</b>	<b>Opinionaire Results – Percent rated Agree – Strongly Agree</b>	<b>Opinionaire Results – Percent rated Agree – Strongly Agree</b>	<b>Survey Results Percent rated Good - Excellent</b>	<b>Survey Results Percent rated Good – Excellent</b>
Participants (n)	35	82	10	9
Adequacy of library resources	86%	Campus- 94% Online- 79%	89%	100%
Access to computers and printers	81%	78%	89%	89%
Technology support	87%	76%	89%	89%
Service received from Registrar	n/a	n/a	90%	100%
Service received from Acct. Receivables -tuition payment*	91%	The billing policies are reasonable. 81%	80%	78%
Service received from Financial Aid	76%	81%	78%	n/a
Blackboard	n/a	n/a	90%	100%
Program support (course schedule, room location, username/password, etc.)	94%	The MHA Program staff (program assistant) are courteous. 99% The MHA Program staff (program assistant) provide follow-through on requests. 97% The MHA Program staff (program assistant) are competent in meeting my needs. 96%	100%	89%
Availability of trimester course calendar	68%	77%	100%	89%
I was made to feel welcome in this program.	n/a	91%	n/a	n/a
Course registration process	100%	89%	100%	89%
The campus is safe and secure.	n/a	97%	n/a	n/a
The classroom facilities support my learning needs.	n/a	97%	n/a	n/a
Technical support regarding online resources is adequate.	n/a	76%	n/a	n/a
The library resources and services are adequate.	n/a	84%	n/a	n/a
The bookstore employees are helpful.	n/a	89%	n/a	n/a

I have found the MHA/MPH Student Portal helpful.	n/a	85%	n/a	n/a
Academic Counseling	n/a	75%	n/a	n/a
Fitness facilities	n/a	93%	n/a	n/a
Helpdesk	n/a	78%	n/a	n/a
Laptop checkout at the Helpdesk	n/a	75%	n/a	n/a
University/program social events/activities (picnics, Winter Gala, etc.)	n/a	75%	n/a	n/a
I have found the student/director meetings helpful.	n/a	74%	n/a	n/a

\*Question wording changed.

The following questions were asked on the 2008 Graduate Survey on the value of the following technologies used to support their education experience. The percentage shown is the number of students that found the technology to be “Extremely Valuable” and “Valuable.”

	2008 Graduate Survey Results “Extremely Valuable” and “Valuable”
DMU E-mail Account	100%
Blackboard	100
MHA/MPH/GER Student Portal	100
DMU Library Databases (i.e. Ebsco Host, Medline, etc.)	100
SPSS	88

Evaluation of the admissions and enrollment process is collected throughout the year by the Enrollment Development Office. Lisa Vroegh, admission coordinator for the MHA program, shared results of a *Incoming Student Survey* and the *Declined Student Survey* for the 2006/2007 and 2007/08AY. Reports are available in the appendix. A summary is provided below. Results falling below the 80% target are highlighted in red.

Service	06/07 Responses	07/08 Responses
<b>Incoming Student Survey Results:</b>		N=45
Admission office was helpful and supportive	97% Yes	100%
Applicant believed they were adequately informed of the status of their application	65% Yes	93.3%
Application process:		
Longer than expected	29%	9%
Average	45	42
Shorter than expected	26	49
If you received information in the mail about the MHA program, was it helpful?	n/a	
Yes		67%
No		2
Did not receive information in the mail		31
If you used the MHA website as a source of information, were you able to find the information you were looking for	n/a	

easily?	Yes		96%
	No		2
Did not receive information in the mail			2
If you contacted the financial aid office at DMU, was it a positive experience?	Yes	n/a	24%
	No		15
Have not contacted financial aid			61
If you contacted the accounting office at DMU, was it a positive experience?	Yes	n/a	24%
	No		5
Have not contacted accounting			71
<b>Declined Survey Results:</b>			N=5
Interaction w/admission personnel-	Very Satisfactory	50%	40%
	Satisfactory	50	40
	Unsatisfactory	0	20
Contacts with financial aid-	Very Satisfactory	0	20%
	Satisfactory	50%	60
	Unsatisfactory	50	20
Interaction with faculty-	Satisfactory	100%	50%
	Unsatisfactory	0	50
Class schedule-	Very Satisfactory	50%	25%
	Satisfactory	50	75
Class availability-	Very Satisfactory	50%	25%
	Satisfactory	50	75
University facilities-	Very Satisfactory	50%	100%
	Satisfactory	50	

MHA students are welcomed (after they are admitted) to the MHA program via a coordinated effort led by the Enrollment Development (ED) office and include the support services of ITS, registrar, academic advisor, MHA program assistant, security, financial aid (if requested), and accounts receivables. Students receive initial contact with the University via a series of letters (admission, welcome) and emails (user name/password and directions to access the *Student Central [DMU Portal]* and Blackboard, confirmation of registration receipt). The ED office expanded their service to incoming students this past year with a new *Welcome Checklist* that outlines in detail each step that needs to be complete for the student to begin classes. A copy of this form is provided in the Appendix.

MHA students are oriented to the program, the University, and related services and processes via a two-step process. First, students are enrolled in a new Blackboard Orientation course developed by the program. Fritz Nordengren developed the new experience using input from faculty and staff. The new experience was designed to replace an earlier Blackboard class developed in 2004. The new course/experience was pilot tested during the Summer of 2008, modifications made, and the course was re-launched for all incoming MHA/MPH students in the Fall of 2008. Students are to review the site and complete a quiz that verifies their access, review, and familiarity of program and University services and the Student Handbook. A meeting took place in the Summer of 2008 to document the process and who/which department is accountable for each step. The program Orientation continues to be reviewed by the faculty and there are improvements planned to enhance student learning and connectedness to the program and University.

The second step of the programs Orientation experience is a welcome email or phone call made to the student from their faculty advisor. The faculty offers to have a conversation with the student where they walk them through basic processes involved in succeeding through the program. The faculty also walks the student through the degree planning worksheets and works with the student to develop an initial plan. A

script/checklist was developed this past year for MHA faculty to use when working with a new MHA student. Students are coached to contact their advisor throughout their program for help and advice.

The MHA and MPH program director hosts four student/director meetings each term. These meetings were initiated to replace an on-campus orientation. The directors (and faculty in attendance) make themselves available to answer questions or concerns and provide an opportunity for students to “meet and greet” program faculty and staff. Pizza and a beverage are served. Students sign up to attend one of the four meetings. The dates/times are provided on the trimester course calendar. Three of the meetings are held on campus and the fourth is held via a conference call to provide access to distance students. An outline of items discussed are kept and posted on the student Portal for students to review.

Last year, the MHA and MPH program spent considerable time developing a program(s) specific page on *Student Central* of the *DMU Portal*. A gadget for program-specific announcements was added, an updated version of the Student Handbook (policies and forms), and a section dedicated to the Internships and the Capstone experience that includes syllabi, checklists, forms, and a video developed by Wendy Ringgenberg, Ph.D. to answer students questions regarding these two final, cumulative experiences. Program directors, the program assistant and faculty have been directing students to this site for resources available to them. This past year the MHA program continues to maintain this resource for students. We take every opportunity to direct students to this site to reinforce that it resource for them to use.

This past year the program has worked with Olivea Mead, CHS deans office, to add more resources to the portal. Specially, we wanted to provide the latest copy of all course syllabi to students. Despite her efforts, this request has not been met.

The MHA director serves as the academic advisor to approximately 100 MHA students. This past year, new students have been assigned largely to the 1.5 new FTE faculty. Currently, Fritz and Denise report advisee loads of approximately 45 students each (actual numbers are shared later with Standard 6). When meeting or corresponding with students, advisors solicit any problems or barriers the student is experiencing and attempts to work with the appropriate support department to resolve the situation. Since each student works on a individualized degree plan (versus a cohort system), a significant amount of the of MHA faculty and the director’s time is dedicated to advising students. The advisor role of program faculty is currently under review. The hope is to clarify the tasks and responsibilities and to strengthen the relationship between advisors and student through communication plan.

In addition to advising, the MHA/MPH programs are preparing to transition Internship coordination from a full-time faculty member’s responsibility to the students advisor. Beginning Summer term, 2009 each faculty will oversee their advisees internship/portfolio development activities and assess each for completion. Both program faculty have been working on training and development for this transition.

The MHA and MPH program directors, along with the Dean of CHS began meeting on a monthly basis with the programs support service departments (Registrar, Accounts Receivables, Financial aid, etc.). Steve Dengele, COO, chairs the meeting and prepares an agenda. Much progress has been achieved this past year on tightening up expectations, processes, and overall communication between the MHA and MPH programs and support services. The programs are regularly receiving reports from the Registrar on:

- Students attending DMU/MHA on an F-1 Visa
- Students admitted on condition
- Students who have completed the 6 credit condition
- Students with cumulative GPA’s falling below 3.0
- Students with “Incomplete” courses
- Continuing education students (individuals taking classes but not formally admitted)

Receiving these reports has aided the program in monitoring student progress and promotion. Students that are not meeting minimum requirements are identified early and interventions are in place to assist and advise. Access and availability of timely reports that are easily interpreted has consistently inhibited the program in appropriate advising and managing of student behaviors. This past year, through the leadership of Mr. Dingle, has afforded the program a better relationship with support services, reduced stress and conflict, and has improved services delivered to our students.

With regards to adjunct faculty access to support services, the MHA program director meets with all faculty annually to review their respective courses, course evaluations, literature in the field, etc. The director solicits faculty comment on the support received and additional services that would be helpful. In addition, the program assistant meets faculty the first night of their course to deliver the class roster, and to ensure that the classroom is set up, equipment is functioning, etc. The online teaching assistant, Christa Spielbauer, has also served as an excellent resource to faculty to assist in the development and continuous improvement of online courses.

Though no formal evaluation tool is used to rate service received (to highlight problems and successes) by adjunct faculty from the program, College, or University support departments, questions and concerns are taken by the director to the support service meetings mentioned above for discussion and resolution. The MHA/MPH programs are planning to implement a formal assessment for full and part-time faculty (when grades are submitted) to complete on service received from support individuals and departments. Results of these surveys can then be channeled back to individuals or department and be used to continuously improve service provided.

Problems that the MHA program continues to encounter (via faculty feedback) are:

- Access to classroom, AV services and equipment, temperature control, catering requests, etc.
- Access to a single screen (from a remote location) of student data (name, address, email address, phone numbers, admission date, advisor, transcript, notes on progress/discipline, etc.) for student advising.
- Definition and tracking of student retention.

### **RESULTS:**

Overall, the experience of the last year suggests that the support systems in place for the MHA program students and faculty have improved as evidenced by fewer complaints and “dropped” students and faculty. Policy and procedure have been reviewed and revised to track student performance and participation with DMU. Overall communication between the programs and support departments/services have greatly improved.

The program has also increased staffing with the addition of more full-time faculty and the addition of the online teaching assistant. Despite this investment, applicants report that they are still not satisfied with their interaction with faculty (50% unsatisfactory). Further research will need to be conducted to determine where faculty are not meeting the expectations of applicants.

Changes in the Enrollment Development office have also resulted in improved services as reported by the survey results outlined above. Specifically, most applicants reported that they “were adequately informed of the status of their application” (2008 Incoming Student Survey) versus the prior year’s results.

The *2008 Graduate Survey* results indicate that satisfaction of graduates with University and program support services have improved. Satisfaction with library resources, services from the registrar, and Blackboard. The most recent survey failed to ask students to rate service received from Financial Aid. This was the only measure that fell below the 80% satisfaction goal in 2007.

A review of the measures above suggest that improvement is still needed in the following areas (support services that fell below the 80% satisfaction goal):

- Online library resources (*2008 Student Opinionaire*)
- Technology support services- access to computers and printers, technology support campus/online, and Helpdesk (*2008 Student Opinionaire*)
- Availability of the trimester course calendar (*2008 Student Opinionaire*)
- Social event/activities (*2008 Student Opinionaire*)
- Academic advising (*2008 Student Opinionaire*)
- Student/directors meetings (*2008 Student Opinionaire*)
- Service received for Accounts Receivables- tuition payment (*2008 Graduate Survey*)
- Interaction between faculty and applicants (*Declined Survey results*)

Additionally, areas identified for improvement include:

- Improvement of services provided to full- and adjunct faculty (primarily teaching on campus).
- Flexible and reliable services (i.e. facilities, AV, IC, Security, Student Services, etc.) to support an increasing non-traditional student population and a continued reliance on adjunct faculty to deliver core content.
- Accurate data and clear reporting mechanisms to support evidence-based decision-making.
- Continue cleaning of MHA data and improved access to accurate reports to drive decision making.
- DMU definition and tracking of MHA student retention.

As the MHA program continues to grow the Program, College, and University need to monitor resources and support services available. Service to faculty and students cannot be compromised while tuition income grows. If the University determines that services should be “capped” then the program needs to respond with capping students admissions and participation.

Program administration will communicate areas for improvement to the appropriate support service and discuss opportunities to improve student services.

### **Standard 5: Faculty and Staff**

The organizational climate enables faculty and staff to develop and demonstrate their full potential.

1. Faculty are provided adequate funding to participate in faculty development activities.
2. Clinical and non-clinical faculty are board certified or board qualified and working toward certification or will be educationally prepared to the standard of the clinical or academic program or are working toward same. In those programs where Board Certification is the standard, it will be followed.
3. The college has established a process to evaluate the performance of faculty and staff on an annual basis that includes identifying a plan for improvement to address any weaknesses and set goals for future performance.
4. The college has a process in place to ensure a fair and equitable distribution of workload across the faculty and staff.



## **MEASURES & RESULTS:**

MHA program faculty received an increase in professional development funds. These funds are to be used to support their attendance at professional conferences and to maintain their professional credentials. In addition, the MHA director has additional funds available to support travel to meetings related to program administration and to fund additional request by program faculty.

MHA faculty are evaluated on an annual basis using processes outlined in Rank, Promotion & Tenure documents. Faculty submit annual portfolios to their immediate supervisor. After review, supervisors meet one-on-one with each faculty to review performance and set performance goals for the upcoming year.

As mentioned earlier, the MHA had 2.5 FTE faculty during the year in review. Individual faculty professional development activities are outlined below:

### **Carla Stebbins, PhD (1 FTE)**

Prior to this last year, Carla was the sole full-time faculty member of the MHA program. Carla attended several professional meetings. At this time, Carla does not have a professional credential that requires continuing education units; however, her plan is to apply for certification as an MBTI practitioner.

Meetings/conferences attended this past year include:

- Iowa Hospital Association (IHA) Annual Conference, Downtown Marriott, Des Moines, Iowa
- American College of Healthcare Executives (ACHE), Chicago, IL. Participated in *Benchmarks® 360-Degree Assessment* and *BarOn Emotional Quotient Inventory* training facilitated by the Center for Creative Leadership.
- Annual meeting of the Association of University Programs in Health Administration (AUPHA), Washington, DC
- International Conference on Communication in Healthcare (ICCH), Charleston, NC

Carla developed and submitted an annual self-evaluation and supporting professional portfolio to the dean of CHS in the Fall of 2006. A formal review took place during one of their bi-weekly meeting. Carla reviewed her progress on goals and objectives set the prior year, and set new goals for the 2007-2008 AY. Jodi Cahalan, Ph.D., dean of CHS, sent a formal written review of Carla's performance. Carla reviewed, signed, and returned to Jodi. Jodi and Carla reviewed the University RP&T documents and submitted Carla for promotion to Associate Professor in 2008. Carla's self-evaluation and portfolio and a copy of her review are available upon request.

Unfortunately, the RPT committee notified Carla on February 15, 2008 that she was not approved for promotion. Carla will review, rewrite and resubmit her portfolio for review again.

Since Denise Hill and Fritz Nordengren had only worked a few months, they were asked to submit abbreviated portfolios for the 06/07 AY.

### **Denise Hill, JD, MPA (1 FTE)**

Denise joined the MHA faculty at the beginning of July 2008. Ms. Hill is an Attorney at Law admitted to practice law in Iowa in 1996. Denise maintains her license to practice law, professional liability insurance, Iowa Bar Association and membership fee for the American Health Lawyers Association (AHLA) Mediators Panel through her affiliation with her prior employer, Whitfield & Eddy, PLC. This relationship has been disclosed and documented via a supplemental document to her employment contract (appendix B). A copy of this document is on file with Carla Stebbins.

Ms. Hill attended the following professional meetings this past academic year:

- Health Lawyers Association Hospitals and Physicians Conference
- Iowa Hospital Association Annual Meeting, October
- Iowa Society of Healthcare Attorneys (ISHA) Spring Legal Forum, February (serve as current president)
- Iowa Rural Health Association Conference

Denise is a member of the Iowa Society of Healthcare Attorneys. Her continuing education funds pay for the membership.

**Fritz Nordengren, MPH (.5 FTE)**

Fritz joined the MHA faculty in August of 2008. Fritz currently maintains his paramedic licenses but DMU does not fund this. He attended the following meetings this past year in support of his professional development:

- Educause Learning Initiative Annual Conference, January
- Educause Regional Conference, Houston, February
- Educause Regional Conference, Chicago, March

The balance of MHA faculty are adjunct or are full-time in the MPH program. MPH faculty are evaluated by the program director. No formal University evaluation or review process is in place for adjunct faculty; however, Carla does interact often with each of these individuals and attempts to address concerns, offer recognition, or address problems when the opportunity arises. In addition, Carla meets with adjunct faculty annually to review and discuss their course, mid- and end-of-course evaluations, and plans for the up-coming year.

MHA program staff are organized within a College of Health Sciences support staff pool. Olivea Mead is the direct supervisor of Anne Negus. Olivea does request input on Anne's performance review. MHA program faculty and the director support this process. In addition, when provided the opportunity, Carla does offer comment on support services staff member's evaluations to their immediate supervisor. Feedback was provided on Lisa Vroegh and Karen Render.

Currently, the workload expectation across DMU programs and colleges are not consistent and are left to the discretion of the program director and dean of the college. The College of Health Sciences (CHS) has been operating under workload policy that provides a typical faculty workload of: 50% teaching (or 15-18 credit hours/year), 25% research and scholarly activity, and 25% service. During the hiring process in 2007, full-time faculty were expected to teach 18 credits, annually. Carla was able to reduce the teaching load of Denise Hill to 15 (or 225 contact hours) hours since it was her first year on campus. Fritz Nordengren was hired to teach 9 credit hours (or 135 contact hours). Program directors were to receive a 75% reduction (to 4.5 credit hours) in their teaching requirements to support their administrative responsibilities.

During the 07/08 AY:

- Fritz Nordengren logged 18 credit hours (270 contact hours), 9 credits beyond his contract.
- Denise Hill logged 15 credit hours and was on leave the months of May and June.
- Carla Stebbins logged 15 credit hours (225 contact hours), 11.5 credits beyond her contract.

These teaching loads do not include the content support the MHA program provide to the DPT and PA programs. Faculty are also responsible to advise MHA students. With 132 active students during the Winter

08 term, the average advising load is 50 students per faculty. In addition, MHA faculty have worked to develop several new leadership seminars to support the competency development needs of students.

During the 08/09 budget process, faculty from the MHA and MPH programs agreed to assume coordination of their academic advisee's internship experience. With this workload addition, that the current teaching load was reduced to 12 credits per year of classroom teaching (per FTE faculty) providing up to 6 credit hours (or 24 students) dedicated to internship coordination. Additional faculty resources were requested and approved, for the 08/09AY. Specific teaching loads are provided in the attached *MHA Projected Schedule & Budget for 08/09AY*. A copy of this document is available through the program director. The MHA and MPH programs will continue to work under this workload policy until the College or University provides a new model.

### **Standard 6: Students, Stakeholders and Market Focus**

Each college/academic program has a process for identifying key factors that attract and retain students. It also has policies, procedures and services to identify and accommodate the needs of all its stakeholders.

- A. Each college/academic program has an enrollment development plan designed to attract, satisfy, and retain students based on analysis of enrollment and academic performance data trends. (Refer to outline for enrollment development plan for criteria and components.)
- B. The college/academic program has an effective system of student advising for academic and personal issues.
- C. Specific benchmarks that determine success of the academic program relative to those of competitors have been identified and evaluated, and the competitive position of our program has been analyzed.

### **MEASURES:**

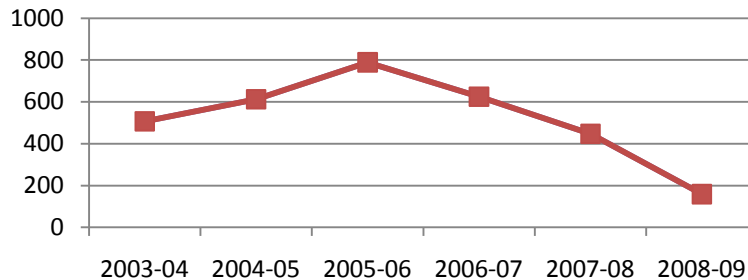
The Enrollment Development office developed a plan for the 2007-2009 academic years consisting of three goals to attract, satisfy and retain a student base of 60 students. The plan was presented to, and approved by, the program director, dean of CHS, director of CHS admissions, director of DMU admissions, and the vice president for Student Services. The six goals follows:

- 1. Maintain a total of 60 new incoming students each year
- 2. Maintain overall diversity of matriculates to the MHA program
- 3. Increase the number of working adults who apply and are accepted into the MHA program

The admissions coordinator for the MHA program, presented her evaluation of the plan at a presentation on June 9, 2008. A copy of this evaluation presentation is available upon request to the program director. A summary of key outcomes follows:

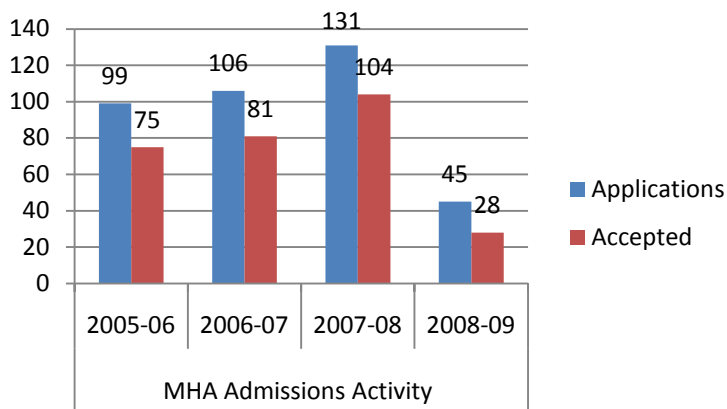
- 1. Total inquiries for the MHA program during the 07/08 AY dropped 41% to a total of 447. During the 06/07 AY inquiries fell 21%, from 789 to 625. A trend chart of inquiries over the last 5 years is provided below. Data for the current academic year is included but not complete.

## MHA Program Inquiries



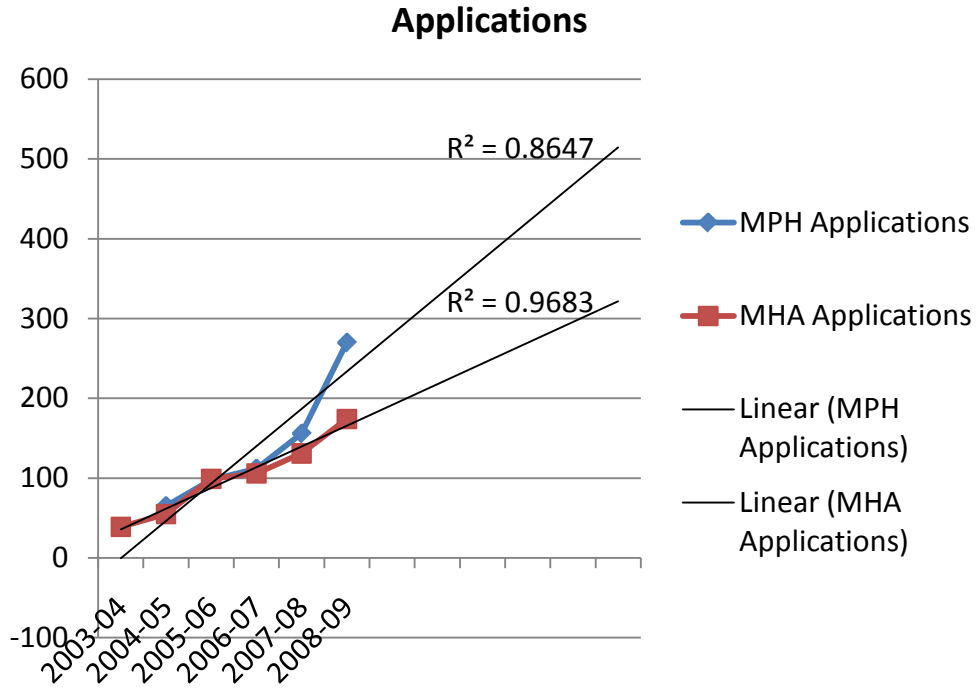
During a review of program inquiries with the admission staff, it was reported that the trend highlighted in the graph above is also being experienced across programs at DMU and other universities national-wide. It is believed that individuals searching for higher education opportunities are using public resources available on the Internet versus requesting information packets.

2. Program inquiries *by initial contact* continue to cluster in fewer and fewer source categories. During the 07/0 AY, over 80% (compared to 75% for 06/07; and 59% for 05/06 AY) of all inquiries (by initial contact) continued to originate with four sources: “the DMU web form (requesting program information), AllAlliedHealth.com, College Visits, and the Application for Admission form” on the DMU webpage. During the 06/07 AY and 05/06 AY the “MCAT mailing” was the fourth largest number of inquiries, replaced this year by the MHA Application form.
3. Program inquiries *by learned source* continue to cluster in more source categories. During the 07/08AY 50% of inquiries (by learned source) originated with: AllAlliedHealth.com, recruiting event, other direct mailing, or online search engine. During the 06/07 AY 72% and in 05/06 AY 76% of inquiries were accounted for in four categories. All categories were the same except “online search engine” was replace by “MCAT/GRE mailings.”
4. A total of 131 applications were processed for the MHA program over the last year. This is a 24% increase over 06/07. Trended data from the last three academic years is presented below demonstrates growing program interest through increasing applications and admissions.

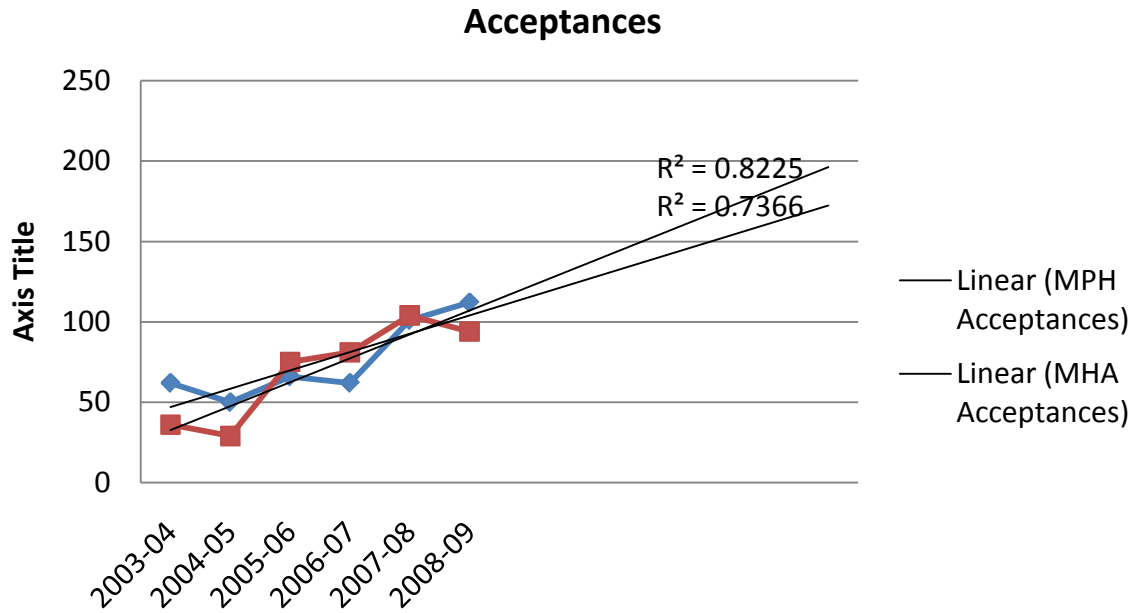


Another chart follows highlighting the MHA programs admission trends since 2003/04. Lisa Vroegh

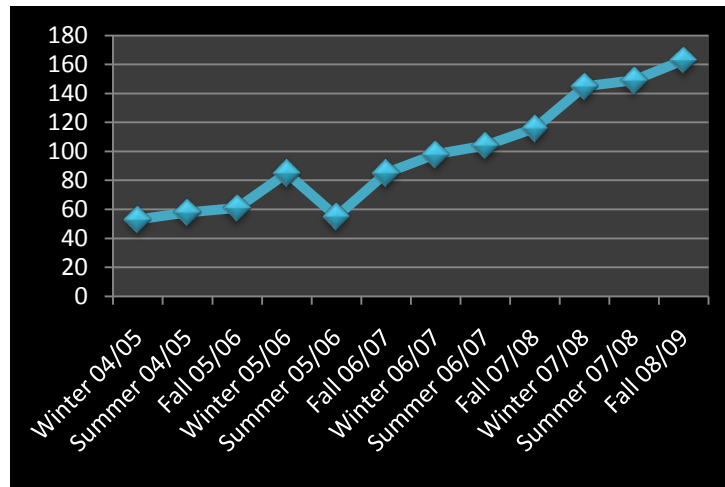
also provides a projection of applications for the next six years based on the growth experienced over the last few years.



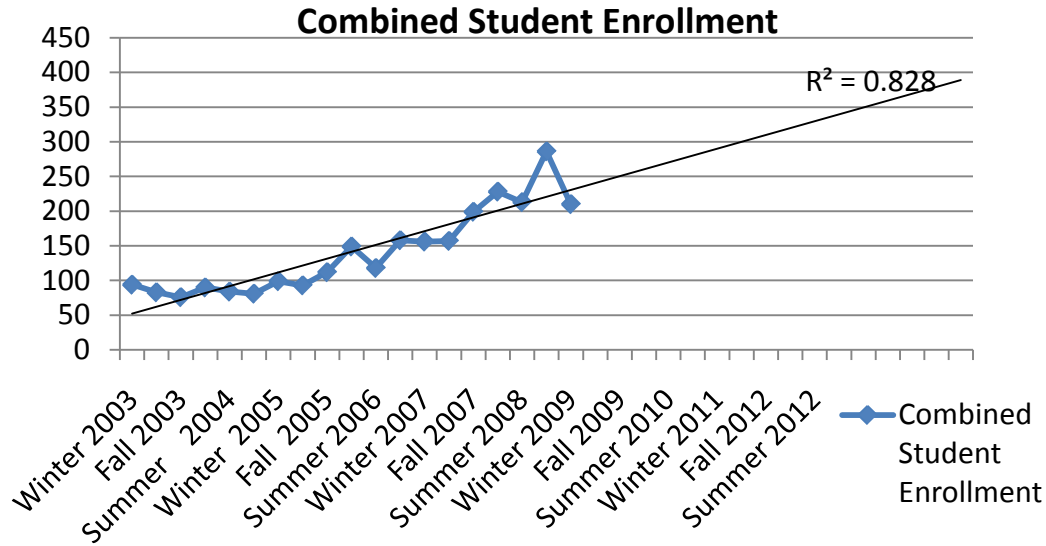
5. Over half of MHA accepted students come to the university from an unknown source, but instead apply or ask for information. The top two initial contacts for processed applications include: the online MHA Application form (52 or 40%; 63 or 59% for the prior year) and the DMU request for information web form (34 or 26%; 29 or 27% for the prior year). Four applications were received from AllAlliedHealth.com for the current and prior year.
6. Down from last year, 40% of applications (compared to 54% for AY 06/07 and 43% for AY 05/06) received originated from (the *learned source*) a personal referral by a current student, faculty or staff member, friend or colleague or alumnus. Online searches engines or “other” replaced referrals.
7. A total of 106 students (versus 81 LY) received admission to the program- an increase of 31% from LY and 77% over the initial goal of 60. There were approximately 9 MHA admissions per month. (see chart provided under #4. Lisa Vroegh provided a forecast of MHA admissions growth based on a history of applications for the last 5 years.



8. Student enrollment in courses has steadily increased from 53 in Winter 04/05 to 149 for the Summer of 07/08. See the chart below for graphic view of the trend.

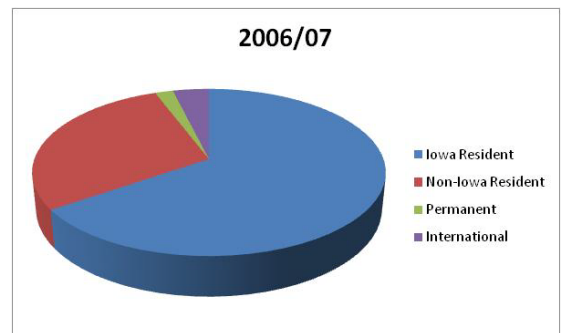
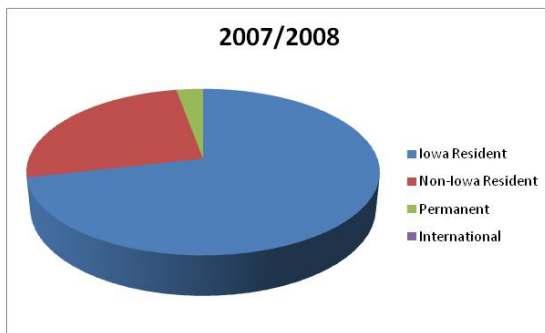


Again, the Enrollment Management office, provides the following chart forecasting student enrollment for the MHA/MPH programs for the next four years based on registrations received over the last few years. (Note: Winter 2009 registrations are “in progress.” The registration cut-off date is December 16).



9. Statistics on our incoming class include:

- Average incoming GPA is 3.12; median is 3.18
- Citizenship: 50 are Iowa residents; 18 are non-Iowa residents; 2 are permanent citizens of the US. A comparison of last year with the current year follows:



All MHA students are assigned an academic advisor upon admission to the program. With 2.5 FTE faculty advisors, new students were assigned at a higher rate to the new faculty versus the director. Carla continued to take all medical dual degree, early admission MHA, and students attending DMU on an F-1 Visa. Current, advisor loads as of October 15, 2008 are:

- Stebbins = 96
- Hill = 37
- Nordengren = 45
- York (added July 1, 2008) = 7
- Students without an advisor = 59 (18 no advisor + 41 are dual degree with their primary listed as their advisor)

Students and graduates were provided the opportunity to evaluate the programs advising function during the 07/08 AY using the *Student Opinionaire* and *Graduate Survey*. Results of the 2008 MHA *Student Opinionaire* and tentative results of the 2008 MHA *Student Opinionaire* survey are provided below, along with the 2007

and 2008 of the *Graduate Surveys*. A full report with all survey results are available upon request to the program director.

<b>Question*</b>	<b>2006 MHA Student Opinionaire Results: Agree – Strongly agree</b>	<b>2008 MHA Student Opinionaire Results: Agree – Strongly agree</b>
My academic advisor/program director is approachable.	89%	89%
My academic advisor/program director is concerned about my success as a student.	85%	76%
My academic advisor/program director is knowledgeable about program requirements	92%	89%
My academic advisor/program director is available at times that are convenient to me.	92%	89%
<b>Question</b>	<b>2007 MHA Graduate Survey Results Yes/No</b>	<b>2008 MHA Graduate Survey Results Yes/No</b>
Were the faculty/staff available to discuss your academic progress?	100% Yes	88%
Were faculty/staff available to discuss your career progress?	100% Yes	n/a
Were the program staff available to advise/assist you in degree planning?	100% Yes	n/a

\*Director removed from question for the 2008 survey. Questions asks students to rate advisor, only.

Additional benchmarks used to determine the success of the MHA program include: the fit of the student profile with the target market, student retention, student progress, student membership in student Health Leaders club, and student and graduate feedback on surveys.

### **RESULT:**

The MHA program at DMU was developed with the adult student in mind approximately 25 years ago. Whether we serve the non-traditional, working adult student; the full-time DMU medical student; or the more traditional full-time student, our students need flexible and convenient programming and related services in order to complete their degree requirements. The evening, weekend, and online format options allow our students to work in order to add valuable “real world” experience to their professional resume and off-set some of the cost of attending the program or time to pursue another degree.

The targeted student profile for the MHA program is: working health care professional, looking to advance their career through an increased understanding of the system and their management/leadership capabilities, between the ages of 25-45, located in Iowa or surrounding states. The program strives to recruit a diverse mix of students representing various religious or ethnic backgrounds, different socioeconomic and education backgrounds, a mix of ages and life/professional experiences, representing clinical and nonclinical professions, with experience from the myriad of services that support the US health care delivery system.

The MHA program exceeded the application and accepted student admissions goals set for the 07/08 year suggesting that the program design, services offered, and strategic direction is meeting a real need. Select measures (introduced above) suggest that the MHA program is attracting their target student:

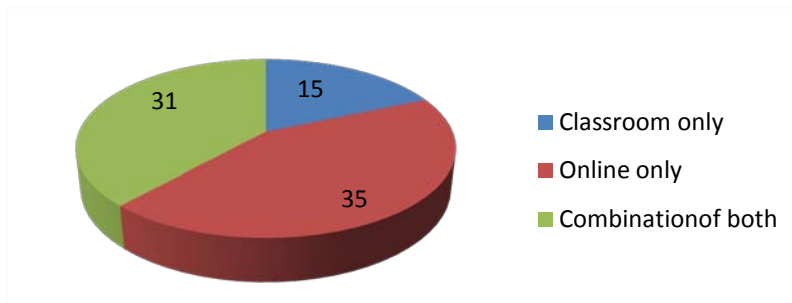
- The majority of incoming students are satisfied with the admission process.
- The advising process also appears to be working well with the majority of students (89%) and graduates (89%) reporting satisfaction with the process. One area of potential concern is the



below 80% rating of an advisors “concern about my success as an individual” (2008 *Student Opinionaire*).

Measures collected from the 2008 MHA *Student Opinionaire* confirm the program’s success in meeting the needs/wants of their target market:

- In 2006, 60% of students reported that they take a combination of online and classroom-formats; in 2008, only 38% of students reported that they take a combination of online and classroom formats, while taking classes online (only) increased 43 and classroom (only) is 19%.



- In 2006, 11% of students reported full-time pursuit of the degree, while the remaining 89% take one to two classes per term. In 2008, 25% reported full-time student status with 75% reporting either part-time status or that their status varies. Though the program has experienced an increased representation of full-time students, the majority report a non-traditional pursuit of a graduate degree.
- Students reported in the preliminary 2008 *Student Opinionaire* results that their educational goal is: obtain a graduate degree (87%); personal development (66%); increase earning potential (59%); to develop competence in health care administration (57%); gain a promotion (52%); advance to a senior position (32%); certification (6%); and, other (2%).
- In 2006, 74% of students reported working a full-time job, in a variety of organizations that support the delivery system. In 2008, only 55% report working full-time, 7% report part-time, and 38% are not employed.
- In 2006, 41% reported that they hold a front-line position, 25% are in middle management, and 9% are a top executive. In 2008, 52% report they hold a front-line position, 44% are in middle management, and 4% are top executives.

Additionally, reports produced from Datatel (6/9/08) suggest that the 246 current MHA students are:

- 77% of students are only pursuing their MHA; 10% are pursuing MHA/DO; 7% are pursuing MHA/DPM; 2% pursuing MHA/DPT; 1% are pursuing an early admission MHA; and, less than one percent are pursuing a MHA/PA and MHA/MPH.
- 79% of current students report that they are White; 4% Asian; 2% other Pacific Islander; 1% Black; 1% Hispanic; and 13% other or unknown.
- 71% of active students (for Winter 2008 term) are female; 29% are male
- Average age of active students by gender: Female is 32; Males is 30; and, average age of all MHA active students is 32.

According to Datatel reports (6/9/08), the MHA program has 246 total students. Only 27, are reported to have not taken a class in the last three trimesters. Of the 27 listed as inactive, several are noted as Mercy College of Health Science (MCHS) students. Since MCHS students are not formal students of the MHA program, they were subtracted from the number of inactive bring the total to 20 inactive students. This would results in a 81% student attrition rate for the 07/08 academic year. Last year (06/07) the program achieved a 80.5% student attrition rate with 75.6% in 05/06.

The programs ability to track students on academic probation has increased this past year. Currently, two MHA students are on probation for violations of the Student Honor Code. Both of these students are close to finishing the program. Several students were placed on academic probation throughout the year but later removed when they raised their GPA up to the requirement.

Fourteen MHA students were invited to participate in the 2008 DMU Commencement Ceremony. According to Datatel (6/9/08), 12 MHA student diplomas were processed during the 07/08 AY. Currently there are 328 MHA program graduates.

Membership in the MHA student club, Student Health Leaders (SHL), is at 19 students (as compared with 10 students LY). An account of the clubs 2008 activities/achievements follows:

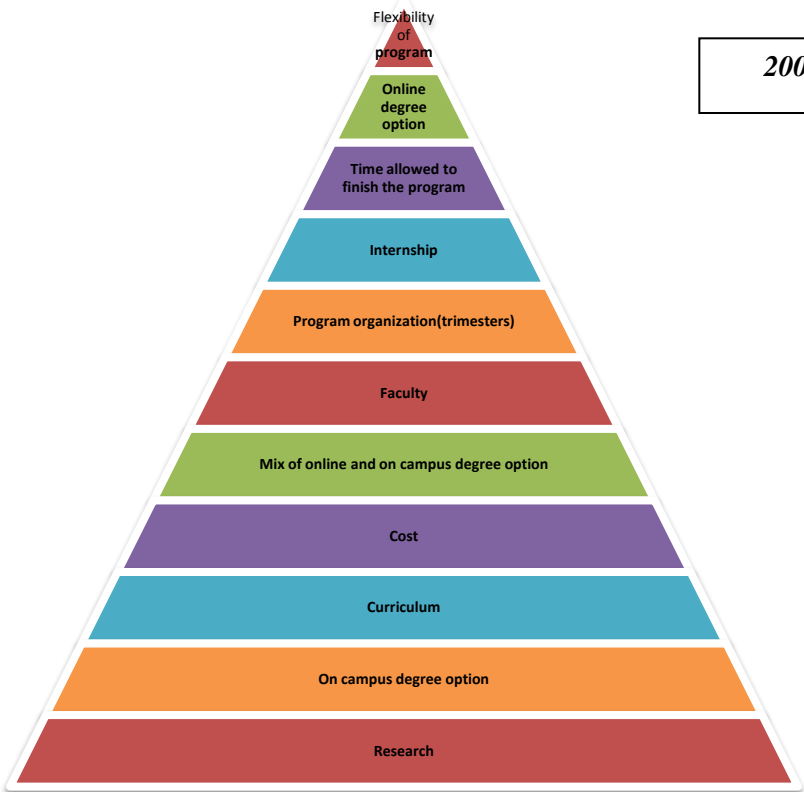
- Three members of the SHL group attended the Annual ACHE Congress in Chicago following the Student Tract.
- In April, SHL held a joint educational symposium at DMU with the Iowa Association of Health Leaders.
- The club held joint new student welcome meeting with MPH club.
- Three members of the SHL group have formalized mentors with Iowa Health Leaders members.
- Current Chair of the SHL group is on the Board for the Iowa Association of Health Leaders representing the interests/needs of students.
- An application process has been designed for students to apply for a mentoring relationship.
- A formalized request is going out through the IAHL to obtain more mentors for the SHL group.
- It is the SHL's goal to assign a mentor to every member of the SHL group.

Again, the results of the 2006 and 2008 MHA Student Opinionnaire and 2007 and 2008 MHA Graduate Survey suggest that the program is successful accommodating the needs of MHA students:

<b>Question</b>	<b>2006 MHA Student Opinionnaire Results Students reporting "Agree" to "Strongly Agree"</b>	<b>2008 MHA Student Opinionnaire Results Students reporting "Agree" to "Strongly Agree"</b>
The content of the courses I've taken are valuable in meeting my goals.	97%	96%
I am satisfied with the variety of courses available.	91%	96%
I would recommend the MHA program to a colleague or friend.	97%	90%
The quality of fellow students enhanced my learning experience.	94%	86%
Overall, I am satisfied with my experience.	97%	95%
	<b>2007 MHA Graduate Survey Results Students reporting "Yes" (n=10)</b>	<b>2008 MHA Graduate Survey Results Students reporting "Yes" (n=9)</b>
Did you take on a higher-level responsibility since you entered the program?	44%	80%
Has the program helped you obtain a new position, promotion, or raise?	70% reported one of the three: 29% Raise; 29% Promotion; 43%	89% reported one of the three: 38% New position; 38%

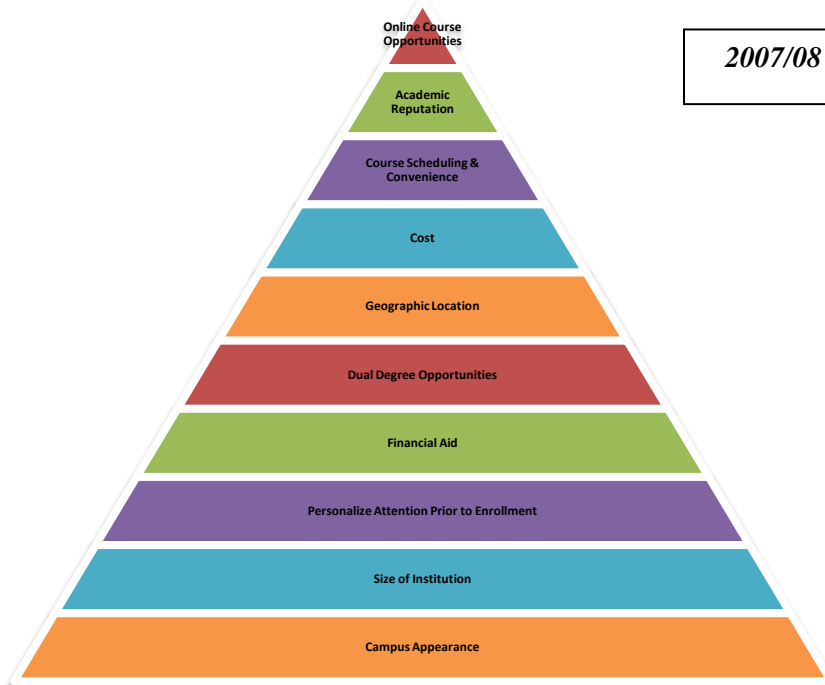
	Raise	Promotion; 25% Raise
Did the courses prepare you for your desired career?	100%	100%
Did your experience in the MHA program help you achieve your goal?	100%	100%
Do you feel your degree was a worthwhile investment of your time and money?	100%	100%
Would you recommend the program to other professionals or colleagues?	100%	100%

Two new questions were added to the 2007/08 *New Student Survey* conducted by Enrollment Development and the 2008 *MHA Student Opinionaire*. Both surveys asked students to rank features of the program in the order they supported their decision to enroll in the MHA program at DMU. The results follow:



*2007/08 New Student Survey*

*2007/08 Student Opinionaire Results*



Comparing the results from these two surveys we can see that incoming and current students value the same program features: Online course options and flexibility.

**Standard 7: Research/Scholarship**

Each college/academic program provides opportunities for its faculty and students to pursue scholarly activities of interest.

- A. Each college/academic program will develop and implement a research/scholarship plan that provides opportunities for faculty and students to participate in research and scholarship activities.
- B. Each college/academic program faculty member develops an annual plan for research/scholarship activities and provides an annual evaluation of that plan as a part of their assigned workload.
- C. The college/academic program capitalizes on opportunities for internal and external funding as a demonstration of their interest in research/scholarship.

**RESULT:**

Research and scholarship activities for the 2.5 FTE MHA faculty are outlined below:

**Carla Stebbins, PhD**

The director of the MHA program re-submitted an application (originally submitted in 04/05AY) to the Iowa Osteopathic Education and Research (IOER) fund in the Fall of 2006. A award letter was received providing over \$23,000 to fund the first year of grant activities. The funded application supported the research of the director in tracking and trending empathy scores of health professions students and the

integration of a program to maintain or enhance empathy in health professions students. These funds supported the qualification of 10 DMU employees to administer and interpret the Myers-Briggs Type Indicator® (MBTI) and their continued participation in a train-the-trainer workshop on Flex Care™, an interpersonal communication skills program for health care by August of 2007. Carla requested and received IRB re-approval in the Spring of 2008 to support the research plan.

These grant monies, along with the commitment of the DMU employees that are participating in this project, have allowed all academic programs on the DMU campus to train students on psychological type theory during the 07/08 AY. All DPT, DPM, PA and select MHA and MPH students are extending their knowledge to include the full Flex Care program.

Data has been collect this year on student “best fit” psychological type as well as basic demographic data. A follow-up survey was also sent to the 2004 participants in the Flex Care program. The empathy survey has not been included the 06/07 AY but was administered to the incoming DO, DPM, PA and DPT students over the summer of 2008 academic year.

Carla was invited to present her research on the use of Flex Care to enhance medical student’s empathy scores at the International Conference on Communication in Healthcare (ICCH) in Oslo, Norway, September 2-5, 2008 . Furthermore, Carla has been working with the author of the Flex Care program, Judy Allen, and the president and vice president for research at CAPT, the Center for the Application of Psychological Type, in the redesign of the Flex Care program to an interactive web-based, with face-to-face training sessions, curriculum. No contractual relationship exists at this time; however, DMU has been put in a unique position as a beta site for this new program.

Carla also submitted two abstracts for poster presentations at the June 2008 Association of University Programs in Healthcare Administration (AUPHA) in Washington, DC. Both posters were accepted for presentation and one was selected as the first place winner of the peer reviewed poster contest. Poster titles are provided below:

- *A Qualitative Approach to Exploring Leadership for Health Care Administration Students.*
- *Using Psychological Type Theory to Enhance Interpersonal Communication Skills with MHA Students*

The MHA director has several research projects to write and submit for publication but her workload has not provided time to support these efforts. It is hoped that the efforts invested in program development, faculty recruitment, etc. will allow the MHA faculty member to develop a research agenda and make progress towards its achievement.

#### **Denise Hill, JD, MPA**

In addition to her many teaching and service activities, in 2007-2008 Denise participated in several scholarly activities. She researched and wrote articles for *DMU Magazine* on treatment of undocumented immigrants and on Medicaid requirements for tamper-resistant prescription pads. She developed and presented scholarly health law presentations for several groups including Iowa Academy of Family Physicians (general health law), Upper Midwest Osteopathic Conference (Apology laws and disclosure), Grandview College (end-of life legal issues), Governor’s Conference on Public Health (public health law), was the legal panel member for a Des Moines University sponsored Ethics presentation on genetics, and Mercy’s Perinatal Conference (malpractice liability). Denise also did extensive literature review and analysis for a campus-wide presentation regarding using teaching methods to bridge theory and practice.

Upon arriving at the University full-time in the fall of 2007, Denise began to review literature and meet with key people to determine her research agenda. Topics she considered included disclosure and apology statutes, the impact of EMTALA obligations on transport for individuals who are civilly committed/related Medicaid reimbursement for ambulance transfer, use of mediation in the healthcare setting, the Constitutionality of the Excluded People's List in relationship to federal healthcare programs, an ethical case study on the Red Cross' blood collection after 9/11/01, the clinical experience encountered by uninsured individuals, and how the DMU simulation lab could be used to promote student understanding of legal and ethical issues. Denise has been piloting use of the Red Cross scenario in several of her classes and hopes to draft a formal literature review and case note in the future.

In the spring and fall of 2008, Denise determined that her formal research should focus on work with the human simulation lab (Sim Lab) and started gathering data, learned about and toured the lab, did preliminary literature review and informally engaged key stakeholders regarding her ideas. Upon returning from a 12 week maternity leave in September 2008 she hosted several meetings of primary stakeholders including CHS Assistant Dean Teri Stumbo, Sim Lab Clinical Director Greg Kolbinger, Professors Bill Case, Dr. Jeff Gray, Dr. Matthew Henry, Dr. Michael Flood and others. She is presently working with these individuals as well as others consulted (such as Dean Kendall Reed, Dr. Tim Gutshall-Iowa Foundation for Medical Care, Dr. Larry Baker-Iowa Health System, Dr. Ted Rooney-DMU Research, Kay Cortade, and Dr. Bryan Larsen and others).

Denise has also been selected as an author for the second edition of the text "The Powerful Potential of Learning Communities" coauthored by Dr. Larry Ebbers, University Professor of Higher Education in the Department of Educational Leadership and Policy Studies at Iowa State University in Ames, Iowa and Dr. Oscar Lenning, Director, Title III Grant Funded Center for Learning and Advising at Thiel College in Greenville, Pennsylvania. Ms. Hill will contribute to chapters regarding legal/medical learning communities and legal issues associated with learning communities involved in online learning. This project will be evolving in early 2009.

### **Fritz Nordengren, MPH**

Fritz Nordengren has been expanding his education research to look at learner preferences and online media preferences in co-coordination with Evidence Based Practice education done in the College of Health Sciences. As co investigator, he has published posters and co authored two articles currently under peer review. Nordengren is co-author of a textbook for Occupational and Health and Safety in the emergency response professions and has co authored a book changer on E Learning and Web 2.0 on the impacts of web 2.0 on graduate education. Nordengren is completing his PhD in Education specializing in educational technology and is researching solitary and social learners in online education.

The MHA program faculty along with the director, tracks all scholarly achievements in an academic portfolio. Research and Scholarship are reviewed by the supervisor each year during the faculty review process. Goals are outlined and a discussion takes place on how the supervisor can support the faculties goals.

## **Standard 8: Curriculum**

Each college/academic program has a process which evaluates and improves the content and delivery of its curriculum.

- A. A process exists for participation by faculty in the development, delivery, assessment, and revisions to the curriculum.
- B. There is an ongoing process and plan for faculty participation for curriculum evaluation and revision to ensure achievement of the student outcomes and program performance measures (the standard University measures plus those identified by each college/academic program).
- C. The Annual Report by each college/academic program will include recommendations for program, curricular, process, delivery, or structural changes aimed at student outcomes or program improvement.

**MEASURES:**

The MHA program, along with the MPH program, full-time faculty meet monthly throughout the year to discuss and evaluate the program’s curriculum. Full-time faculty and staff meet with adjunct faculty twice a year (May and November) to review and discuss outcomes measures and plan for the next year. All faculty are invited to make recommendations regarding the curriculum content, delivery formats, prerequisites and assessment methods. The program director also meets with each faculty annually or more frequently if necessary, to discuss the course in relation: to system trends, student achievement, student evaluation, teaching methods, etc. The director of the program works directly with the program faculty to modify or change program requirements and elective options. Significant changes are presented to the CHS Curriculum Committee for review and approval.

In July 2007, the MHA program, in collaboration with the MPH program, added a half time Online Teaching Assistant position. This position serves as a resource to full and part-time faculty in the development of their online courses. The programs OTA has participated in several trainings and conference to advance her understanding and skill in how to deliver effective online content. She works with faculty, the program directors, and the ITS department to improve the quality of online course delivery.

August of 2007 the program supported the recruitment and hiring of an Educational Technology Strategist for the College of Health Sciences. Fritz Nordengren has been instrumental in advising, directing and demonstrating the use of new and existing technologies (online and in the classroom) to support improved student learning outcomes.

All MHA courses, both online and in class formats, are evaluated at the mid-point and end-of-course with a standardized online evaluation posted on Blackboard. Program staff post and remove the evaluations and produce reports of the evaluation results and forward copies to the teaching faculty and the program director. Faculty for each course review their evaluations and make adjustments as needed. In addition, a summative evaluation of the MHA curriculum takes place with the *Student Opinionaire* and the *Graduate Surveys*. At this time, trending of the end-of-course evaluations is not available; however, it is a goal for this current academic year with our new program assistant.

Provided below are the summative evaluation ratings for the *2006 and 2008 MHA Student Opinionaire* and the *2007 & 2008 MHA Graduate Survey*. Those courses receiving less than the 80% target for “excellent-to-good” ratings are highlighted in red.

Course name	2006 MHA Student Opinionaire Results (n=35)		2008 MHA Student Opinionaire Results (n=82)	
	Results	Total Excellent	Results	Total Excellent

		<b>&amp; Good</b>		<b>&amp; Good</b>
Orientation	10% Excellent; 76% Good	86%	18% Excellent; 48% Good	66%
Overview of the US Health Care System	29% Excellent; 58% Good	87	51% Excellent; 45% Good	96
Organization of Health Systems	25% Excellent; 54% Good	79	45% Excellent; 48% Good	93
Management of Health Organizations	41% Excellent; 41% Good	82	64% Excellent; 32% Good	96
Health Care Statistics and Research	30% Excellent; 40% Good	70	22% Excellent; 49% Good	71%
Health Care Financial Management I	39% Excellent; 52% Good	91	25% Excellent; 44% Good	69%
Health Care Financial Management II	45% Excellent; 45% Good	90	36% Excellent; 46% Good	82%
Health Information Systems and Decision Analysis	13% Excellent; 53% Good	66	31% Excellent; 29% Good	60%
Legal & Ethical Issues in Health Care	38% Excellent; 50% Good	88	58% Excellent; 31% Good	89%
Health Care Economics and Policy	33% Excellent; 44% Good	77	22% Excellent; 54% Good	76%
Health Services Program Evaluation	15% Excellent; 62% Good	77	37% Excellent; 47% Good	84%
Entrepreneurship & Strategic Marketing	75% Excellent; 8% Good	83	64% Excellent; 32% Good	96%
Administrative Internship/Management Study	100% Good	100	50% Excellent; 30% Good	80%
Health Care Administration Capstone	100% Good	100	29% Excellent; 42% Good	71%
Leadership Seminar	n/a	n/a	63% Excellent; 26% Good	89%

The graduate survey asked students to evaluate classes in the format that they complete them in: Classroom or online. The percentage listed is the number of students that rated the class as “Excellent” or “Good.” Again, courses falling below the 80% target of “excellent-to-good” rating are highlighted in red.

Course name	2007 MHA Graduate Survey Results (n=10)		2008 MHA Graduate Survey Results (n=9)	
	CLASS ROOM (R=6-10)	ONLINE (R=0-5)	CLASSROOM (R=)	ONLINE (R=)
Orientation	70%	70%	50%	100%
Overview of the US Health Care System	89	89	100	100
Organization of Health Systems	88	88	100	100
Management of Health Organizations	100	100	100	100
Health Care Statistics and Research	88	88	75	75
Health Care Financial Management I	100	100	71	100
Health Care Financial Management II	100	100	66	83
Health Information Systems and Decision Analysis	75	75	100	80
Legal & Ethical Issues in	100	100	80	100



Health Care				
Health Care Economics and Policy	57	57	75	100
Health Services Program Evaluation	78	78	100	71
Entrepreneurship & Strategic Marketing	83	83	100	100
Administrative Internship	100	100	100	100
HCA Capstone	100	100	100	100

The MHA/MPH Internship and Capstone course coordinator developed a *Four-Term Summary* (Summer 2007 – Summer 2008) report dated July 17, 2008. This report documents both course processes and tracks registrations and completion rates. Overall the report highlights:

- 120 MHA/MPH student enrolled in Capstone or Internship during the period studied
- 50% of these enrollments are MHA; 50% were MPH
- 23 (38%) of MHA students have completed their experiences; 17 (28%) of the MPH students have completed their experiences
- 40 (33%) of the 120 students who enrolled have complete one of their experiences in the same time frame; 80 (67%) have not
- The programs continue to not conduct a course evaluation for either of these experiences

The report concludes that both the MHA and MPH programs need to further track and trend student enrollment patterns and completion rates of these experience. In addition, the programs need to research student opinions regarding challenges, barriers, and necessary resources to ensure completion in a timely manner. **A copy of this report is provided in the Appendix.**

Additional questions on these two surveys provide more insight on the student’s perspective on the curriculum. The percentage show is how many student selected “Excellent” or “Good.” Again, results below 80% are highlighted in red.

Question	2007 MHA Graduate Survey Results (n=10)	2008 MHA Graduate Survey Results (n=9)
Faculty accessibility	100%	100%
Faculty expertise	100	100
Faculty interaction with Students	100	100
Teaching proficiency	100	78
Blackboard	90	100
Curriculum	100	100
Flexibility of degree requirements	100	100
Frequency of course offerings	100	89
Choice of formats	100	89
Did the program help you further develop competency in health care administration	100	100
Did the program help you develop a career plan or provide career direction?	89	89

MHA students have several opportunities to complete their elective requirement. 2008 Graduates were asked their opinion of the elective options provided. The results follow:

**How did you complete your elective course requirements (select all that apply):**

<b>Combination</b>	<b>Respondent total</b>
I selected seminars from the Leadership Seminar Series	6 (67%)
I selected classes that fit my interests	4 (44)
I completed an independent study to fit my own learning needs	3 (33)
I choose classes from the Gerontology Certificate program	2 (22)
I selected a variety of classes that fit my schedule	2 (22)
I selected classes from the Public Health program	1 (11)
I did not have to complete any elective courses	1 (11)
<b>Total voters of the survey : 9</b>	

Two questions were added to the *2008 MHA Student Opinionaire* regarding student elective opportunities. Results are shared below:

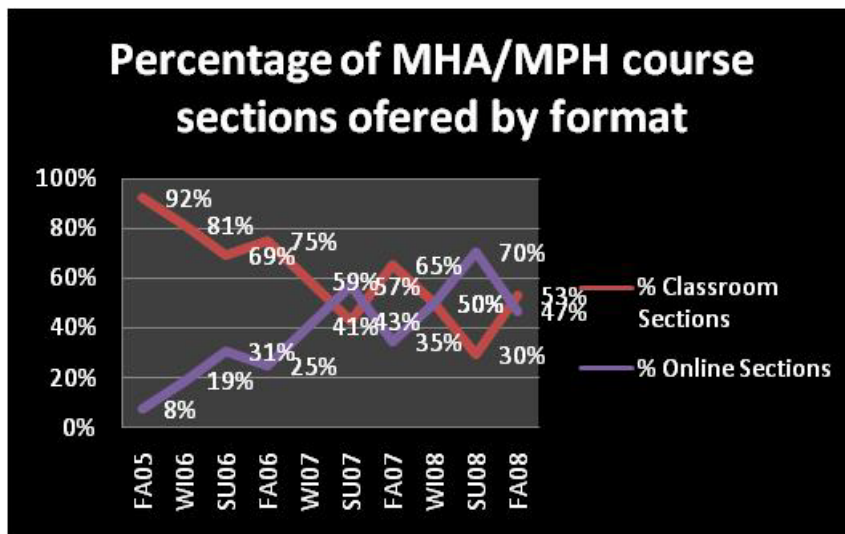
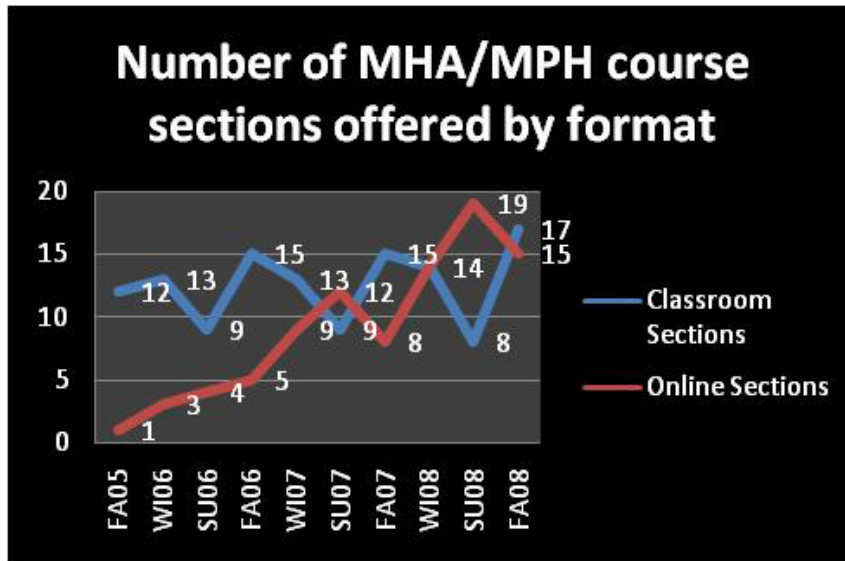
**Please list any elective courses completed that you found particularly relevant to your education experience at DMU:**

- Leadership seminars – 17
- Coding & Reimbursement – 4
- Gerontology course – 2
- Public Health core or elective – 6

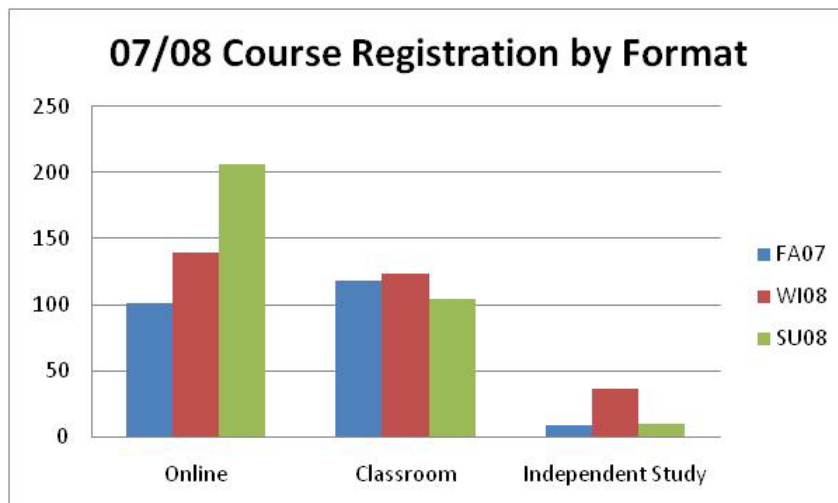
**What elective courses would you like to see added to the MHA program?**

- Understanding medical education
- Private practice management
- Strategic planning/organizational development
- More medical law – Medicare and Medicaid issues – laws and regulations
- More long-term care
- More leadership seminars – Leadership ethics should be its own seminar
- JACHO requirements
- More classes available online

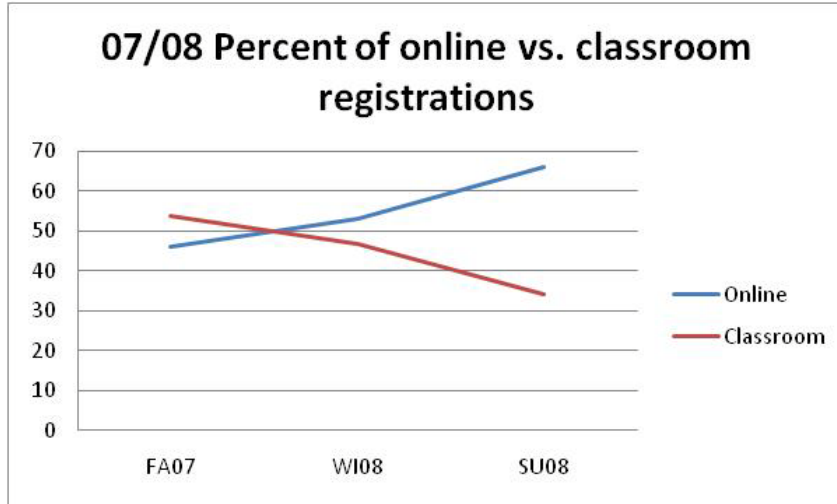
The MHA program increased the availability of courses online and at the close of the summer term, 2007 can report that all core or required courses are available, annually, in a classroom and online format. Provided below are two graphs highlighting the increase offering of online and class room sections. The first shows the number of MHA/MPH sections of courses offered in each format, while the second chart shows the percentage of online versus classroom formats offered from the Fall of 2005 to the current Fall of 2008 term. It is interesting to note that in the Fall of 2005, the MHA/MPH programs offered 13 sections of courses, while in the Fall of 2008 both programs are offering a combined 32 sections.



Provided below is a graphic view of student format choice by registration activity for the 2007/08 academic year:



As the chart above suggests, the online format has grown rapidly. The breakdown of registrations by format preference is provided below for the 07/08 academic year.



Graduates of the MHA program were asked to share their perspective on the quality of courses completed in either the online or classroom format. Results were shared earlier. In addition, the students and graduates were asked to share the benefits and drawbacks of taking courses in either format. A review of their comments are provided below:

	<b>ONLINE</b>	<b>CLASSROOM</b>
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Flexibility and convenience</li> <li>• Ability to complete assignments on own terms – in comfort of your own home</li> <li>• Didn't have to come to campus after full work day</li> <li>• N/A I loved both!</li> <li>• You can do the work anywhere</li> <li>• Work at your own pace</li> <li>• Time management – didn't have to take time off or use vacation days</li> <li>• Some people communicate better in writing. In the class, not everyone will participate. Online it is required so you learn from the quieter types who have great ideas!</li> <li>• I live in Kansas yet I am able to take classes at the school of my choice</li> <li>• Opportunity to retain my current position without having to move to pursue a degree</li> <li>• You do still have deadlines but you get to work by yourself.</li> <li>• Have the ability to meet and think with others online.</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate feedback- questions answered on the spot</li> <li>• Learn from others</li> <li>• Personal relationship with faculty and peers</li> <li>• You make a real sacrifice by attending the class</li> <li>• You learn from a real person</li> <li>• More discussion and focus (led by instructor)</li> <li>• N/A I loved both!</li> <li>• Discussions are easier to bounce ideas around</li> <li>• Small class sizes</li> <li>• Great inspiration to be with people of varying background to share both common and differing views.</li> <li>• Invigorating to be around people of similar passions that want to be here and have good ideas for what they want to accomplish in healthcare...</li> <li>• You can accomplish a lot more verbally in a shorter amount of time</li> <li>• Lack of participation from some students</li> </ul>

	<ul style="list-style-type: none"> <li>• I could be in class when I wanted and when I knew I learned the best.</li> <li>• I could stay at home and raise my family and also achieve my educational goals.</li> <li>• Professors are great – you don't really feel like you lose much personal attention.</li> <li>• Avoid expensive commute – saves gas and time.</li> </ul>	
<b>Drawbacks</b>	<ul style="list-style-type: none"> <li>• No face-to-face contact</li> <li>• I got much less out of them than the classroom format</li> <li>• Basically you are learning on your own. Requires more reading and “busy work.”</li> <li>• Less connection to classmates and faculty</li> <li>• Lots more work</li> <li>• Have to be super organized and you have to make an effort to ask questions and know what is going on</li> <li>• Have to be self-motivated</li> <li>• Not as much individualized feedback – more group feedback</li> <li>• Very time consuming</li> <li>• Unsure of expectations</li> <li>• Some instance of miscommunication</li> <li>• Could not establish satisfying relationships with other students</li> <li>• Sometimes wanted to a discussion on what I was reading</li> <li>• Sometimes feeling like I was getting a “real” education</li> <li>• Disconnected with other students</li> <li>• No real time “in-depth class discussions</li> <li>• Lack of timely feedback – lack of direction</li> <li>• Don't think professors understand time constraints involved in online classes</li> <li>• Classroom discussions are more interesting than discussion board discussions</li> <li>• Discussions are more work</li> <li>• Sometimes classes are very unorganized</li> <li>• Constantly checking Blackboard and your email for new</li> <li>• Large file downloads for classes where we had to listen to a lecture</li> <li>• Would be nice to have a visual (virtual classroom) versus only PowerPoint presentations</li> </ul>	<ul style="list-style-type: none"> <li>• Long and they tend to lose focus after a while</li> <li>• Set time for learning, late nights and long days.</li> <li>• Sometimes class can be boring and you also have to deal with people that either slow own the learning or experience those that learn it fast – making it difficult for you to learn</li> <li>• Difficult to sit for hours and focus</li> <li>• Miss points if you can't make class</li> <li>• Expense of gas and hotel</li> <li>• Some professors not a professional as I would prefer</li> <li>• Full-time students would rather take class in the day time and be able to get degree done faster – feels like a large waste of time</li> <li>• Meet for extended time once a week each week for lecture and it can be hard to balance that with the rest of your schedule</li> <li>• Giving up weekends and travel</li> </ul>

**RESULT:**

The MHA program increased the availability of courses online and at the close of the summer term, 2007 can report that all core or required courses are available, annually, in a classroom and online format. Students are enthusiastically supporting the availability of two formats appreciating the flexibility and choice. An extended course calendar is posted on the DMU web page and on the *Student Portal* to help students plan their schedules.

Faculty have a significant degree of control over their courses. The program director meets with them at minimum once a year to review their courses taught student outcomes, student evaluations, etc. The director is there to help problem solve or to offer added resources to help the faculty (i.e. continuing education funds, syllabi review, etc.) An additional resource is the faculty section of the AUPHA website. Various forums or content areas post sample syllabi, class exercises, case studies, etc. Faculty are also provided access to a half-time online teaching assistant to support the development and continuous improvement of their courses.

The goal of the MHA program is to reach or exceed an 80% satisfaction (“strongly agree-agree”) on student evaluation of each course. For the most part, students are highly satisfied with the design of the curriculum, the expertise of the faculty, and teaching methods used. That being said, there are courses that need to be improved (see courses above highlighted in red).

The director and faculty continue to monitor mid-course and end of course evaluations. Our plan is to trend results of the end of course evaluation to better monitor student satisfaction and outcomes (grades, incompletes, etc.) and drive higher student learning outcomes into the MHA program curriculum. With the addition of a new program assistant, the program has new resources to support these initiatives.

A goal of the MHA program is to seek a formal evaluation of the MHA programs curriculum. The program received approval (funds) to begin the accreditation process with the Commission on Accreditation of Healthcare Management Education (CAHME) in the 08/09 academic year. A formal evaluation of the curriculum would take place with two mentors from CAHME and the MHA faculty during the candidacy phase.

A preliminary review of the CAHME requirements by MHA faculty, highlight 19 core content areas that must be addressed in a programs curriculum. Faculty have begun to analyze the current curriculums support of these areas. Also notice has been received from CAHME on the new requirements they will place on programs offering online degrees. To date the follow requirements have been received and initial conversations are taking place to begin to respond to these requirements (retrieved on October 29, 2008 from <http://www.cahme.org/Resources>):

- The course work of an online program must include at least 120 hours face to face instructional time. Location does not need to be a university setting, as long as students are synchronously learning course material under the supervision of and in learning sessions that are facilitated by program faculty.
- Class sizes should be appropriate to facilitate faculty/student interaction. Guidelines should specify that any classes with over 30 students should explain what resources are used or accommodations are made to assist faculty in handling the additional workload.
- Regarding faculty/student interaction (rather than use of TAs for online learning) add qualified faculty course content experts that have responsibility for the majority of instructional time.

Result of both the student and graduate surveys, and this larger report, will be shared with full-time and adjunct faculty, students, administration and support services at the upcoming Fall 2008 Program Retreat, scheduled for November 21, 2008. Input from this meeting and later follow-up meetings will drive curriculum plans for improvement.

The MHA program is increasingly recognizing the need for faculty who are not only content experts but experts in teaching via the classroom and online formats. To some degree, the program can provide training and advanced the skill and technique of its faculty but, we are learning that a belief and interest in online teaching methods must be in-place before this investment is made. The program continues to support and encourage continuous improvement in faculty development. One full-day retreat (in May) is dedicated to advancing faculty skill in teaching each year. All full-time and adjunct faculty are invited and strongly encouraged to attend.

**Standard 9: Student & Program Outcomes**

Each college/academic program has adequate mechanisms and systems in place to assess the effectiveness of the educational program. Each college/academic program will develop and actively communicate its student outcomes plan for each University academic program.

- A. The college/academic program has developed a student learning outcomes assessment plan that addresses the elements of student evaluation and program evaluation.
- B. The student learning outcomes assessment plan measures, analyzes, aligns, and improves student and operational performance data (the standard University measures plus those identified by each college/academic program).
- C. Student learning outcomes assessment is an on-going process and includes an annual report distributed to the administration, faculty, staff, and students in the college/academic program.

**MEASURES:**

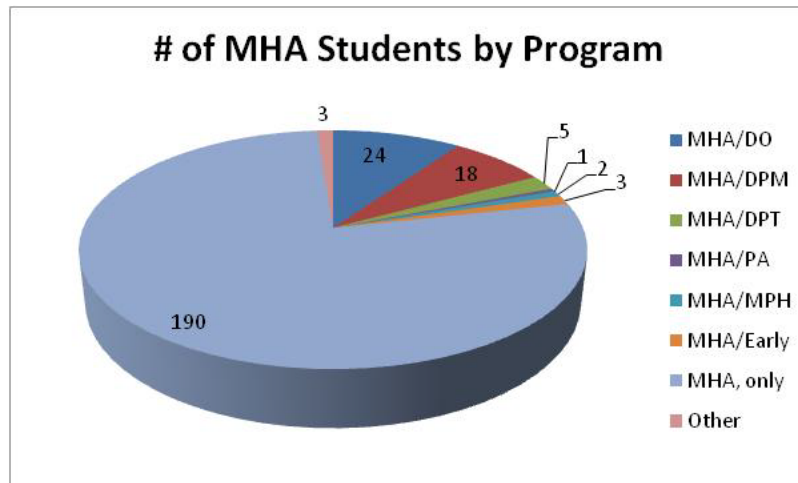
The MHA program response to a specific list of PIE and PIC measures is outlined below:

Applicant pool- The MHA program received 625 inquiries this last year. Of those, 106 applied (17% of inquiries) and 81 (13% of inquiries) received admission to the program. During the 06/07 AY, 12% of inquiries applied for admission to the program within the year they inquired (77 of 625). The program experienced a 21% decline in inquiries, but a 8% increase in admissions over last year. Two students withdrew their application and six students declined their acceptance. Reasons given include: acceptance to another program (2), and decided not to pursue a degree at this time (3).

Results from the 2006 and 2008 *MHA Student Opinionaire* suggest that the DMU – MHA program was the majority of respondent’s first choice for academic program:

<b>When you applied for admission, this institution was your:</b>	<b>2006 n=35</b>	<b>2008 n=82</b>
1 <sup>st</sup> choice	88% (30)	96% (79)
2 <sup>nd</sup> choice	9 (3)	16 (20)
3 <sup>rd</sup> choice	3 (1)	0 (0)

According to Datatele reports (6/9/08), the MHA program has 246 total students in a number of joint programs offered (see chart below). Only 27, are reported to have not taken a class in the last three trimesters. Of the 27



listed as inactive, several are noted as Mercy College of Health Science (MCHS) students. Since MCHS students are not formal students of the MHA program, they were subtracted from the number of inactive bring the total to 20 inactive students. This would result in a 81% student attrition rate for the 07/08 academic year. Last year (06/07) the program achieved a 80.5% student attrition rate with 75.6% in 05/06.

Matriculation rate- not available at this time.

GPA- not available.

Graduation Rate (average length to complete)- Based on information pulled from Datatel (6/9/08) for the Class of 2007, the average length to complete the MHA program is 3.16 years.

Course evaluations- See data provided in Standard 8.

Satisfaction with academic advising- See data provided in Standard 6.

Number of students on probation- At the time of this report, two MHA students are on affective behavior probation. All have received letter from the dean of CHS notifying them of their state of progress. The performance is monitored closely and reported to the dean. Both students are close to completing their programs.

Competency development- The MHA program adopted the National Center of Healthcare Leadership (NCHL) competency model as the foundation of its curriculum in 2005. Students are asked to evaluate themselves upon entering the program (pre-test). Each course is linked to the competencies they support. The product of the Internship is a portfolio that includes a self-assessment (post-test) using these competencies and a section for artifacts to support the student's assessment of their competence.

This process was implemented in May 2007, but we have only managed to collect incoming scores. The next step is to collect in an electronic format the students self-assessment for their portfolio and analysis for statistical relevance. For now, 2007 and 2008 graduates were asked to evaluate themselves on a set of competencies used in prior graduate surveys. Results are provided below:

	2007 MHA Graduate Survey	2008 MHA Graduate Survey
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<b>The program helped me develop the following skills and competencies:</b>	<b>Results (% Strongly agree and Agree)</b>	<b>Results (% Strongly agree and Agree)</b>
Conceptual thinking	100	100
Creativity	100	100
Analytical skills	90	100
Coping skills	80	100
Managing change	80	89
Leadership skills	90	100
Team work skills	80	100
Problem-solving	90	100
Conflict management	80	78
Independent thinking	100	100
Life-long learning skills	100	89
Planning skills	100	100
Policy development skills	90	78
Systems thinking skills	90	78
Presentation skills	90	78
Oral communication skills	80	89
Interpersonal skills	80	100
Written communication skills	90	100
Information management skills	80	67
Financial planning skills	90	100
Financial management skills	90	100
Advocacy skills	80	100
Decision-making ability (managerial)	90	100
Decision-making ability (Ethical)	90	100
Quantitative skills	90	78
Cultural competency skills	88	89
Knowledge of health care industry	80	100
Ownership of my personal abilities and my potential for growth	100	100
Use of a computer and applications	80	78
Conducting an online search for reliable information	90	89

Faculty evaluations- Carla meets with adjunct and Practitioner Scholar (PS) on an annual basis. Course evaluations from courses taught over the last year are used to support the faculty evaluation along with results from summative evaluations collected from the student and graduate surveys. No other documentation is collected.

Peer assessment- not available at this time.

Tenure and Promotion Data-

- Carla Stebbins, PhD, is currently at the rank of Assistant Professor, non-tenure track. She submitted an academic portfolio in the Fall of 2007 for promotion. After review, the RPT committee did not approve her promotion to Associate Professor. She is currently working to revise her portfolio for resubmission during the Fall 2008 cycle.
- Denise Hill, JD, MPA, joined the MHA faculty in July, 2007. Her initial rank was set at Assistant Professor. She is also on the non-tenure track. Denise will qualify for promotion in 2011.

- Fritz Nordengren, MPH, joined the MHA faculty in August of 2007. His initial rank was set at Instructor with 1.5 years of recognized teaching credit. Fritz is also on a non-tenure track. He will qualify for assistant professor promotion in 2009.

Innovations in teaching and learning- The MHA faculty have successfully delivered all of the required courses in an online and on-campus format. Adjunct and PS faculty have invested many hours in learning how to deliver their content in an online format. Many faculty have developed hybrid courses; blending online and classroom experiences. Course evaluations however, show room for improvement, with 3 courses falling below the 80% satisfaction goal. Steps have been taken to improve the online teaching/learning experience, but the program will need to continue adding technology support to remain competitive in the higher education market.

Preceptor evaluation- Not available at this time.

Student satisfaction for student services- See measures in Standard #4.

Graduation satisfaction data- See results provide in Standard #6.

Employment- See results provide in Standard #6.

### **RESULT:**

The MHA program follows the College of Health Sciences Performance Improvement Committee's (PIC) outcomes plan. The program does have a system in place to measure and report identified student outcomes, as well as, the overall effectiveness of the program. Measures are collected throughout the year and surveys distributed and results analyzed. Results are shared with program faculty (full-time and adjunct), the dean, and other interested parties. The program needs to work to trend more data so that long-term improvement can be tracked and the program needs to ensure that students (and the public) are provided access to survey and outcome measures.

The program has made significant strides in improving data to provide a more accurate picture of student outcomes, yet there is more work to be done. The program needs to collect post-program competency measures to future analyze strengths and weaknesses in the programs ability to support student achievement. These results can support further action to tighten up the curriculum, support services and overall student outcomes. The director needs to work to plan this effort and secure resources to support.

Despite the "holes" identified in the measures reported throughout this report, the evidence does suggest that MHA students are largely satisfied with the program and support services provided. Most areas identified as below the 80% satisfaction, have been (or are being) addressed and improved outcomes are expected.

## **Summary**

### **Significant Achievements**

The MHA programs faculty and staff, reviewed the data provided in this report and have developed the following list of what we believe are our top ten achievements: along with administrations support have accomplished a great deal this last year:

1. Addition of new faculty, new program asst. and new adjunct faculty
2. New Certificate in Health Care Leadership
3. New and renewed joint agreements (MCHS, Drake, Ohio, etc.)
4. Increased faculty scholarly activity and service
5. New MHA/MPH Student Orientation course

6. Overall, students and graduates are satisfied with their experience in the program and are achieving their goals
7. CAHME accreditation approved (funded for 08/09 AY)
8. Improved communication mechanism between the program and University support departments
9. Growth in public (from internal and external sources) recognition of the value of MHA Program
10. Maintained and developed new partnerships with internal programs.

### **Opportunities for Improvement**

A review of this assessment, also highlighted several areas in need of improvement:

1. Need to generate procedures to systematize processes
2. Transitioning internships to advisors
3. Transitioning to new course management system (Angel)
4. ITS support of growing faculty/student needs (e.g. Datatel, Sharepoint, Angle, etc.)
5. Students report that they don't feel connected to University, College, program faculty and their peers
6. Inconsistent academic rigor across program
7. Curriculum audit/update—not completed since 1999.
8. Advisory board—need recruit membership, set up meeting schedule, and orient group to program, University, and College
9. “Toot our horn!” Take time to report what we've accomplished to internal and external groups
10. Manage program growth versus available resources
11. Review and management workload/quality outcomes/work-life balance